



Commonwealth Healthcare Corporation
Commonwealth of the Northern Mariana Islands
1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950



Date: 8/2/2021 **CEO-** L21-0783

Name: Broc Calvo

Title: Managing Partner

Company: TURNKEY SOLUTIONS, LLC

Address: PMB 238 Box 10000
Saipan MP 96950

RE: Contract No. 717754-OC OC, Change Order 01, Notice to Proceed

Dear Broc Calvo,

Pursuant to the Notice to Proceed requirement stipulated by contract no. 717754-OC OC, Change Order 01, MODIFIED QUARANTINE MODULE SOFTWARE LICENSE - COVID-19 STUDENT TESTING PROGRAM. This document will serve as the issuance of notice to proceed. This agreement will commence on

Date: 8/2/2021

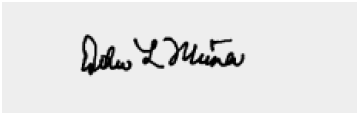
and shall continue until

Date: 07/31/2022

You may proceed with contract implementation according to the terms contained therein.

If you have any questions or concerns, please feel free to contact me.

Regards,



Esther L. Muna

Chief Executive Officer

ELM/dts/cpa

END OF MEMO

CHCC CHANGE ORDER



Commonwealth Healthcare Corporation
Commonwealth of the Northern Mariana Islands
1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950



Contract Number: 717754-OC
Change Order Number: 01

PARTIES

This contract is between the COMMONWEALTH HEALTHCARE CORPORATION(CHCC) and TURNKEY SOLUTIONS, LLC, hereinafter referred to as "contractor."

Contractor is a CORPORATION

PROJECT TITLE: MODIFIED QUARANTINE MODULE SOFTWARE LICENSE - COVID-19 STUDENT TESTING PROGRAM

SCOPE OF CHANGE ORDER:

The Contractor understands and represents that it has the necessary expertise, training, knowledge, materials, manpower, and time to perform the Change in the Scope of Work for the fee stated.

Attachments are explicitly incorporated by reference into this contract. The attachment are as follows:

See attached "Previous contract"

If the description of these services in any of the attachments conflict with the description of these services in this Change Order, then the description in this Change Order will control.

REASON FOR CHANGE:

This change order request is for a sole source procurement of professional services through TurnKey Solutions system to modify the current Community Based Testing application to incorporate the student testing program requirements including reporting to the CDC. Modifying the existing TurnKey Solutions system will allow for the timely launch of this program on or before June 1, 2021, as requested by CDC and the Biden Administration.

PERFORMANCE SCHEDULE; TIME OF COMPLETION

Existing Completion Date: 8/1/2021

Time extension resulting from this change: 11 Months

New Completion Date: 7/31/2022

REVISED CONTRACT AMOUNT

Original Contract Amount: \$ 75000.00
Previous Additions: \$ 0
Previous Deductions: \$ 0
Revised Contract Amount: \$ 75000.00
Cost of this Change Order: \$ 0
Add: \$ 20000.00
Deduct: \$ 0
Revised Contract Amount: \$ 95000.00

ALL OF THE TERMS AND CONDITIONS OF THE INITIAL CONTRACT ARE STILL IN EFFECT EXCEPT TO THE EXTENT THEY CONFLICT WITH THE CONTENTS OF THIS CHANGE ORDER.

SIGNATURES


CHCC Procurement and Supply

I hereby certify that to the best of my information and belief this contract is in compliance with the CHCC Procurement Regulations, is for a public purpose, the contractor is a responsible contractor, and the contract does not waste or abuse public funds.

Name: Cora P. Ada
Director, Procurement and Supply

Date: 7/12/2021

Signature:



CHCC Chief Financial officer

I hereby certify that the funds identified below are available and have been committed for funding of this Contract:


Account: CHH21323H.62060

Amount: \$ 20000

Name: Perlita Santos
Chief Financial Officer

Date: 7/14/2021

Signature:



CHCC Expenditure Authority

I declare that I have complied with the CHCC Procurement Regulations published at NMIAC 140-80-1; that this contract is for a public purpose; and that the contract does not waste or abuse public funds. I declare that I, personally, have the authority to obligate the expenditure of funds for this contract. I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed this day in the Commonwealth of the Northern Mariana Islands.

Name: Esther L. Muna
Chief Executive Officer

Date: 7/19/2021

Signature: 

Office of the Attorney General

I hereby certify that this contract has been numbered, reviewed and approved as to form within the legal capacity.

Name: Edward E. Manibusan
Attorney General of the CNMI

Date: 8/2/2021

Signature: 

Contractor - TURNKEY SOLUTIONS, LLC

On behalf of the contractor, I represent that I am authorized to bind the Contractor to the terms of this Contract, and by my signature I do hereby accept and bind the Contractor to the terms of this Contract. I further represent for the Contractor that no person associated with the Contractor has retained any person in violation of the Commonwealth Procurement Regulations.

Name: Broc Calvo
PRINTED NAME OF SIGNING AUTHORITY

Title: Managing Partner

Date: 8/2/2021

Signature: SIGNATURE OF SIGNING AUTHORITY

CHCC Board of Trustees:

I hereby certify this contract is in compliance with the CHCC Procurement Regulations, is for public purpose, and the contract does not waste or abuse public funds. I further have reviewed and approved of this contract.

Name: Lauri B. Ogumoro
Chairwoman, Board of Trustees

Date: 8/2/2021

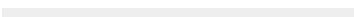
Signature: 
If left blank, signature was not required.

CERTIFICATION OF CONTRACT COMPLETION


I hereby certify that this contract bears all signatures and is therefore complete.

Name: Corazon P. Ada
Director, Procurement and Supply

Date: 8/2/2021

Signature: 

Signature:

A handwritten signature in black ink, appearing to be a stylized name, is centered within a light gray rectangular box.

END OF CONTRACT DOCUMENT

Name: Esther L. Muna
Chief Executive Officer

Date: 7/19/2021

Signature: 

Office of the Attorney General

I hereby certify that this contract has been numbered, review and approved as to form within the legal capacity.

Name Edward E. Manibusan
Attorney General of the CNMI

Date 8/2/2021

Signature 


Contractor - TURNKEY SOLUTIONS, LLC

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Name: Broc Calvo

Title: Managing Partner

Date: 08/02/2021

Signature: 

Supporting Documents	Memo Sole Source - COVID Student Testing Program Software.pdf	148.97KB
	DeliverablesCost Proposal_TurnKey Solutions.pdf	80.12KB
	TKS 717754-OC.pdf	9.92MB
	LSR - CHCC-AG21-0037 PROCUREMENT - TKS (1).pdf	111.12KB