



790 Governor Carlos Camacho Road  
Tamuning, Guam 96913

REQUEST FOR PROPOSAL  
Professional Services  
Providing Twenty-Four (24) Hour Level II Residential, Therapeutic  
and Operational Services Program for Adults with  
Co-occurring Disabilities of Serious Mental Illness and  
Mild-to-Moderate Intellectual Disabilities

GBHWC RFP 02-2017

---

**AMENDMENT NO. 1**

To: All Prospective Offerors

The above numbered and described solicitation is amended as set forth below:

1.1 Annual Cost Proposal RFP 02-2017, Pages 82-83, Form K

Correction: Transfer "Cost Proposal Submitted by:" at the bottom of Page 82 to the top of the next page as the Heading for Page 83.


1.2 RFP Registration Form: RFP 02-2017, Pages 83-84

Correction: Transfer "Form A.1" at the bottom of Page 83 to the top of the next page as part of the Heading for Page 84.

1.3 Foot Notes, Pages 2-84

Deletion: Delete "DRAFT # 4(7/20/2017)" from the foot notes describing the RFP.

Except as provided herein, all terms and conditions of the document reference in the solicitation number above remain unchanged and in full force and effect.

  
\_\_\_\_\_  
Rey M. Vega, Director  
July 24, 2017

Note: This amendment must be submitted with the proposal offer.

**ANNUAL COST PROPOSAL RFP 02-2017**

**FORM K**

**Offeror:** \_\_\_\_\_

Page 1 of 2

**The cost/budget amount is the same for each year of the contract.**

Category	Hourly Rate (for A & B)	Year One	Year Two	Year Three
<b>A. Personnel</b>				
(Attach Staffing Pattern)		\$	\$	
		\$	\$	
<b>Total Personnel</b>		\$	\$	
<b>B. Benefits</b>		\$	\$	
		\$	\$	
<b>Total Benefits</b>		\$	\$	
<b>C. Travel</b>				
		\$	\$	
<b>Total Travel</b>		\$	\$	
<b>D. Supplies, Equipment, and Other</b>				
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
<b>Total Supplies, Equipment, and Other</b>		\$	\$	
<b>E. Contractual</b>				
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
<b>Total Contractual</b>		\$	\$	
<b>TOTAL PROPOSED BUDGET</b>		\$	\$	

**Cost Proposal Submitted by:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Offer Amount: \_\_\_\_\_

(Same Amount for each contract year)

Cost Proposal  Declined \_\_\_\_\_ (Reason)

Cost Proposal  Accepted

Negotiated Terms: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accepted and agreed as negotiated by:

GBHWC:

Offeror:

By: \_\_\_\_\_  
(Signature & Date)

By: \_\_\_\_\_  
(Signature & Date)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Recommended to approve by:

Panel Chairperson: \_\_\_\_\_  
Name: Signature Date

**GBHWC DIRECTOR'S APPROVAL**

Offer is accepted and terms negotiated approved: \_\_\_\_\_  
REY M. VEGA, DIRECTOR Date

**FORM A.1**



**RFP REGISTRATION FORM: RFP 02-2017**

The individual, firm, entity or organization identified below is an interested party and/or "potential Offeror" to GBHWC RFP 02-2017 and will receive changes, amendments, inquiries and/or related correspondence in accordance with the Guam Procurement Regulations. However, GBHWC will not be liable for failure to provide notice to any party who did not register accurate and current contact information.

<b>Name of Organization or Individual</b>			
<b>Time/Date/Signature</b>			
<b>Contact Address</b>			
<b>Contact Number(s)</b>			
<b>Facsimile Number(s)</b>			
<b>Point of Contact (POC) or Official representative</b>			
<b>POC Contact Number(s)</b>	<b>Tel:</b>	<b>Fax:</b>	
<b>Email Address</b>			
<b>GBHWC ACKNOWLEDGMENT</b>	<b>Print Name &amp; Title</b>	<b>Time &amp; Date</b>	<b>Signature</b>
<b>SPECIAL REQUEST OR REMARK</b>			

For those reviewing this proposal from the website, this registration form can be dropped off at 790 Governor Carlos Camacho Road, Tamuning, Guam during weekdays, except holidays and weekends, faxed to (671) 649-6948 or emailed to [marilyn.aflague@gbhwc.guam.gov](mailto:marilyn.aflague@gbhwc.guam.gov)