



# Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



850 GOV. CARLOS CAMACHO ROAD  
OKA, TAMUNING, GUAM 96911  
TEL: 647-2444 or 647-2330  
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December 24, 2020

**RFI Amendment No. 2  
for  
GMHA RFP 002-2021  
Medicare Cost Report**

**TO: All prospective bidders:**

This Amendment is being issued based on an inquiry from Kraft Healthcare.

Due to the short timeframe of this RFP and the fact that hard copies need to be received by Monday, December 28<sup>th</sup> (the first business day after Christmas), vendors will not be able to complete the proposal to meet deadline.

1. Bid submission deadline reads as: Monday, December 28, 2020 at 4:00 pm, has been changed to 4:00 pm, Wednesday, December 30, 2020.
2. RESPONSE: Section 1.2 Submittal & Evaluation of Proposals (Page 16 of 42) Paragraph 3 reads as:

Proposals shall be submitted to the Guam Memorial Hospital Authority (GMHA) no later than 4:00 pm Chamorro (Guam) Standard time, on Monday, December 28, 2020 at 850 Carlos G. Camacho Road, Oka, Tamuning, Guam 96913. Office hours for submittal of proposals are Monday through Friday, 8:00 am to 5:00 pm. Proposals received after the specified date and time will not be considered.

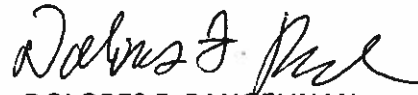
Above paragraph has been amended to read as:

1. Electronic proposals are acceptable and must be submitted to the Guam Memorial Hospital Authority (GMHA) no later than 4:00 pm Chamorro (Guam) Standard time, on Wednesday, December 30, 2020 at 850 Carlos G. Camacho road, Oka, Tamuning, Guam 96913, however, original packet must be sent and post marked prior to bid submission deadline. Office hours for submittal of proposals are Monday through Friday, 8:00 am to 5:00 pm. Proposals received after the specified date and time will not be considered.

All others shall remain the same.

Please address all additional questions or clarification to:

Mrs. Lillian Perez-Posadas, MN, RN  
Hospital Administrator/CEO  
850 Gov Carlos G. Camacho Road  
Tamuning, Guam 96913.



DOLORES F. PANGELINAN  
Hospital Supply Mgmt Administrator

Acknowledgement of Receipt: Return acknowledgement to fax number 649-3640

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Company

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Print Name

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Signature

Date