GUAM MEMORIAL HOSPITAL AUTHORITY
850 GOV. CARLOS G. CAMACHO ROAD
TAMUNING, GUAM 96913
PHONE: 671-647-2165
EMAIL: formal.procurement@gmha.guam.gov

TRANSMITTAL SHEET

TO: Prospective Bidder

FROM: Hospital Material Management Asst. Administrator, Acting

DATE: November 16, 2026

SUBJECT: **GMHA RFP 001-2027**
For an Enterprise Electronic Health Record (EHR) System
Amendment # 2

PAGES: 3 including cover sheet

ATTACHMENTS: A & B

NOTES:

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

DATE / VENDOR ACKNOWLEDGEMENT

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AMENDMENT NO. 2
GMHA RFP 001-2027
FOR AN ENTERPRISE ELECTRONIC HEALTH RECORD (EHR) SYSTEM
Issued: November 16, 2026

This Amendment is issued to provide additional documents referenced in the Request for Proposal (RFP 001-2027), which were inadvertently omitted from the uploaded solicitation packet, and to revise the applicable deadlines and schedule as follows:

Additional Attachments

- Attachment A – Intent-to-Propose Form
- Attachment B – Addenda Acknowledgment Form

Offerors are advised to review, complete, and submit the applicable forms in accordance with the requirements of the RFP.

Revision of Deadlines and Schedule

Intent-to-Propose
- Original Date Deadline: 5:00 p.m. CHST, Monday, November 16, 2026
- ***Changed to read as:*** 5:00 p.m. CHST, Friday, November 20, 2026

Prospective Offeror Demonstrations
- November 17 to December 3, 2026
- ***Changed to read as:*** November 23 to December 4, 2026

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 Asst Administrator, Acting

ACKNOWLEDGMENT:

PRINT NAME

SIGNATURE | DATE