

NUMBER OF INVITATIONS ISSUED: 11

NUMBER OF BIDS RECEIVED: 2



PROCUREMENT DIVISION  
GUAM POWER AUTHORITY

ABSTRACT OF BIDS

INVITATION NUMBER: GPA-072-25

OPENING DATE: 09/20/2025 OPENING TIME: 9:00 A.M.

DESCRIPTION OF SUPPLIES OR SERVICES:	
Extension Blankets	

BIDDER	
No.:	<input type="checkbox"/> Vendor Name: <u>AMERICA'S BEST ELECTRIC INC.</u>
	<input checked="" type="checkbox"/> Bound Paper Original Qty: <u>1</u>
	<input checked="" type="checkbox"/> Bid Bond #: <u>BC340100030-B</u> Amount: \$ <u>157</u>
	<input checked="" type="checkbox"/> Certificate of Authority <input checked="" type="checkbox"/> Power of Attorney
	<input type="checkbox"/> Standby Letter of Credit # _____ Amount \$ _____
	<input type="checkbox"/> Letter of Credit # _____ Amount \$ _____
	<input type="checkbox"/> Cashier's or Certified Check # _____ Amount \$ _____
	<input type="checkbox"/> Wire Transfer
	<input checked="" type="checkbox"/> Affidavits (Original Form)
	<input type="checkbox"/> Affidavits (Copy Form): Originals submitted with
	<input checked="" type="checkbox"/> Ownership & Interest Disclosure <input checked="" type="checkbox"/> Non-Collusion <input checked="" type="checkbox"/> No Gratitudes or Kickbacks
	<input checked="" type="checkbox"/> Ethical Standards <input checked="" type="checkbox"/> Noige Determination <input checked="" type="checkbox"/> Restriction Against Sex Offenders
	<input checked="" type="checkbox"/> Business License <input type="checkbox"/> Contractor's License
	<input checked="" type="checkbox"/> Local Procurement Signed and Submitted
	<input checked="" type="checkbox"/> Literature <input checked="" type="checkbox"/> Contingent Fees

DESCRIPTION		LINE ITEM 1	LINE ITEM 2	LINE ITEM 3	LINE ITEM 4	LINE ITEM 5
ITEM	DESCRIPTION	LINE ITEM 1	LINE ITEM 2	LINE ITEM 3	LINE ITEM 4	LINE ITEM 5
QTY.	QTY.	1500				
UNIT	UNIT	EA				
DELIVERY	DELIVERY	32 WKS. After Approval Drawings by GPO				
BASIC						
UNIT COST		55.51				
PART NUMBER						
CATALOG NUMBER		P1-0157				
MANUFACTURER		Apq				
DELIVERY		As Specified				
TOTAL LUMP SUM						
ALTERNATE						
UNIT COST						
PART NUMBER						
CATALOG NUMBER						
MANUFACTURER						
DELIVERY						
TOTAL LUMP SUM						

I hereby certify that all bids received in response to this invitation were opened under my personal supervision, and that the names of all bidders have been entered herein.

SIGNATURE

Jm

Basis For Award	
<input type="checkbox"/> Lowest Responsive Bidder	
<input type="checkbox"/> Tie Bid	
<input type="checkbox"/> Only Bid	
<input type="checkbox"/> Other Than Lowest Responsive Bidder	

TABULATED BY: Attwunjasa DATE: 8/28/25

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**NAMES OF PERSONS PRESENT AT THE BID OPENING AND WHOM THEY REPRESENT**

	PRINT NAME:	COMPANY NAME:	SIGNATURE:	DATE:
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