

Valencia County Purchasing Department 444 Luna Avenue ◊ P.O. Box 1119 Los Lunas, New Mexico 87031

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Notice of Amendment #5 RFP #VCR-FY18-011 Hospital/24 Hour Emergency Healthcare Facility

Please see the amended RFP #VCR-FY18-011. In summary, additional specifications and evaluation criteria were added to include evaluation points for Healthcare Services provided to the inmates of the Valencia County Detention Center.

Additionally, a deadline of July 5th, 2018 by 5:00pm MST has been given to all proposed offerors to submit written questions in regards to amendment #5. Answers to written questions will be posted by 5:00pm MST on July 7th, 2018. All other timeline dates have remained the same.

Amendment #5 has been posted to the solicitation website for review and use by all potential offerrors. 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.

APPENDIX A

REQUEST FOR PROPOSAL

Hospital/24 Hour Emergency Healthcare Facility RFP #VCR-FY18-011

Amendment #5

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 June 29, 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	or all correspon	dence related to the Request for Proposa	ıl.
Firm does/does not (circle one) intend	d to respond to t	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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