



Republic of the Philippines
Department of Health
CENTER FOR HEALTH DEVELOPMENT
CaLaBaRZon

QMMC Compound, Project 4, Quezon City 1109
Telephone Nos. 8-249-2000
Email Add: bacsec.doh4a@gmail.com
BIDS AND AWARDS COMMITTEE

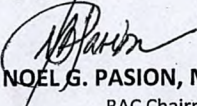


Request for Quotation
(NEGOTIATED PROCUREMENT UNDER EMERGENCY CASES)
RFQ 2020-E-029
(Alcohol and Immunization Card)

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** or send thru email at bacsec.doh4a@gmail.com on or before **September 4, 2020; 10:00 AM**. The Opening of RFQ will be conducted via **WEBEX** 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 (hard copies) 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

Date: _____

NOEL G. PASION, MD, MPH, CESE
BAC Chairperson
DOH Center for Health Development CALABARZON
QMMC Compound, Project 4, Quezon City

Sir:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our quotation/s for the item/s as follow:

Item No.	Unit of Measure	Item and Description	Qty.	Unit Cost	TOTAL ABC	(Please specify Origin/Brand/Model)	UNIT PRICE	TOTAL PRICE
1	gallon	Isoprophyl Alcohol 70% Solution	4,500	P607.00	P2,731,500.00			
2	pcs	Immunization Cards for Routine, SBI and Senior Citizen Size: 1/2 A4 size bond paper landscape Card board – matte paper; 1 fold, Color: Full	500,000	P1.50	P750,000.00			
TOTAL					P3,481,500.00			
DELIVERY PERIOD: 1. For Alcohol: 7 to 15 calendar days upon receipt of P.O. 2. For Immunization Cards: <ul style="list-style-type: none">3 calendar days for initial sample upon receipt of notice.15-20 calendar days upon approval of final proofing.								

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

Name & Signature of Authorized Representative

Name of Company

Contact Number

CHECKLIST OF REQUIREMENTS

(Negotiated Procurement under Emergency Cases)

NAME OF COMPANY: _____

- ☐ 1. REQUEST FOR QUOTATION (RFQ) 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. INCOME TAX RETURN of the preceding tax year OR Business Tax Returns (Value Added Tax or Percentage Tax Return covering the previous six (6) months.
- ☐ 4. OMNIBUS SWORN STATEMENT (Notarized)
- ☐ 5. COMPANY PROFILE for new suppliers
- ☐ 6. 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)

- ☐ 7. Additional Requirements:

For Food, Drugs and Medicines

- a) Valid **Certificate of Product Registration (CPR)**
- b) **Certificate of Compliance to 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: CPR will not be certified prior to opening of RFQ. However, winning supplier shall submit original copy of FDA re-issued CPR. For expired or near expiry CPR, please attach an Official Receipt of payment and application form. Payment for the analysis shall be shouldered by the supplier.

For Cosmetics Products and Household Urban and Pesticides products

- a) Valid **Certificate of Product Registration or 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).

Checked by :

BIDS AND AWARDS COMMITTEE							DATE