



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

**Notice of Amendment #6
RFP #VCR-FY18-011
Hospital/24 Hour Emergency Healthcare Facility**

Please see the amended RFP #VCR-FY18-011. In summary, the date for the Oral Presentations by the offerors has been changed from Friday August 31, 2018 to Wednesday September 5, 2018 do to the Labor Holiday weekend.

Amendment #5 has been posted to the solicitation website for review and use by all potential offerors. The document is located on the solicitation website at:
<https://vrapp.vendorregistry.com/Bids/View/BidsList?BuyerId=2fe293f2-53e6-4f47-b851-ad0da806982a>

Please also see the attached Acknowledgement of Receipt for amendment #5 to RFP #VCR-FY18-011. Please sign and return the Acknowledgement of Receipt of Amendment #3 to Rustin Porter, Valencia County Purchasing Agent by end of business day Friday June 29, 2018. You may print, sign, scan and email your Acknowledgement to Rustin Porter at 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 #6

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 F.

The acknowledgement of receipt should be signed and returned to the Procurement Manager no later than Friday August 3, 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 #4
Valencia County Purchasing
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