



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-041
(DRUGS & MEDICINES FOR TYPHOON VICTIMS)

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 items below on or before **December 2, 2020; 10:00 A.M.** at the 3rd floor Conference Room, Center for Health Development IV-A, QMMC Compound, Project 4, Quezon City. The Opening of RFQ shall be conducted via Webex. Suppliers who are interested to join the virtual Opening of Quotation may submit their email address and contact numbers to bacsec.doh4a@gmail.com.

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 loc 4411.

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	Capsule	Doxycycline (as Hyclate) 100mg	20,000	1.23	24,600.00			
2	Ampule	Tetanus Toxoid vaccine 0.5mL	4,000	36.42	145,680.00			
3	Ampule	Anti-tetanus (ATS) Serum 1500iu/mL, 1mL (equine)	3,000	65.00	195,000.00			
4	Capsule	Cloxacillin (as Sodium) 500mg	10,000	3.00	30,000.00			
5	Bottle	Cloxacillin (as Sodium) 250mg/5mL powder for suspension, 60mL	4,032	36.53	147,288.96			
6	bottle	Multivitamins per 5mL syrup, 60mL	4,032	19.89	80,196.48			
7	Capsule	Multivitamins for adults	80,000	1.35	108,000.00			
8	Tablet	Lagundi 300mg	30,000	1.85	55,500.00			
9	Bottle	Lagundi 300mg/5mL syrup, 120mL	3,600	74.88	269,568.00			

Item No.	Unit of Measure	Item and Description	Qty.	Unit Cost	TOTAL ABC	(Please specify Origin/Brand/Model)	UNIT PRICE	TOTAL PRICE
10	sachet	Oral Rehydration Salt (ORS 75-replacement) 20.5g powder	18,000	4.25	76,500.00			
11	Capsule	Amoxicillin 500mg	20,000	1.28	25,600.00			
12	Bottle	Amoxicillin 250mg/5mL powder for suspension/ granules, 60mL	3,888	21.15	82,231.20			
13	Bottle	Amoxicillin 100mg/mL drops, 15mL	4,032	19.37	78,099.84			
14	Tablet	Paracetamol 500mg	50,000	0.29	14,500.00			
15	Bottle	Paracetamol 100mg/mL drops, 15mL	3,888	15.53	60,380.64			
16	Tube	Ketoconazole 2% cream, 15g	2,500	91.50	228,750.00			
17	Tube	Mupirocin 2% ointment, 15g	3,000	113.44	340,320.00			
18	Tube	Fusidate sodium/ Fusidic Acid 2% ointment, 15g	1,000	150.00	150,000.00			
19	Bottle	Sodium hypochlorite (Hyposol) 1.25% solution, 100mL	1,080	55.00	59,400.00			
20	Tablet	Troclosene sodium (Aquatabs) 67mg	18,000	3.81	68,580.00			
21	Capsule	Mefenamic acid 500mg	20,000	1.39	27,800.00			
22	Tablet	Co-amoxiclav 625mg (500mg Amoxicillin (as trihydrate) + 125mg Potassium clavulanate), 14s tablet	14,980	9.90	148,302.00			
23	Tablet	Cefuroxime 500mg	6,500	9.88	64,220.00			
24	Tablet	Cotrimoxazole (800mg Sulfamethoxazole + 160mg Trimethoprim), 100s tablet	10,000	2.00	20,000.00			
			Total:		2,500,517.12			
DELIVERY PERIOD: 7-15 CALENDAR DAYS UPON RECEIPT OF P.O.								

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: _____
ITB / RFQ No: _____

- ☐
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. **INCOME/BUSINESS TAX RETURN** of the preceding tax year covering the previous six (6) months.
- ☐
4. **CERTIFICATION FROM THE DTI** that the articles of a manufacturer or supplier are substantially composed of articles, materials, or supplies grown, produced or manufactured in the Philippines. *(per GPPB Resolution No. 79-2020 Approving the Rules in the Conduct of Procurement for Goods with Application of Domestic Preference Covered under Republic Act No. 11494 or the Bayanihan to Recover as One Act No. 2 (i), if applicable.*
- ☐
5. **OMNIBUS SWORN STATEMENT-Revised** (Notarized)
- ☐
6. **TECHNICAL SPECIFICATIONS:**

a.**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.
b.**Valid FDA License to Operate (LTO)**
- ☐
7. **ADDITIONAL REQUIREMENTS: (if applicable)**

A. **For Medical Devices/Equipment/Reagents**

a) **Certificate of Medical Device Registration (CMDR)** or **Certificate of Medical Device Notification (CMDN)** as per FDA Memo Circular No. 2020-001.
b) Copy of ISO-13485 of the Manufacturer (Photocopy of Authenticated copy) or equivalent ISO Certification
c) Manufacturer’s Certification (on warranty issue in case of change in supplier and 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)

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 70% Isoprophyl Alcohol**

a) Valid **FDA License to Operate (LTO)** as **Drug Distributor**
b) Valid **Certificate of Product Registration (CPR)**
c) Valid **Certificate of Good Manufacturing Practices (GMP)** of the Manufacturer

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 (AO 2019-0041)
▪ Payment for the analysis shall be shouldered by the supplier.

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E. **COMPANY PROFILE** for new suppliers

Checked by :

BIDS AND AWARDS COMMITTEE							DATE

Omnibus Sworn Statement (Revised)

[shall be submitted with the Bid]

REPUBLIC OF THE PHILIPPINES)

CITY/MUNICIPALITY OF _____) S.S.

AFFIDAVIT

I, [Name of Affiant], of legal age, [Civil Status], [Nationality], and residing at [Address of Affiant], after having been duly sworn in accordance with law, do hereby depose and state that:

1. *[Select one, delete the other:]*

[If a sole proprietorship:] I am the sole proprietor or authorized representative of [Name of Bidder] with office address at [address of Bidder];

[If a partnership, corporation, cooperative, or joint venture:] I am the duly authorized and designated representative of [Name of Bidder] with office address at [address of Bidder];

2. *[Select one, delete the other:]*

[If a sole proprietorship:] As the owner and sole proprietor, or authorized representative of [Name of Bidder], I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached duly notarized Special Power of Attorney;

[If a partnership, corporation, cooperative, or joint venture:] I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached [state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable)];

3. [Name of Bidder] is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, **by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;**

4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;

5. [Name of Bidder] is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. *[Select one, delete the rest:]*

[If a sole proprietorship:] The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

[If a partnership or cooperative:] None of the officers and members of [Name of Bidder] is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. *[Name of Bidder]* complies with existing labor laws and standards; and
8. *[Name of Bidder]* is aware of and has undertaken the responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:
- Carefully examining all of the Bidding Documents;
 - Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
 - Making an estimate of the facilities available and needed for the contract to be bid, if any; and
 - Inquiring or securing Supplemental/Bid Bulletin(s) issued for the *[Name of the Project]*.
9. *[Name of Bidder]* did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.
10. In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.

IN WITNESS WHEREOF, I have hereunto set my hand this ___ day of ___, 20__ at _____, Philippines.

[Insert NAME OF BIDDER OR ITS AUTHORIZED REPRESENTATIVE]

[Insert signatory's legal capacity]

Affiant

[Jurat]

[Format shall be based on the latest Rules on Notarial Practice]