



REQUEST FOR PROPOSALS

Professional Services for Management and Operations of a Short Term Intensive Psychiatric Treatment Stabilization 24-Hour Therapeutic Group Home for Children and Adolescents with Serious Mental Illness or Emotional Disorders NO. RFP #GBHWC-03-2015

RFP AMENDMENT # 1

DATE: 08/20/2015

The above referenced solicitation is hereby amended as follows:

1. Proposal Registration Form on page 30 of 90 is to be replaced with Proposal Registration Form GBHWC Form A attached due to inadvertently labeling issue.
2. Proposal Signature GBHWC RFP Form A on page 31 of 90 is to be replaced with Proposal Signature Form GBHWC Form B attached due to inadvertently labeling issue.
3. GBHWC RFP Form B Form for Submitting All Licenses page 32 of 90 to be replaced with Form for Submitting All Licenses Form GBHWC RFP Form C attached due to inadvertent labeling issue.
4. Additionally the Wage Determination revision listed in the Table of Contents on page 3 of 90, is to be corrected to read WD 05-2147 Register of Wage Determinations Under Service Contracts WD 05-2147 (Rev.-18) July 08, 2015 from WD 05-2148 Register of Wage Determinations Under Service Contracts WD 05-2148 (Rev.-16) July 25, 2014. See form WD 05-2147 on RFP pages 38 to 90.

For those reviewing this proposal amendment from the website, the acknowledgement form can be dropped off at 790 Governor Carlos G. Camacho Road, Tamuning, Guam, during weekdays, except Holidays and weekends, faxed at 671-649-6948 or emailed to maelei.sampson@gbhwc.guam.gov.

Any questions regarding this amendment must be submitted in writing to the undersigned Procurement Officer.


REY M. VEGA

Procurement Officer

PHONE: 647-1901

FAX: 649-6948

E-MAIL: rey.vega@gbhwc.guam.gov

REQUEST FOR PROPOSALS
NO. RFP #GBHWC-03-2015
AMENDMENT #1
DATE: 08/20/2015

ACKNOWLEDGEMENT

By my signature below, I hereby acknowledge receipt of and compliance with this amendment to the above referenced RFP.

NAME OF BIDDER OR OFFEROR
MAILING ADDRESS
PRINTED NAME
SIGNATURE
TITLE
DATE

For those reviewing this proposal amendment from the website, this acknowledgement form can be dropped off at 790 Governor Carlos G. Camacho Road, Tamuning, Guam, during weekdays, except Holidays and weekends, faxed at 671-649-6948 or emailed to maelei.sampson@gbhwc.guam.gov.

Any questions regarding this amendment must be submitted in writing to the undersigned Procurement Officer.


REY M. VEGA

Procurement Officer

PHONE: **647-1901**

FAX: **649-6948**

E-MAIL: **rey.vega@gbhwc.guam.guam**



**GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER
GBHWC RFP 03-2015**

Professional Services Providing management and operations
For 24-Hour Therapeutic Group Home for children and adolescent

PROPOSAL REGISTRATION

The individual, firm, entity or organization identified below is an interested party and/or "potential Offeror" to GBHWC RFP 03-2015 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.

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

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 maelei.sampson@gbhwc.guam.gov.



PROPOSAL SIGNATURE FORM

For GBHWC RFP 03-2015

By submitting this proposal, the Offeror certifies that its authorized representative has fully read and understands the proposal method and has full knowledge of the scope, nature, and quality of work to be performed or the services to be rendered.

OFFICIAL CONTACT. GBHWC requests that the Offeror designate one person below to receive all documents and the method in which the documents are best delivered. GBHWC is thereby granted permission to contact the official contact named below for all communications. By its submission of this proposal and authorized signature below, proposer certifies that:

1. The information in the proposal is accurate;
2. Offeror accepts the procedures, evaluation criteria, mandatory contract terms and conditions, and all other administrative requirements set forth in this RFP.
3. Offeror certifies, by signing and submitting a proposal for \$25,000 or more, that their company, any subcontractors, or principals are not suspended or debarred by the Chief Procurement Officer or the Director of Public Works pursuant to Guam Procurement Law.

In compliance with this RFP and with all the conditions imposed herein, the undersigned offers and agrees to provide services in accordance with the attached signed proposal, or as mutually agreed upon by subsequent negotiation. This completed Proposal Signature Form shall be submitted with the Offeror's written proposal and will become a part of any agreement that may be awarded. This Proposal Signature Form must be signed by an authorized representative.

NOTE: The Offeror shall inform GBHWC immediately in writing of a change in the designated authorized representative.

NAME AND ADDRESS OF OFFEROR: By my signature, I acknowledge that I have read the instructions and accept all the terms and conditions in the Request for Proposals, and that I am authorized to sign on behalf of the Offeror:

Type or Print Name and Title Signature of Authorized Representative

Name of Offeror: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Type of Organization: [] Individual [] Non-Profit [] Partnership
[] Corporation [] Joint Venture
[] Other(Specify) _____

GBHWC RFP FORM B

**FORM FOR SUBMITTING ALL LICENSES
For GBHWC RFP 03-2015**

Please attach copies of all business licenses, permits, fictitious name certificates, certificates of good standing, or any other license, permit or certificate issued to the individual or company, which is applicable to this Request for Proposals. Please indicate the attached documents by checking the applicable boxes:

☐ **Business License**

- ☐ from the Department of Revenue and Taxation, Government of Guam
☐ from a jurisdiction other than Guam:_____

☐ **Fictitious Name Registration**

- ☐ from the Department of Revenue and Taxation, Government of Guam
☐ from a jurisdiction other than Guam:_____

☐ **Certificate of Incorporation**

- ☐ from the Department of Revenue and Taxation, Government of Guam
☐ from a jurisdiction other than Guam:_____

☐ **Federal I.D.#**_____

☐ **Other Attachments. Please indicate:**_____

☐ **Please check here if there are no attachments to this form.**

Authorized Signature:_____Date:_____