**DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT**

**DEPARTMENTAL NOTIFICATION OF VENDOR SELECTED**

(for BU1 and/or BU10-type work)

**FORM INSTRUCTIONS**

The “Departmental Notification of Vendor Selected” form is used to report to DHRD information concerning the contract that has been awarded. One form must be submitted for each vendor, if there are multiple vendors.

Please submit the completed form to [dhrd.eccd.recs@hawaii.gov](mailto:dhrd.eccd.recs@hawaii.gov) within 5 working days of awarding the contract.

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| **DEPARTMENT CONTROL NO.**: This number is assigned by the requesting department as an internal control.  When DHRD returns the signed RECS form to the department, the RECS form will be titled by the RECS number and not as it was titled when the department initially sent the document to DHRD.  This internal department control number will enable to the department to match the DHRD signed RECS form with their pending document. |

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| **PART I** |
| **DHRD REQUEST NO.:** Enter the same DHRD Request No. as shown in the “Request for Exemption of Contractual Services” form for which the exemption of services was approved. | |

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| **PART II** |
| **DEPARTMENT:** Name of Department  **DIVISION:** Name of Division | |
| **NAME & PHONE NO. OF CONTACT PERSON:** This is the person who can respond to questions about the information on the forms. | |

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| **PART III** |
| **NAME OF VENDOR:** Name of person or company to whom the contract was awarded. | |
| **PERIOD OF SERVICE:** The contract period for which the department is requesting the exemption. The specified period shall not exceed 12 months. | |
| **CONTRACT COST:** Provide the annual dollar cost, if annual. | |
| **DOES THIS CONTRACT INCLUDE AN OPTION TO EXTEND?** Indicate whether the contract includes an option to extend with a “yes” or “no” response.  **IF YES, WHAT IS THE NUMBER OF EXTENSION PERIODS?** Indicate the number of extension periods that are included in the contract; for example, “2 extensions.” | |