Department Control No. Click here to enter.

**DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT**

**DEPARTMENTAL NOTIFICATION OF VENDOR SELECTED**

**For \*EMERGENCY CONTRACT**

(for BU1 and/or BU10-type work)

Please submit this form electronically to DHRD at dhrd.eccd.recs@hawaii.gov within 5 working days after the contract has been awarded. One form must be submitted for each vendor, if there are multiple vendors.

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| **PART I** |
| DHRD Request No: Click here to enter |

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| **PART II** |
| Department: Click here to enter. Division: Click here to enter. |
| Name & Phone No. of Contact Person: Click here to enter. |

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| **PART III** |
| Name of Vendor: Click here to enter. |
| Period of Service: From Click here to enter a date. To Click here to enter a date. |
| Contract Cost for this Period of Service: Click here to enter. |
| Does this contract include an option to extend? [ ]  Yes [ ]  NoIf yes, what is the number of extension periods? Click here to enter. |

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| **PART IV** |
| What is the nature of the emergency? Click here to explain. |

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| **PART V** |
| Department Head or Designee Signature: Click here to enter electronic signature. Date: Click here to enter a date. |

\*Emergency situations are services required to address unforeseen or unanticipated events, and which must be immediately procured in order to ensure the continued functioning of government, the preservation of irreplaceable property, and/or to protect the health/safety of the public.