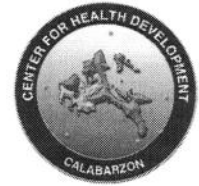




Republic of the Philippines
Department of Health
CENTER FOR HEALTH DEVELOPMENT
CaLaBaRZon

QMMC Compound, Project 4, Quezon City 1109
Trunkline: (02)990.4032; Telefax 440-3443
Email Add: chd4a_doh_calabarzon@yahoo.com
BIDS AND AWARDS COMMITTEE



Request for quotation
(NEGOTIATED PROCUREMENT AFTER TWO FAILED BIDDINGS)

In view of the two (2) failed biddings, 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 **July 5, 2019, 1:30pm** 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) 438-6911.


PAULA PAZ M. SYDIONGCO, MD, MPH, CESO IV
BAC Chairperson

Date:

PAULA PAZ M. SYDIONGCO, MD, MPH, CESO IV
BAC Chairperson
DOH Center for Health Development IV-A
QMMC Compound, Project 4, Quezon City

Ma'am:

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	TOTAL ABC	(Please specify Origin/Brand/Model)	UNIT PRICE	TOTAL PRICE
1	Lot	Network Firewall	1	P1,600,000.00			
2		(Please see attached Terms Of Reference)					
3							
4							
5							
6							
7							
8							
9							
10							
11							

DELIVERY PERIOD: 45 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

- ☐ 1. **REQUEST FOR QUOTATION / BID PROPOSAL**

- ☐ 2. **PLATINUM CERTIFICATE OF PHILGEPS REGISTRATION** and membership 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) Manufacturer’s Certification; if the bidder is not a manufacturer, authenticated copy of certification from the manufacturer that the supplier is an authorized distributor or dealer of the product / item,
or;
Distributorship Agreement with foreign source / supplier / manufacturer authenticated by the Territorial Philippine Consulate between foreign manufacturer and local importer,
and/or;
Notarized Distributorship Agreement between local supplier and local wholesaler

- ☐ 5. **ADDITIONAL REQUIREMENTS:**
 - a) For Medical Devices/Equipment
 - 1) Certificate of Exemption or CPR as per FDA Memo Circular No. 2014-005
 - 2) State the Brand, Model and Country of origin of the items offered
 - 3) Attach a copy of contract for the in-house technician in letter b., if applicable
 - 4) Stainless steel grade AISI 410 or higher with matte finish
 - 5) Brand must be laser printed in the instrument
 - 6) Sample product must be submitted within 3-4 days after receipt of Notice of Post-Qualification

 - b) For Food, Drugs and Medicines
 - 1) Valid FDA License to Operate (LTO) with complete LIST OF SOURCE, if available
 - 2) Valid Certificate of Product Registration (CPR)
 - 3) Certificate of Compliance to the EDPMS (Administrative Order No. 2016-0009 Revised Implementing Guidelines for the Electronic Drug Price Monitoring System (EDPMS)
 - 4) 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
 - 1) Valid Certificate of Notification
 - 2) 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
 - 1) Valid LTRFB Franchise or application

Checked by :

Bids and Awards Committee Members							Date