The Department of Health – CENTER FOR HEALTH DEVELOPMENT IV-A (CALABARZON) through its Bids and Awards Committee (BAC), invites PhilGEPS Registered Suppliers to submit its SEALED QUOTATION for the following items on or before March 23, 2020, 10:00 A.M. at the 3rd floor Conference Room, Center for Health Development IV-A, QMMC Compound, Project 4, Quezon City.

Copies of the eligibility, technical and financial documents are also required to be submitted along with the quotation/proposal. (Please see attached Checklist of Requirements)

For clarification, you may contact the BAC Secretariat at (02) 8-249-2000.

NOEL G. PASION, MD, MPH, CESE
BAC Chairperson

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<thead>
<tr>
<th>Item No.</th>
<th>Item of Measure</th>
<th>ITEM AND DESCRIPTION</th>
<th>QTY</th>
<th>TOTAL ABC</th>
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<td>Set</td>
<td>600</td>
<td>1,380,000.00</td>
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<td></td>
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<td>Googles, plastic lens, clear</td>
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<td>Gloves, disposable, latex</td>
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<td>Shoe Cover</td>
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<td></td>
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<td>Coverall, disposable</td>
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<td></td>
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<td>Surgical Gown, disposable, long sleeves, blue</td>
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<td></td>
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<td>Face mask, N95, fluid resistant</td>
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<td>Surgical mask, disposable, tie-on, 3 ply</td>
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<td>Head cap, disposable, gartered</td>
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<td>Total: 1,380,000.00</td>
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DELIVERY PERIOD: 7 to 15 calendar days upon receipt of P.O.

The above-quoted price/s are inclusive of all costs and applicable taxes.

Name/Signature of Representative

Name of Company

Contact Number
CHECKLIST OF REQUIREMENTS
(Negotiated Procurement after Two Failed Biddings/Emergency Cases)

NAME OF COMPANY: ________________________________

☐ 1. REQUEST FOR QUOTATION / BID PROPOSAL

☐ 2. PLATINUM CERTIFICATE OF PHILGEPS REGISTRATION with attached valid: (a) Mayor’s Permit, (b) BIR Registration Certificate, (c) Tax Clearance Certificate, and (d) DTI Certificate

☐ 3. COMPANY PROFILE for new suppliers

☐ 4. TECHNICAL SPECIFICATIONS using the provided form, which also includes the following:
   a. Production / Delivery schedule;
   b. Manpower Requirements and Organizational Structure
   c. Distributorship Agreement with foreign manufacturer or Manufacturer’s Certificate that the supplier/bidder is the authorized distributor in the Philippines duly authenticated by the Philippine Territorial Consulate from the country of origin;
   -and-
   Notarized Distributorship Agreement between the Distributor Importer/Wholesaler and the Bidder.
   d. Valid FDA License to Operate (LTO)

☐ 5. ADDITIONAL REQUIREMENTS:
   A. For Medical Devices/Equipment/Reagents
      a) Certificate of Exemption or CPR as per FDA Memo Circular No. 2014-005
      b) Copy of ISO-13485 of the Manufacturer (Photocopy of Authenticated copy)
      c) Manufacturer’s Certification (on warranty issue in case of change in supplier years of existence in the market)
      d) State the Brand, Model and Country of origin of the items offered
      e) Attach a copy of contract for the in-house technician in letter d., if applicable
      f) Stainless steel grade AISI 410 or higher with matte finish
      g) Brand must be laser printed in the instrument
      h) Sample product must be submitted within 3-4 days after receipt of Notice of Post-Qualification
   B. For Food, Drugs and Medicines
      a) Valid Certificate of Product Registration (CPR)
      b) Certificate of Compliance to the EDPMS (Administrative Order No. 2016-0009 Revised Implementing Guidelines for the Electronic Drug Price Monitoring System (EDPMS)
      c) Valid Certificate of Good Manufacturing Practices (GMP) of the Manufacturer for Food, Drugs and Medicines (local and foreign manufacturer issued by FDA or its counterpart)
   NOTE:
   ▪ Winning bidder shall submit a Re-Issued copy of the CPR.
   ▪ For expired/near expiry CPR, please attach the Official Receipt of payment and the application form.
   ▪ Payment for the analysis shall be shouldered by the supplier.
   C. For Cosmetic Products and Household Urban Pesticides
      a) Valid Certificate of Notification
      b) Valid Certificate of Good Manufacturing Practices (GMP) of the Manufacturer for Cosmetics (local and foreign manufacturer issued by FDA or its counterpart)
   D. For Van Rental Services
      a) Valid LTFRB Franchise or application

Checked by:

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<tr>
<th>BIDS AND AWARDS COMMITTEE</th>
<th>DATE</th>
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