

Mayors' Council of Guam

Konsehelon Mahet Guahan

February 12, 2026

AMENDMENT #4
INVITATION FOR BID NO. MCOG-26-002
Automated Management System for Residential Verifications

This Amendment is issued to amend the following items in reference to the above-mentioned bid:

1. Amend to include
(Attachment B, Page 1 of 17, MCOG-26-002),
(Attachment B, Page 2 of 17, MCOG-26-002),
(Attachment B, Page 3 of 17, MCOG-26-002),
(Attachment B, Page 4 of 17, MCOG-26-002),
(Attachment B, Page 5 of 17, MCOG-26-002),
(Attachment B, Page 6 of 17, MCOG-26-002),
(Attachment B, Page 7 of 17, MCOG-26-002),
(Attachment B, Page 8 of 17, MCOG-26-002),
(Attachment B, Page 9 of 17, MCOG-26-002),
(Attachment B, Page 10 of 17, MCOG-26-002),
(Attachment B, Page 11 of 17, MCOG-26-002),
(Attachment B, Page 12 of 17, MCOG-26-002),
(Attachment B, Page 13 of 17, MCOG-26-002),
(Attachment B, Page 14 of 17, MCOG-26-002),
(Attachment B, Page 15 of 17, MCOG-26-002),
(Attachment B, Page 16 of 17, MCOG-26-002),
(Attachment B, Page 17 of 17, MCOG-26-002).

***** NOTHING ELSE FOLLOWS *****

JOYJEAN R. ARCEO
Executive Director

Please Print:

Acknowledgement Copy (Please email MCOG)

Received By: _____

(Print and Sign Name)

Date: _____

Company Name: _____

(Email: procurement@mcog.guam.gov)



P.O. Box 786, Hagåtña, Guam 96932
Office: (671) 472-6940 / (671) 477-8461 Fax: (671) 477-8777
E-Mail: mcogadmin@teleguam.net



**Office of the Mayor
Municipality of Asan-Maina
Frankie A. Salas, Mayor**

P.O.Box 786 Hagatna, Guam 96932 / 141 Nino Perdido Drive Asan, Guam 96910
Office Telephone: (671) 472-6581 / 479-2726 Facsimile: (671) 472-6446
Email: asanmainamayor@gmail.com



Date:

To:

From: Frankie A. Salas, Mayor

Subject: Verification of Residence/Household

This is to certify that _____

is residing at _____ in the

Municipality of Asan-Maina since _____ to present.

Phone Number: _____

The household consists of the following member(s):

	<u>FULL-NAME:</u>	<u>DATE OF BIRTH:</u>	<u>RELATIONSHIP:</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____

**RODNEY Q. QUINENE
MUNICIPAL CLERK**

Frankie A. Salas, Mayor
(Or Authorized Representative)

Name & Title:

Date:

THIS VERIFICATION IS VOID AFTER 30 DAYS OF ISSUANCE

CERTIFICATION OF RESIDENCY

This is to certify that _____ has been
Residing in Agana Heights at (Street Address) _____
since _____ to PRESENT. Telephone Number: _____

(HOUSEHOLD CONSISTS OF THE FOLLOWING MEMBERS:)

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>	<u>COMMENTS</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
.	_____	_____	_____	_____

PURPOSE OF REQUEST: Office of the Attorney General. Baseball League Certification. Catholic Social Service (CSS). Court Certification. Department of Labor (DOL) - AHRD, Unemployment Assistance and/or Summer Job Employment. Department of Public Health and Social Services (DPHSS) - Block Grant, Food Stamp, Medicaid, Medicare, Welfare, WIC and/or MIP. Department of Public Works (DPW) - Trash Collection Services. Employment Documentation. Financial Institution. Guam Community College (GCC) - Summer Program. Guam Department of Education (GDOE) - Student Enrollment. Guam Election Commission (GEC), Guam Housing Corporation. Guam Housing and Urban Renewal Authority (GHURA). Guam Pass-Port Office. Department of Revenue & Taxation - Guam Driver's License, Guam I.D., Tax Document. Guam Police Department (GPD) - Police Clearance/Firearms I.D.. Guam Power Authority. Guam Main Facility (GMF) Postal Services. Guam Telephone Authority (GTA) - Residential Services. Immigration Office. Red Cross Assistance. Salvation Army Assistance. Social Security Administration. Office of the Attorney General. University of Guam (UOG) - Student Enrollment. Guam Community College - Student Enrollment, Student Financial Aid. EMERGENCY Food & Shelter Program.



February 10, 2026

TO: BLANK

I, Mayor Brian J. Terlaje, certify that **MR.DOA** has been residing at **#000 LA CUESTA CIRCLE LEGACY TOWER , YONA GU, 96915** since **MAY 1ST 2025** to present. Household consists of the following members.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DOB</u>
1. DOA, JOHN J.	Head of Household	00/00/0000
****NOTHING FOLLOWS****		

BRIAN J. TERLAJE, MAYOR
 Office of the people of Yona



"Strength of People United"

YONA MAYOR'S OFFICE
 TEL: (671) 789-1525/4798
 FAX: (671) 789-1821



Village Flower "Bougainvillea"

OFFICE OF THE MAYOR

Attachment B
5 of 17
IFB MCOG-26-002

PETER JOHN SALAS BENAVENTE
MAYOR



ANN S. SAN AGUSTIN LEON GUERRERO
VICE MAYOR

CHOOSE A DEPARTMENT

THIS IS TO CERTIFY THAT		
IS RESIDING AT		
IN THE DISTRICT OF DEEDEDO SINCE	TO PRESENT	PHONE NUMBER (671)

THIS HOUSEHOLD CONSISTS OF THE FOLLOWING MEMBER(S)

	NAME FIRST, MIDDLE, LAST	RELATIONSHIP TO APPLICANT	DATE OF BIRTH MM/DD/YYYY	AGE
1				126
2	**NOTHING FOLLOWS**			
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

VALID ONLY FOR 30 DAYS. NOT VALID WITHOUT THE DEEDEDO MAYOR'S OFFICE EMBOSSED SEAL.

COMMENTS	
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<p style="text-align: center;">Ambria (Bri) Marie Santos - Recreation Supervisor AUTHORIZED REPRESENTATIVE SIGNATURE FOR MAYOR PETER J.S. BENAVENTE / VICE MAYOR ANN S.A. LEON GUERRERO</p>	<p style="text-align: center;">DATE ISSUED</p>	<p style="text-align: center;">DMO'S EMBOSSED SEAL</p>
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HAGAT MAYOR'S OFFICE

P.O. BOX 786 HAGATNA, GUAM 96932
TEL: 671-565-2524/4335 FAX: 671-565-4826
EMAIL: hagatmayorsoffice@gmail.com

Attachment B
6 of 17
IFB MCOG-26-002
Kevin ~~MAYOR~~ *Susuico*

~~Christopher M. Fejeran~~

Date: February 10, 2026

To: Navy Federal Credit Union

VERIFICATION OF RESIDENCY

This is to verify that **Jane Doe**
currently resides at **149 Osborne Street**
in the village of **Hagåt**

Household Composition

Name	Relationship	Birthdate
Doe, Jane	Head of Household	08/31/75
Doe, John	Husband	10/26/79

*****NOTHING FOLLOWS*****

Comments:

I certify that the information above is true and correct.

Applicant's Signature

Mayor's Office:

[Signature]
Prepared by: *Frances J. Reyes*
Kevin James T. Susuico, Mayor



VERIFICATION OF RESIDENCY

This is to certify that _____ **NAME** _____ is a resident of _____ **ADDRESS** _____ municipality of Hagatna/Anigua.

From: _____ **DATE** _____ To: _____ **DATE** _____

Number of Bedrooms: 2 Number of Bathrooms: 1 Home Structure: Apartment

	<u>FULL NAME:</u>	<u>RELATIONSHIP:</u>	<u>DATE OF BIRTH:</u>
1.	<u>Doe, John</u>	<u>Head of Household</u>	<u>DATE</u>
2.	<u>Doe, Jane</u>	<u>Wife</u>	<u>DATE</u>
3.	<u>*****</u>	<u>NOTHING FOLLOWS</u>	<u>*****</u>
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

Mailing Address: _____ **MAILING ADDRESS** _____

Contact Numbers: Home: _____ Work: _____ Cellular: 671-111-2222

Purpose:	<input type="checkbox"/> Public Health (Food Stamp/Welfare)	<input type="checkbox"/> MIP	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid
	<input type="checkbox"/> Public Health (Block Grant)	<input type="checkbox"/> WIC	<input type="checkbox"/> Catholic Social Services	
	<input type="checkbox"/> GHURA <input type="checkbox"/> Red Cross	<input type="checkbox"/> Salvation Army	<input type="checkbox"/> Department of Labor	
	<input type="checkbox"/> School:	_____		
	<input type="checkbox"/> Other:	_____		

PLEASE NOTE: This verification is void after 30 days of issuance.

NAME
Signature of Officiating Personnel:

DATE
Date:

POSITION
Title of Officiating Personnel:



OFFICE OF THE MAYOR – MUNICIPALITY OF HUMATAK

MAYOR JOHNNY A. QUINATA

P.O. BOX 786, HAGATNA, GUAM 96932

TELEPHONE: (671)-828-8251/2 | EMAIL ADDRESS: UMATACMO@GMAIL.COM

HUMATAK CONSTITUENT FORM (NEW/TRANSFER/REMOVAL)

Name:
Street Address:
Mailing Address:
Contact Number(s):
Ethnicity:
Employer Name:
Emergency Contact:
DATE RECEIVED/INITIAL: (HMO PERSONNEL ONLY)
Employer Contact #:
Contact #:

Name of Head of Household:
Designated Authorized Representative:

Disclaimer: Only Head of Household and Designated Authorized Representative are allowed to change or modify household composition.

Table with 7 columns: #, LAST NAME, FIRST NAME, MIDDLE INITIAL, DATE OF BIRTH, RELATIONSHIP TO HEAD OF HOUSEHOLD, and PLEASE SELECT (NEW, TRANSFER, REMOVE). Rows 1-25.

By signing this instrument below, you hereby affirm and validate the information above is correct and true to the best of your knowledge. (MUST BE 18 YEARS OR OLDER TO AFFIX SIGNATURE BELOW)

x



Mayor Anthony P. Chargualaf, Jr.
P.O.Box 786 Hagåtña, Guam 96932
Office: 475-2509/10/11
Email Addresses: inalahanmayorsoffice@gmail.com



Mayor's CERTIFICATION/VERIFICATION Letter

Date: February 6, 2026

To Agency: Choose an item.

This is to certify that Mr./Mrs./Ms. «HOH_PROPERNAME» is a registered resident of the Municipality of Inalåhan and is residing at Hse # «HOUSENUMBER», «STREETNAME», «DISTRICT», «STATE», «ZIPCODE».

The following are household members at the above mentioned residence.

HOUSEHOLD/FAMILY DATA

- Head of Household - «HOH_PROPERNAME», «HOH_DOB», «HOH_SSAN»
- Spouse/Unmarried Partner - «SPOUSE_FULLNAME» «SPOUSE_DOB» «SPOUSE_SSAN»
- Child 1 - «CHILD1_FULLNAME» «CHILD1_RELATIONSHIP» «CHILD1_DOB»
- «CHILD1_SSAN»
- Child 2 - «CHILD2_FULLNAME» «CHILD2_RELATIONSHIP» «CHILD2_DOB»
- «CHILD2_SSAN»
- Child 3 - «CHILD3_FULLNAME» «CHILD3_RELATIONSHIP» «CHILD3_DOB»
- «CHILD3_SSAN»
- Child 4 - «CHILD4_FULLNAME» «CHILD4_RELATIONSHIP» «CHILD4_DOB»
- «CHILD4_SSAN»
- Child 5 - «CHILD5_FULLNAME» «CHILD5_RELATIONSHIP» «CHILD5_DOB»
- «CHILD5_SSAN»
- Child 6 - «CHILD6_FULLNAME» «CHILD6_RELATIONSHIP» «CHILD6_DOB»
- «CHILD6_SSAN»
- Child 7 - «CHILD7_FULLNAME» «CHILD7_RELATIONSHIP» «CHILD7_DOB»
- «CHILD7_SSAN»
- Child 8 - «CHILD8_FULLNAME» «CHILD8_RELATIONSHIP» «CHILD8_DOB»
- «CHILD8_SSAN»
- Child 9 - «CHILD9_FULLNAME» «CHILD9_RELATIONSHIP» «CHILD9_DOB»
- «CHILD9_SSAN»
- Child 10 - «CHILD10_FULLNAME» «CHILD10_RELATIONSHIP» «CHILD10_DOB»
- «CHILD10_SSAN»
- Child 11 - «CHILD10_FULLNAME» «CHILD10_RELATIONSHIP» «CHILD10_DOB»
- «CHILD10_SSAN»

The Mayor of Inalåhan request your utmost assistance be rendered to the following individual(s) listed above as verified residents of the Municipality of Inalåhan. *** This Document is Valid for 30 days after the issue date.***

Date:

To whom it may concern:

This certification of Residency is issued on behalf of
for the purpose(s) of:

- Guam Department of Education
- Guam Department of Public Health & Social Services
- Guam Department of Revenue & Taxation
- GHURA: Guam Housing & Urban Renewal Authority
- Other:

The following pertinent information is provided:

Current Address: **Malesso', GU 96915**

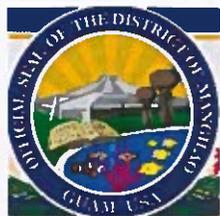
Property Owner:

FAMILY MEMBERS:

NAME(S):	DATE OF BIRTH:	RELATIONSHIP:
	NOTHING FOLLOWS	

COMMENTS:

The Community of Education, Culture, and Sports



Office of the Mayor Municipality of Mangilao



P.O. Box 786 Hagatna, Guam 96910 Phone: (671) 734-2163 / 5731 Fax: (671) 734-4130 Email: mangilao96913@gmail.com

Allan RG Ungacta, Mayor

Edward JD Tosco, Vice Mayor

DATE: February 09, 2026

TO:	Catholic Social Services:	GHURA
	Department of Revenue and Taxation: Drivers License	DPHSS:
	Department of Revenue and Taxation: Identification Card	OTHER:

FROM: Mayor of Mangilao

SUB: Verification of Residence / Request For Assistance

List of Households	

This is to certify that: residents in the village of Mangilao and are currently residing at
Mangilao Guam 96913

The above-named individual is seeking assistance from your agency. If I can be of further assistance, please contact me at my office at (671) 734-2163/5731.

Allan RG Ungacta
Mayor



Office of the Mayor
Municipality of
Mongmong-Toto-Maite
P.O. Box 786 • Hagatna • Guam 96932
mtmmayorpaco17@gmail.com



Telephone: (671) 477-9090/6758
Fax: (671) 472-6494

Mayor Rudy A. Paco

To:

From: Mayor, Municipality of Mongmong-Toto-Maite

Subject: Verification of Residency

I certify the following individual(s) is/are residing in the tri-village Mongmong-Toto-Maite at:

Home Address: _____

Remarks: _____

HOUSEHOLD COMPOSITION: (H): _____ (W): _____

Name (Last, First, Middle):

Relationship

Date of Birth

HOH

I certify that the above information is current and true to the best of my knowledge.

Verification is valid for one (1) month from this date: 2/10/2026

RUDY A. PACO

Mayor



VERIFICATION OF RESIDENCY AND HOUSEHOLD

DATE:
AGENCY/DEPARTMENT:

HEAD OF HOUSEHOLD:
STREET ADDRESS:
EMAIL ADDRESS:
DATE OF BIRTH:
HOME TELEPHONE:

COMPOSITION OF HOUSEHOLD

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>	<u>EMAIL ADDRESS</u>
*****NOTHING FOLLOWS*****			

ADDITIONAL NOTATIONS:

I certify the information above is true and correct

HEAD OF HOUSEHOLD OR REPRESENTATIVE

TEMPLATE

JESSE L.G. ALIG
Mayor of Piti
472-1232/3

STAFF/TIME



**OFFICE OF THE MAYOR
MUNICIPALITY OF SANTA RITA-SUMAI**

Ofisinaan I Mahal

183 A.B. Won Pat Lane, Santa Rita, Guam 96915

Date:

To:

From: Santa Rita - Sumai Mayor's Office

Subject: Verification of Residence/Household

This is to certify that _____
is residing at _____ in the municipality
of Santa Rita-Sumai since _____ to present.

Phone number: _____

This household consists of the following member (s):

	NAME	DOB	RELATIONSHIP
1	_____	_____	_____
2	_____	_____	_____

NOTHING FOLLOWS

Mayor Dale C.P. Alvarez

Prepared By



Ancient Latte Stones

Phone: 671-565-2514/4301/4304/4337

Fax: 671-565-3222

Email: srsmo.main@gmail.com



Ancient Latte Stones

Robert R.D.C. Hofmann
Mayor



Attachment B
15 of 17
IFB MCOG-26-002
Municipality of Sinajana
Mayors' Council of Guam
Konsehelon Mahor Guåhan
P. O. Box 786 Hagåtña, Guam 96932
Phone 671-472-6707 | 671-477-3323
Fax 671-472-5084
sinajanamayorsoffice@gmail.com
www.sinajana.org

CERTIFICATION OF RESIDENCY

This certifies that: _____
Resides at: _____
Duration: _____ to **Present**
Contact Numbers: _____

HOUSEHOLD COMPOSITION

	NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	REGISTERED VETERAN
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
CERTIFICATION ISSUED TO				
ADDITIONAL INFORMATION				

Signature of Certifying Official

Title

Date Issued

Valid only for thirty (30) days from date issued. Void without official stamped seal.



**Talo'fo'fo' Mayor's Office
Mayor Vicente S. Taitague**

184 N. San Miguel St. Talo'fo'fo', GU 96915
Tel: (671) 789-1421/3262 Fax: (671) 789-5251

Email: talofofomayor@gmail.com
vicente.taitague@mcog.guam.gov

Attachment B
16 of 17
IFB MCOG-26-002

MAYOR'S VERIFICATION OF RESIDENCY OFFICIAL RECORD FOR:

Department or Agency to which this Verification is Being Requested for:

Date of this Verification of Residency:

I. LEGAL STATEMENT

(The Legal Statement below shall be read by the Head of Household or the Applicant providing information Herein)

This form is a Government Official Record. Therefore, all information provided herein by the head of household shall be true, accurate and factual. The head of household providing and attesting to the below information shall ensure that the family members listed herein is/are physically and permanently residing in the same home address as the head of household. Non-compliance or providing false information herein will be referred to the Guam Attorney General's Office for further legal action.

II. HEAD of HOUSEHOLD INFORMATION AS PROVIDED

Print Full Name of Head of Household	Date of Birth	Social Security Number	Telephone #s

Head of Household's Home Address:

III. APPLICANT INFORMATION AS PROVIDED

(If Applicant is not the Head of Household but physically and truly residing in the same Home of Address as the Head of Household)

Print Full Name of Applicant	Date of Birth	Social Security Number	Telephone #s

IV. LISTED FAMILY MEMBERS BELOW ARE LIVING OR RESIDING AT THE ABOVE HOME ADDRESS

#	Name	Date of Birth	Social Security Number	Relationship
1.				
2.				



LOUISE C. RIVERA
Mayor
ALBERT M. TOVES
Vice-Mayor

Office of the Mayor
MUNICIPALITY OF TAMUNING-TUMON AND HARMON
#120 Tun Jesus Crisostomo St. Tamuning, Guam 96913
P.O. Box 10513 Tamuning, Guam 96931
Telephone No.: (671) 646-5211/8646 Facsimile No.: (671) 646-5210
Email: teamtatuha2013@gmail.com



VERIFICATION OF RESIDENCY

LOCATOR NO:

This is to certify that _____ is a resident of _____ municipality of Tamuning/Tumon/Harmon.

From: _____ To: _____
Number of Bedrooms: _____ Number of Bathrooms: _____ Home Structure: _____

	FULL NAME	ID REF.	RELATIONSHIP	DATE OF BIRTH
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

Email: _____

Military Veteran? YES NO Branch: _____

Mailing Address: _____

Contact Numbers: Home: _____ Cellular: _____ Other: _____

Purpose: Public Health (SNAP/Welfare) MIP Medicare Medicaid
 Public Health (Block Grant) WIC Catholic Social Services
 GHURA Red Cross Salvation Army Department of Labor
 School: _____
 Other: _____

THIS IS AN OFFICIAL DOCUMENT VALID UP TO 30 DAYS FROM DATE OF ISSUE.

LOUISE C. RIVERA, Mayor