

THE JUDICIARY, STATE OF HAWAII
NOTICE OF REQUEST FOR EXEMPTION
FROM HRS CHAPTER 103D

TO: Chief Procurement Officer

FROM: Circuit Court / Facilities Management
Name of Requesting Division/Program

Pursuant to HRS § 103D -102 (b)(4) and HAR Chapter 3-120, The Judiciary requests a procurement exemption for the following:

1. Describe the goods, services or construction: Maintenance of Kone Elevator at Ali'iolani Hale (Supreme Court) for one elevator and two dumbwaiters maintenance including KRMS remote voice monitoring service.	
2. Vendor/Contractor/Service Provider: Kone Inc. 3375 Koapaka St. Honolulu, HI. 96819 808-833-3299	3. Amount of Request: \$27,011.31 (inclusive of tax)
4. Term of Contract From: 09/01/2026 - 08/31/2027 To:	5. Prior Judiciary Procurement Exemption No. (if applicable): JE22-14
6. Explain in detail why it is not practicable or not advantageous for the Program/Division to procure by competitive means: With regards to repair and maintenance of State-owned elevators and whether this service should be competitively bid or handled manufacturers' maintenance, extensive Investigation by DAGS Central Services Division has determined that, servicing by manufacturers affords the best liability protection and value for the State. The basis for this include: a) liability issues, accountability through single sole manufacturer to protect the Judiciary's exposure to liability; b) cost and parts availability, as the manufacturer has access to original plans, specifications, parts and engineering support to perform repairs and maintenance work as being the original equipment manufacturer (OEM); c) manufacturer's factory-trained technicians who have the technical expertise and access to proper parts.	
7. Explain in detail, the process that will be or was utilized in selecting the vendor/contractor/service provider: Kone Inc. is the original installer of the elevator system and based on the explanation in item 6 above, was selected and has provided the maintenance services since the elevator was first put into service.	

*Point of contact (Place asterisk after name of person to contact for additional information).

All requirements/approvals and internal controls for this expenditure is the responsibility of the Division/Program. I certify that the information provided above is, to the best of my knowledge, true and correct.

Date _____

Date Notice Posted: _____

Date