



**EDDIE BAZA CALVO**  
GOVERNOR

**RAY TENORIO**  
LIEUTENANT GOVERNOR

GOVERNMENT OF GUAM  
**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES**  
*DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT*



**LEO G. CASIL**  
ACTING DIRECTOR

**MAR 1 2 2018**

**Request for Proposal Specifications**  
**RFP/DPHSS-2018-02**  
**Guam Breast and Cervical Cancer Early Detection Program (GBCCEDP)**

**Amendment #2**

An Offeror's Guide has been prepared to provide guidance, and highlight specifications of the RFP. The Offeror's Guide can be found in Appendix VI of RFP/DPHSS-2018-02.

All others remain the same.

A handwritten signature in black ink, appearing to read "Leo G. Casil".

**LEO G. CASIL**  
Procurement Officer/Acting Director, DPHSS



# APPENDIX VI

## OFFEROR'S GUIDE



(This page must be placed on envelop of proposal)

**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
GUAM BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM  
RFP/DPHSS-2018-02**

**OFFEROR'S GUIDE**

Proposer Name:

---

Proposer Address:

---

---

Date of Submission: \_\_\_\_\_

Time of Submission: \_\_\_\_\_

**1. TITLE PAGE**

- a. Name of Offeror (Organization's Name):
  
- b. Location of the offeror's principal place of business:  
  
Physical Address:  
  
Mailing Address:
  
- c. Telephone and facsimile numbers and e-mail address:  
  
Telephone:  
Fax:  
E-mail address:

**2. RFP HIGHLIGHTS**

<b>Section:</b>	<b>Page Number:</b>
General Information	3
Cover Letter	5
Submission	7-8
Contracting Information	9
Evaluation	12
Offeror's Background Information	18-19
Scope of Work: Program Specifications	19-22
Detailed Specification	22-23
Performance Indicators	23-25
General Submission Requirements	25-26
2017 NBCCEDP Allowable Procedures and Relevant CPT Codes	28-34
2018 NBCCEDP Allowable Procedures and Relevant CPT Codes	36-41
Appendix II – Contract Terms and Conditions	42-87
Appendix III – Local Forms	88-117

**3. DESIGNATIONS OF CONTACT PERSON**

- a. Name:
  
- b. His/her title:
  
- c. Mailing address:
  
- d. Contact numbers:

e. Email address:

**4. BUSINESS LICENSE**

- a. Provide a copy of license or registration as non-profit organization with the Guam Department of Revenue and Taxation.
- b. Federal Employer Identification Number (EIN):  
*Or*  
Tax identification number (TIN):

- Please note: Public Law 33-166, a 4% Business Privilege Tax for non-resident person/contractor will apply.

**5. FORMS - Must be included with Proposal**

- **Local Forms – (See Appendix III in the RFP)**
  - a. Affidavit Disclosing Ownership and Commission
  - b. Affidavit re Non-Collusion
  - c. Affidavit re No Gratuities or Kickbacks
  - d. Affidavit re Ethical Standards
  - e. Affidavit re Contingent Fees
  - f. Declaration Re Compliance with 5 GCA § 5150
  - g. Declaration Re Compliance with U.S. DOL Wage Determination
- **Federal Forms – (See Appendix IV in the RFP)**
  - i. Assurances – Non-Construction Programs
  - ii. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
  - iii. Certifications and Assurances Federal Funds – Center for Disease Control United States Department of Health and Human Services