



## **RFP REGISTRATION FORM**

**Special Supplemental Nutrition Program  
for Women, Infants, and Children (WIC)  
Department of Public Health and  
Social Services  
15-6100 Mariner Avenue  
Barrigada, Guam 96913-1601**

**RFP SUBMISSION DEADLINE:  
No later than 5:00 pm, January 16, 2015  
(Greenwich Mean Time (GMT)  
+ 10 hours)**

DPHSS/WIC requires that prospective offerors/respondents register with DPHSS/WIC, to ensure that they receive notices regarding any changes or updates to the RFP. Official communications, clarifications and amendments to the RFP will be sent to all registered potential offerors. A registration form is provided with the RFP as Appendix D. *The Guam WIC Program, Department of Public Health and Social Services (WIC, DPHSS) shall not be liable for failure to provide notice to any party who does not officially register contact information.* The registration form can also be downloaded via [www.dphss.guam.gov](http://www.dphss.guam.gov). Select “RFPs” from the pull down menu then RFP/DPHSS 2015-001 and download the registration form. Potential offerors must legibly complete and submit the original **RFP REGISTRATION FORM** to the DPHSS/WIC address above, or via fax at 671-477-7945.

<b>REQUEST FOR PROPOSALS (RFP)</b> <b>RFP/DPHSS-2015-001 – Specialized Banking Professional Services for the Special Supplemental Nutrition Program for Women, Infants, and Children (“WIC”)</b> <b>Department of Public Health and Social Services</b>	
<b>ORGANIZATION:</b>	
<b>CONTACT PERSON AND POSITION TITLE:</b>	
<b>PHYSICAL ADDRESS:</b>	
<b>MAILING ADDRESS:</b>	
<b>EMAIL ADDRESS:</b>	
<b>TELEPHONE:</b>	
<b>FASCIMILE:</b>	
<i><b>TO BE COMPLETED BY STAFF OF DPHSS/WIC.</b></i>	
<b>DATE SUBMITTED:</b>	<b>TIME SUBMITTED:</b>
<b>RECEIVED BY:</b>	

**CONTROL NO.: 2015-WIC** \_\_\_\_\_

All potential offerors, those who come in person to the Barrigada (Tiyan) WIC office to pick up a hard copy of the published RFP and those who download the RFP on-line (via [www.dphss.guam.gov](http://www.dphss.guam.gov)), shall be assigned a Control Number upon receipt of this official **RFP REGISTRATION FORM** by DPHSS/WIC.