



**PROCUREMENT AND SUPPLY  
COMMONWEALTH HEALTHCARE CORPORATION  
INVITATION TO BID (ITB)**

**ITB23-CHCC/RHC-015  
ROTA HEALTH CENTER**

**SUBMISSION DEADLINE: JULY 6<sup>TH</sup>, 2023    TIME: 10:00AM (CHST)**

**“LEASE OF VEHICLE”**

INTERESTED PARTIES CAN DOWNLOAD THIS INVITATION TO BID FROM THE CHCC WEBSITE [WWW.CHCC.HEALTH]. ONCE AT THE SITE, NAVIGATE TO **REQUEST FOR PROPOSALS** TAB ON THE LEFT NAVIGATION BAR. CLICK ON THE URL FOR THIS RFP. YOU WILL BE REQUIRED TO ENTER DATA TO ALLOW US TO TRACK ALL REQUESTS FOR THIS OPPORTUNITY.

THE CHCC RESERVES THE RIGHT TO REJECT ANY AND ALL PROPOSAL AND TO WAIVE ANY IMPERFECTIONS IN ANY PROPOSAL, IF TO DO SO SHALL BE IN THE INTEREST OF THE CHCC. ALL PROPOSALS SHALL BECOME THE EXCLUSIVE PROPERTY OF THE COMMONWEALTH HEALTHCARE CORPORATION.

/S/ ESTHER L. MUNA  
CHCC CHIEF EXECUTIVE OFFICER

/S/ CORA P. ADA  
DIRECTOR OF PROCUREMENT & SUPPLY

## INVITATION TO BID

**NOTICE TO BIDDER:** Failure to Provide Company Name, Address, Phone & Fax Numbers and Email Address on this INVITATION TO BIDFORM may result in **bid rejection**.

Company Name: INVITATION TO BID #: **ITB23-CHCC/RHC-014**

Address: BID MUST BE IN OUR OFFICE BY:

Phone # : **JULY 6<sup>th</sup>, 2023 at 10:00AM CHST**

Fax # :

Email Address:

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**SPECIAL NOTICE TOP BIDDER:**

**ADDRESS ALL CORRESPONDENCE TO:**

EACH ITEM MUST BE PRICED SEPARATELY FROM OTHERS. THIS REQUEST DOES NOT COMMIT THE COMMONWEALTH HEALTHCARE CORPORATION IN ANYWAY TO PAY ANY COSTS INCURRED IN THE PREPARATION OR THE SUBMISSION OF THIS SUPPLIES AND SERVICES

COMMONWEALTH HEALTHCARE CORP.  
PROCUREMENT & SUPPLY  
P.O. BOX 500409, SAIPAN MP 96950  
ATTN: DIRECTOR OF PROCUREMENT  
PHONE # 670-234-8950 EXT 3561  
EMAIL ADD: CORA.ADA@CHCC.HEALTH

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SUPPLIES OR SERVICES	QTY.	U/M	UNITE PRICE	TOTAL AMOUNT
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**Duration of Contract:** The term shall be for one (1) year renewable up to 5x depending on funding availability.

**SPECIFICATIONS: LEASE OF VEHICLES**

One (1) Sedan - Please see detailed Vehicle Specifications

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Please email your proposal or submit hard copies to Ms. Corazon P. Ada, Director, CHCC Division of Procurement and Supply, at [procurement@chcc.health](mailto:procurement@chcc.health) or physically at Lower Base, Saipan no later than July 6<sup>th</sup>, 2023 at 10:00 AM CHAMORRO STANDARD TIME.

Proposers may opt to submit out (4) hard copies in addition to the original proposal (5 in total) to the CHCC Division of Procurement and Supply, Main Office Garapan Saipan.

**Please note submission instructions:**

- All submissions must include the RFP/ ITB# and Project Title in the email subject.
- All documents must be submitted in Adobe PDF Format.
- All pages of your proposal must include the RFP/ ITB# and Project Title in the header, plus page number in the footer.

Failure to follow the instructions regarding the submission of RFP Responses may result in the CHCC's choice to disqualify such proposals.

**General Provisions**

Bids will be publicly opened and read at the Procurement Main Office located at the Administrative Bldg., Lower Navy Hill, Garapan, Saipan at **10:00AM CHST, July 6<sup>th</sup>, 2023.**

Until the selection process is completed, the content of the bid will be held in strictest confidence and no details of any bid will be discussed outside the Evaluation Team created by the Corporation. This ITB does not constitute an offer and does not obligate the Corporation in any way. The Corporation reserves the right to reject any or all bids for any reason and waive any defect in said bids, negotiate with any qualified offers, or cancel in part or its entirety this ITB, if it is in the best interest of the Corporation.

Award shall be made to the lowest responsive bid by responsible bidder whose bid fully meets the requirements of the Invitation to Bids. Prior to award of contract, the successful bidder will be subjected to a responsibility determination in conformance with the CHCC Procurement Regulations, Section 140-80.1-245.

CHCC will enter a contract with the successful vendor pursuant to the terms of the standard government independent contract. Additional terms and conditions will be attached as exhibits to the standard independent contract.

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**NOTE: FAILURE TO SIGN THIS BID SUBMISSION WILL RESULT IN ITS REJECTION.**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# COVID COMPLIANCE

This applies to Bidders/Proposers

## Compliance Requirements. COVID-19 PROOF OF VACCINATION

Pursuant to CMS QSO-22-07 Guidance for the Interim Final Rule – Medicare and Medicaid Programs; Omnibus Covid-19 Healthcare Staff Vaccination – this rule establishes requirements regarding COVID-19 vaccine immunization of staff among Medicare and Medicaid certified Providers and “Suppliers”.

### **Contractor/Vendor’s Certification and Signature:**

The undersigned certifies that it gives its assurances to comply with the foregoing provisions and its representations are accurate, complete and current.

\_\_\_\_\_

(Signature)

Date: \_\_\_\_\_

\_\_\_\_\_

(Typed or Printed Name)

\_\_\_\_\_

(Title)

# COMMONWEALTH HEALTHCARE CORPORATION

## LEASE OF VEHICLE

### DETAILED VEHICLED SPECIFICATIONS

**VEHICLE DESCRIPTION:** One (1)-Unit Sedan

#### **Vehicle Specifications (4-Door Sedan)**

- 5-passengers minimum
- Two-wheel drive
- Automatic Transmission
- Power Steering/Power Window and Power Door Lock
- Air Conditioning and Variable Temperature
- 4-wheel disk brakes
- Driver and front passenger airbags
- Safety glass windshield and window
- Spare tire with jack and lug wrench

#### **Maintenance**

- Unlimited Mileage
- Regular Service and maintenance (every three (3) months or 3,000 miles)
- Complimentary Loaner Vehicle
- Manufacturer bumper to bumper warranty up to 36,000 miles
- Safety Inspection, Registration, Tire Repair, and Rust Protection

#### **Insurance Coverage**

- Limit of Liability \$15,000/each person, \$30,000 each accident
- Property damage \$15,000
- Medical payments \$3,000/each person