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

FAX TRANSMITTAL SHEET

TO: Prospective Bidder

FROM: Hospital Material Management Asst. Administrator, Acting

DATE: November 12, 2026

SUBJECT: **GMHA RFP 001-2026**
For an Enterprise Electronic Health Record (EHR) System
Amendment # 1

PAGES: 3 including cover sheet

NOTES:

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

DATE / VENDOR ACKNOWLEDGEMENT

FACSIMILE CONFIDENTIALITY NOTICE

These documents accompanying this transmission contain confidential information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÅT ESPETÅT MIMURIÅT GUÅHÅN

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

AMENDMENT NO. 1
GMHA RFP 001-2027
FOR AN ENTERPRISE ELECTRONIC HEALTH RECORD (EHR) SYSTEM
Issued: November 12, 2026

This Amendment is to provide the officially signed and approved Request for Proposal acknowledgment form for RFP 001-2027.

Revision: The Request for Proposal acknowledgment form is hereby replaced with the attached signed and approved Request for Proposal page. All prospective proposers shall acknowledge and utilize the attached Request for Proposal form as part of their proposal submission.

Except as amended herein, all other terms, conditions, requirements, and specifications of GMHA RFP 001-2027 shall remain unchanged and in full force and effect.

Please acknowledge receipt of this Amendment by signing below and returning a copy via email to formal.procurement@gmha.guam.gov.

If you have any questions regarding this Amendment, please address your correspondence to Joleen M. Aguon, MD, and submit it via email to formal.procurement@gmha.guam.gov.

Sincerely,

Audrey Paulino
Hospital Materials Management Assistant Administrator, Acting

ACKNOWLEDGMENT:

_____
PRINT NAME

_____
SIGNATURE | DATE

REQUEST FOR PROPOSAL

JOLEEN M. AGUON, MD
INTERIM HOSPITAL ADMINISTRATOR/CEO

ISSUING OFFICE:

GUAM MEMORIAL HOSPITAL AUTHORITY
MATERIALS MANAGEMENT DEPARTMENT
850 Gov. Carlos G. Camacho Road,
Tamuning, Guam 96913

DATE ISSUED: November 10, 2026 REQUEST FOR PROPOSAL NO: RFP 001-2027

OFFERORS INSTRUCTION: Proposals shall be submitted in hard copy or electronically via email in the required volumes identified in Section 1.6 no later than 4:00 p.m., Friday, January 15, 2027. Attachment C - Requirements Response Workbook, Attachment D - Contract Deviations Matrix, and Attachment E - Assumptions and Dependencies Log shall also be submitted in native .xlsx format. If proposals are sent via email, each email transmission shall not exceed 25 MB. Original notarized affidavits and certificates must be postmarked no later than Friday, January 15, 2027.

REQUEST FOR PROPOSAL FOR AN ENTERPRISE ELECTRONIC HEALTH RECORD (EHR) SYSTEM

SPECIFICATIONS: As per attached. **QUESTIONS ON PROPOSALS:** See Paragraph 3, Sealed RFP Solicitation Instructions

DESTINATION: Guam Memorial Hospital Authority REQUIRED **DELIVERY DATE:** See Special Provisions Terms & Conditions

NOTE TO OFFERORS: This RFP is subject to the attached **General Terms and Conditions.** The undersigned offers and agrees to furnish within the time specified. In consideration of the expense of the Government in opening, tabulating, and evaluating this and other proposals, and other considerations, the undersigned agrees that this proposal remain firm and irrevocable within 180 calendar days from the submission date.

INDICATE WHETHER: ( ) INDIVIDUAL ( ) PARTNERSHIP ( ) CORPORATION

INCORPORATED IN:

NAME AND ADDRESS OF OFFEROR:

SIGNATURE AND TITLE OF PERSON AUTHORIZED TO SIGN THIS BID:

AWARD: (TO BE COMPLETED UPON AWARD)

CONTRACT NO.: AMOUNT: $ DATE:

ACCEPTED AS TO ITEMS NUMBERED:

CONTRACTING OFFICER:

JOLEEN M. AGUON, MD
INTERIM HOSPITAL ADMINISTRATOR /CEO

NAME AND ADDRESS OF CONTRACTOR:

SIGNATURE AND TITLE OF PERSON AUTHORIZED TO SIGN THIS CONTRACT: