

**DEPARTMENT OF HEALTH
WEST HAWAII
KONA HEALTH CENTER
NETWORK CABLING INSTALLATION
SPECIFICATIONS**

PURPOSE

The purpose for this Request for Proposal (RFP) is to invite prospective vendors to submit a proposal to provide a complete networking cabling solution for the State of Hawaii, Department of Health location at:

KONA HEALTH CENTER

79-1020 Haukapila St. Room 115, Kealahou, HI 96750

Facility Contact: Steven Okoji (808) 322-1508 Email: steven.okoji@doh.hawaii.gov

Project Main Contact: Kevin Pires (808) 933-0953 Email: keven.pires@doh.hawaii.gov

Networking cabling solution should include all steps from the initial site survey, equipment acquisition, and complete installation of cabling. This will include an installation of a home room where all the cabling and Access Ports (AP) will centralize with the HT Circuit and network equipment.

SCOPE OF WORK

The CONTRACTOR shall cover all steps:

- A. Complete an initial site survey to assess specified areas as specified in Exhibit 'A' and Exhibit 'B', which includes:
 - 20 Ethernet Ports
 - 3 AP's
 - One (1) Port for Room 104
 - One (1) Port for Room 104A
 - Home Room for centralized cabling
- B. Recommend an installation plan throughout the specified offices that meets or exceeds industry standards. Installation must also be warranted for at least ten (10) years or more.
- C. Provide equipment acquisitions for required cabling (CAT 6), ports, molding, and necessary components to complete installation. Quotes for equipment should cover potentially unexpected costs (such as extra cabling or components).
- D. Ensure that all completed work meets the network data and voice cabling needs in the most cost effective and efficient manner. Network cabling should be able to support digital phones, network circuit equipment, BAIO phone equipment.

LOSS, DESTRUCTION OR DAMAGE

In the event of loss, destruction, or damage of STATE property, the CONTRACTOR shall notify the Facility Contact (STATE). The CONTRACTOR shall be liable for all damages relating to the loss, destruction, or damage of STATE property.

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OTHER

- A. Invoicing for services by the CONTRACTOR shall be submitted via mail to:

DEPARTMENT OF HEALTH
HAWAII DISTRICT HEALTH OFFICE
P.O. Box 916
Hilo, Hawaii 96721-0916

- B. Payments for Invoices shall be paid through Purchase Order/ Check through the State of Hawaii, Department of Health.
- C. The CONTRACTOR shall submit the following documents:
1. Certificate of Vendor Compliance
 2. Certificate of Good Standing
 3. Certificate of Liability Insurance

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