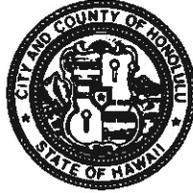


HONOLULU EMERGENCY SERVICES DEPARTMENT
CITY AND COUNTY OF HONOLULU

3375 KOAPAKA STREET, SUITE H-450 • HONOLULU, HAWAII 96819-1869
Phone: (808) 723-7800 • Fax: (808) 723-7836



KIRK CALDWELL
MAYOR

JAMES D. HOWE, JR.
DIRECTOR

IAN T.T. SANTEE
DEPUTY DIRECTOR

February 19, 2019

The Honorable Ann H. Kobayashi
Interim Chair and Presiding Officer
and Members
Honolulu City Council
530 South King Street, Room 202
Honolulu, Hawaii 96813

Dear Interim Chair Kobayashi and Councilmembers:

SUBJECT: Report of Gift Valued in Excess of \$2,500 and Requested Acceptance

We respectfully request the acceptance by the City Council on behalf of the City and County of Honolulu of a gift to the City valued in excess of \$2,500.00 under the provisions of Resolution No. 05-349, CD1, FD1. A proposed resolution accepting the gift is attached for the City Council's favorable consideration. The recommendation of the Managing Director is evidenced by his signature below.

The Queen's Health Systems intends to donate \$18,000 for the continuation of the PulsePoint Software to support Emergency Medical Services Operations. Therefore, we request your favorable consideration of this generous gift. Should you have questions, please have a member of your staff contact me at 723-7800.

Sincerely,

A handwritten signature in black ink, appearing to read "James D. Howe, Jr.", is written over a large, stylized circular flourish.

James D. Howe, Jr.
Director

Attachment

APPROVED:

A handwritten signature in black ink, appearing to read "Roy K. Amemiya, Jr.", is written over a horizontal line.

Roy K. Amemiya, Jr.
Managing Director

19 MAR 1 10 9:01 CITY CLERK



RESOLUTION

ACCEPTING A GIFT TO THE CITY FROM THE QUEEN'S HEALTH SYSTEMS FOR THE SUPPORT OF EMERGENCY MEDICAL SERVICES OPERATIONS.

WHEREAS, Section 13-113 of the Revised Charter of the City and County of Honolulu 1973 (2017 Edition), provides the City Council ("Council") with the authority to accept gifts to the City; and

WHEREAS, Resolution 05-349, CD1, FD1, establishes a policy of the Council for the solicitation and acceptance of gifts donated to the City; and

WHEREAS, the policy provides for the acceptance of the gift by affirmative action by the Council; and

WHEREAS, through a letter, approved by the Managing Director, the Director of the Honolulu Emergency Services Department has submitted a request to the Council for acceptance of a gift to the City from The Queen's Health Systems of \$18,000.00 for the support of Emergency Medical Services Operations; and

WHEREAS, the description and value of the gift are set forth in the Declaration of Gift attached hereto as Exhibit A and incorporated herein; now, therefore,

BE IT RESOLVED by the Council of the City and County of Honolulu that this body accepts the gift of \$18,000.00 from The Queen's Health Systems that is more fully described in the above-mentioned letter from the Declaration of Gift attached as Exhibit A; and



RESOLUTION

BE IT FINALLY RESOLVED that copies of this resolution be transmitted to the Director of the Honolulu Emergency Services Department and The Queen's Health Systems, 1301 Punchbowl Street, Honolulu, Hawaii 96813

INTRODUCED BY:

Councilmembers

Date of Introduction:

Honolulu, Hawaii

City and County of Honolulu Declaration of Gift

Donor Name The Queen's Health Systems

Donor Address 1301 Punchbowl Street
Honolulu, HI 96813

Donor Telephone No. (808) 691-4988

Statement of Ownership and/or Terms of Conveyance:

Company services are being donated to the Honolulu Emergency Services Department, Emergency Medical Services Division.

Description of Gift and Value:

(Attach documentation to support the value and purpose of the gift, i.e. invoice, receipt, etc.)

To continue a community-based response application available to the public. PulsePoint Annual Licensing Fee – Tier 3 (\$18,000). 1 year commitment. Serving population size 750,000-1,499,000. Ensures performance reliability and supports future upgrades.

Additional documentation can be found on PulsePoint Invoice # 11199.

<u>1/24/19</u>	<u>Sharlene K. Tsuda</u>	<u>Sharlene K. Tsuda</u>	<u>Secretary</u>
Date	Donor's Signature	Print Donor's Name	Donor's Title