



*Valencia County  
Purchasing Department  
444 Luna Avenue ♦ P.O. Box 1119  
Los Lunas, New Mexico 87031  
Office: 505.866.2005 ♦ Fax: 505.866.2424*

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**Notice of Amendment #1  
RFP #VCR-FY18-011 Hospital/24 Hour Emergency Healthcare Facility.**

Please see the amended RFP #VCR-FY18-011 whereas in section II. Conditions Governing The Procurement, under section A- Sequence of Events, number 5- Response to Written Questions/ RFP Amendments has been extended from June 1, 2018 to June 8, 2018.

The amendment is being issued to allow for time so the Purchasing Manager and Board of County Commissioners can have a public workshop on June 6, 2018 at 4:00pm to discuss and get direction for the answers to written questions that were presented by potential offerors.

Please also see the attached Acknowledgement of Receipt for amendment #1 to RFP #VCR-FY18-011. Please sign and return the Acknowledgement of Receipt of Amendment #1 to Rustin Porter, Valencia County Purchasing Agent by end of business day Friday June 1, 2018. You may print, sign, scan and email your Acknowledgement to Rustin Porter at [rustin.porter@co.valencia.nm.us](mailto:rustin.porter@co.valencia.nm.us). If you have any questions you can reach Rustin Porter at 505-866-2005.

***Jhonathan Aragon, Chair, District V* □ *Charles Eaton, Vice-Chair, District IV*  
□ *Helen Cole, District I* □ *David Carlberg, District II* □ *David Hyder, District III*  
*Daniel Monette, County Manager***

# APPENDIX A

## REQUEST FOR PROPOSAL

Hospital/24 Hour Emergency Healthcare Facility

RFP #VCR-FY18-011

Amendment #1

### ACKNOWLEDGEMENT OF RECEIPT FORM

In acknowledgement of receipt of this Request for Proposal the undersigned agrees that s/he has received a complete copy, beginning with the title page and table of contents, and ending with APPENDIX G.

The acknowledgement of receipt should be signed and returned to the Procurement Manager no later than Friday June 6, 2018 by 5:00pm MST. Only potential Offerors who elect to return this form completed with the indicated intention of submitting a proposal will receive copies of all Offeror written questions and the written responses to those questions as well as RFP amendments, if any are issued.

FIRM: \_\_\_\_\_

REPRESENTED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This name and address will be used for all correspondence related to the Request for Proposal.

Firm does/does not (circle one) intend to respond to this Request for Proposal.

Rustin Porter, Purchasing Agent  
Hospital/24 Hour Emergency Healthcare Facility  
RFP# VCR-FY18-011, Amendment #1  
Valencia County Purchasing  
444 Luna Ave. Suite 100  
Los Lunas, NM 87031  
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