

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

TRANSMITTAL SHEET

TO: Prospective Bidders
FROM: Hospital Materials Management Administrator
DATE: October 7, 2024
SUBJECT: **IFB-022-2024 Conversion of Existing Center Island into Additional Parking Amendment No. 2**
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 #2

GMHA IFB 022-2024

Conversion of Existing Center Island into Additional Parking

This amendment is in response to a request submitted by Surface Solutions.

Question: We kindly ask for a 14-day extension for submitting our bid as we need to wait for materials from our vendors off the island and still need to apply for a bid bond for the above-mentioned subject.

Response: Submission deadline is extended to Tuesday, October 29, 2024 by 1:00 p.m. with bid opening on Tuesday, October 29, 2024 at 1:15 p.m.

BID SUBMISSION DATE AND TIME READS AS: 1:00 p.m., Tuesday, October 15, 2024, Materials Management Dept.

BID SUBMISSION DATE AND TIME CHANGED TO READ AS: 1:00 p.m., Tuesday, October 29, 2024, Materials Management Dept.

BID OPENING DATE AND TIME READS AS: 1:15 p.m., Tuesday, October 29, 2024, FM Conference Room

BID OPENING DATE AND TIME CHANGED TO READ AS: 1:15 p.m., Tuesday, October 29, 2024, FM Conference Room

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.

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.

Sincerely,

DOLORES PANGELINAN

Hospital Materials Management Department

ACKNOWLEDGMENT:

PRINT NAME

SIGNATURE

DATE