

**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 Bidder
FROM: Hospital Administrator/CEO, Acting
DATE: September 12, 2024
SUBJECT: GMHA IFB 019-2024 – Medical Supplies
Amendment 1
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 GUÁHÑ

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



**AMENDMENT #1
GMHA IFB 019-2024
Medical Supplies II**

This amendment in response to a request for extension by JMI-Edison and MedPharm.

Question: Please be advised that we need ample time to process, may we request to extend the bid submission date from September 19, 2024 to October 3, 2024?

Response: We are unable to provide an extension for an additional two weeks as funding expires on 09/30/2024 and funding must be obligated by then. We will grant one (1) week extension to the bid submission.

BID SUBMISSION DATE AND TIME AS READS: 9:00 a.m., Thursday, September 19, 2024, Materials Management Department

BID SUBMISSION DATE AND TIME CHANGED TO READ AS: 9:00 a.m., Thursday, September 26, 2024 Materials Management Department

BID OPENING DATE AND TIME AS READS: 9:30 a.m., Thursday, September 19, 2024, Facilities Maintenance Conference Room

BID OPENING DATE AND TIME CHANGED TO READ AS: 9:30 a.m., Thursday, September 26, 2024, Facilities Maintenance Management 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 Administrator

ACKNOWLEDGMENT:

PRINT NAME

SIGNATURE

DATE