



Department of Integrated Services For Individuals with Disabilities



Lourdes A. Leon Guerrero,
GOVERNOR

Dipåtamenton Programa Para I Maninutet

Michelle Perez
DIRECTOR

Joshua F. Tenorio
LIEUTENANT GOVERNOR

REQUEST FOR PROPOSALS DISID RFP 01-2023

Professional Services Providing Personal Care Attendant Services for Individuals with Severe Disabilities

Amendment #8

August 1, 2023

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

Section III, Proposed Contents, Requirements and Instructions

NO. 27. The Annual Cost - DISID Form F.

We recognize that there has been an oversight by not including the DISID Form F in the initial RFP packet.

The amended information on RFP 01-2023 packet shall include:

The Annual Cost- DISID Form F

Submission of completed acknowledgement receipt is required and appreciated.


Michelle Perez
Director



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REQUEST FOR PROPOSALS DISID RFP 01-2023

Amendment #8

Date: August 1, 2023

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

NAME OF OFFEROR
MAILING ADDRESS
PRINT NAME
SIGNATURE
TITLE
DATE

For those reviewing this proposal amendment from the website, this acknowledgment form can be dropped off at 138 East Marine Corps Drive Jones & Guerrero Commercial Plaza, Suite C101 Hagatna, Guam 96910, during weekdays, except holidays and weekends, faxed to 671-477-9183 or emailed to Melanie-joy.Ogo@disid.guam.gov

Any questions regarding this amendment must be submitted in writing to DISID Director's Office.


Michelle Perez
Director

ANNUAL COST PROPOSAL DISID RFP 01-2023

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
A Personnel (Attach Staffing Pattern)		\$	\$	\$
Total Personnel		\$	\$	\$
B Benefits		\$	\$	\$
Total Benefits		\$	\$	\$
C Travel		\$	\$	\$
Total Travel		\$	\$	\$
Supplies, Equipment, and Other		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Total Supplies, Equipment, and Other		\$	\$	\$
D. Contractual		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Total Contractual		\$	\$	\$
TOTAL PROPOSED BUDGET		\$	\$	\$

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:

DISID:
By: _____
(Signature & Date)

Offeror:
By: _____
(Signature & Date)

Name: _____

Name: _____

Title: _____

Title: _____

Recommended to approve by:

Panel Chairperson: _____
(Name) (Signature) (Date)

DISID DIRECTOR'S APPROVAL

Offer is accepted and terms negotiated approved: _____
MICHELLE L.C. PEREZ, DIRECTOR Date