

INVITATION FOR BID

ISSUING OFFICE:

Guam Power Authority-Procurement Office
1st. Floor, Room 101
Gloria B. Nelson Public Service Building
688 Route 15
Mangilao, Guam 96913

Attn: JOHN M. BENAVENTE, P.E.
General Manager
c/o JAMIE LYNN C. PANGELINAN
Supply Management Administrator

John M. Benavente
1/16/2026
JOHN M. BENAVENTE, P.E. DATE
General Manager *JB*

DATE ISSUED: 01/20/2026
01/27/2026 BID INVITATION NO.: GPA-017-26
BID FOR: PAD MOUNTED TRANSFORMERS
SPECIFICATION: SEE ATTACHED
DESTINATION: Guam Power Authority, Dededo Warehouse
REQUIRED DELIVERY TIME: 24 Weeks After Approved Drawings by Guam Power Authority

INSTRUCTIONS TO BIDDERS:

INDICATE WHETHER: INDIVIDUAL PARTNERSHIP CORPORATION
INCORPORATED IN: _____

This bid shall be submitted in one (1) original, two (2) copies and sealed to the issuing office above no later than (Time) 10:00 A.M, (Guam CHamoru Standard Time; ChST), Date: February 03, 2026 and shall be publicly opened. Bid submitted after the time and date specified above shall be rejected. See attached General Terms and Conditions and Sealed Bid Solicitation for details.

The undersigned offers and agrees to furnish within the time specified, the articles and services at the price stated opposite the respective items listed on the schedule provided, unless otherwise specified by the bidder. In consideration to the expense of the Government in opening, tabulating, and evaluating this and other bids, and other considerations, the undersigned agrees that this bid remain firm and irrevocable within one hundred twenty (120) calendar days from the date opening to supply any or all of the items which prices are quoted.

NAME AND ADDRESS OF BIDDER: _____ SIGNATURE AND TITLE OF PERSON
AUTHORIZED TO SIGN THIS BID: _____

The above must be signed and returned in the bid envelope together with bid. Failure to comply will mean a disqualification and rejection of the bid.

AWARD: CONTRACT NO.: _____ AMOUNT: _____ DATE: _____

ITEM NO(S). AWARDED: _____

CONTRACTING OFFICER:

JOHN M. BENAVENTE, P.E. DATE
General Manager

To be completed pre-award:
NAME AND ADDRESS OF CONTRACTOR: _____ SIGNATURE AND TITLE OF PERSON

