

**GUAM MEMORIAL HOSPITAL AUTHORITY  
850 GOV. CARLOS G. CAMACHO ROAD  
TAMUNING, GUAM 96913  
PHONE: 671-647-2165  
EMAIL: [materials.mgmt@gmha.org](mailto:materials.mgmt@gmha.org)**

**TRANSMITTAL SHEET**

**TO:** Prospective Bidder  
**FROM:** Hospital Administrator/CEO, Acting  
**DATE:** September 24, 2024  
**SUBJECT:** **GMHA IFB 019-2024 – Medical Supplies  
Amendment 3**  
**PAGES:** 2 including cover sheet

**NOTES:**

An acknowledgement via a return email would be appreciated as soon as possible.

**DATE / VENDOR ACKNOWLEDGEMENT**

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# GUAM MEMORIAL HOSPITAL AUTHORITY

## ATURIDÁT ESPETÁT MIMURIÁT GUÅHÅN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913  
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508



### AMENDMENT #3 GMHA IFB 019-2024 Medical Supplies II

This amendment in response to clarification received by Shiby Wholesale.

**Question:** Can I verify on item No. 6 Wipes, baby- Unscented , the quantity asking is 800,000 each . Is "each" means "1 piece"? Let say there are 80 pieces in a pack and 24 packs in case and this will gives 1,920 pieces. So, that 1,920 pieces x \$xxx? Or 24 packs x \$xxx?

**Response:** Yes, "each" means "1 piece," as we complete the abstract based on the lowest unit measure. As in your example, the bid price should reflect each piece (your case price / number of pieces for the unit cost of each piece and not the pack price).

We have a section requesting the unit measure your organization is offering. This is where you will indicate the quantity per case.

Please acknowledge receipt of this amendment by signing and sending back to Materials Management by Fax at 649-3640 or email to [materials.mgmt@gmha.org](mailto:materials.mgmt@gmha.org).

If you have any questions, please feel free to address your letter to Lillian Perez-Posadas MN, RN, and fax to the Materials Management Office at 649-3640 or email to the [materials.mgmt@gmha.org](mailto:materials.mgmt@gmha.org).

Sincerely;

DOLORES PANGELINAN

Hospital Materials Management Administrator

#### ACKNOWLEDGMENT:

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE