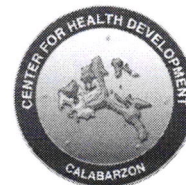


Republic of the Philippines
Department of Health
CENTER FOR HEALTH DEVELOPMENT
CaLaBaRZon

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 AFTER TWO-FAILED BIDDINGS)
RFQ 2020-TFB-008-B

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 **November 4, 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	unit	3 in 1 Blood monitoring device with Needle and Strips (Glucose/ Cholesterol/ Hemoglobin or Uric/ Lactate)	4	5,000	20,000.00			
2	unit	Bed or Stretcher for cadaver	4	25,000	100,000.00			
3	unit	Bed, Mechanical 2 cranks, with siderails and mattress	33	35,000	1,155,000.00			
4	unit	Bed, Pedia (with Side Rails and Mattress)	4	25,000	100,000.00			

Item No.	Unit of Measure	Item and Description	Qty.	Unit Cost	TOTAL ABC	(Please specify Origin/Brand/Model)	UNIT PRICE	TOTAL PRICE
5	unit	Blood Draw Chair	2	26,500	53,000.00			
6	unit	BP Apparatus Heavy Duty (Adult)	3	25,000	75,000.00			
7	unit	BP Apparatus Heavy Duty (Neonate)	3	25,000	75,000.00			
8	unit	BP Apparatus Heavy Duty (Pedia)	3	25,000	75,000.00			
9	unit	Casette Detector	1	250,000	250,000.00			
10	unit	Delivery Light LED	2	300,000	600,000.00			
11	unit	Delivery Light (Four Bulb)	2	60,000	120,000.00			
12	unit	Differential Counter	1	9,000	9,000.00			
13	unit	Dilatation and Curettage Set	2	55,000	110,000.00			
14	unit	Dressing Cart	2	17,000	34,000.00			
15	unit	Dressing Set	3	2,500	7,500.00			
16	unit	Drug Storage Rack	5	15,000	75,000.00			
17	unit	Dry Heat Sterilizer	1	5,000	5,000.00			
18	unit	ECG Machine With Analyzer	2	70,000	140,000.00			
19	unit	Electrolyte Analyzer Fully Automated	1	400,000	400,000.00			
20	unit	Emergency Light	10	3,000	30,000.00			
21	unit	Examining Light /Drop Light	5	4,500	22,500.00			
22	unit	Fire Extinguisher	1	1,500	1,500.00			
23	unit	Food conveyor (30-50 capacity with warmer, stainless)	6	70,000	420,000.00			
24	unit	Foot Stool	5	1,000	5,000.00			
25	unit	Generating Set, 300KVA	1	1,200,000	1,200,000.00			
26	unit	Glucometer	2	1,500	3,000.00			
27	unit	HGBA1C	3	135,000	405,000.00			
28	unit	Immobilized Device	1	20,000	20,000.00			
29	unit	Instrument Sterilizer	1	50,000	50,000.00			
30	unit	IV Stand	10	1,500	15,000.00			
31	unit	Manual Resuscitator, Adult	2	5,000	10,000.00			
32	unit	Medicine Cabinet	5	25,000	125,000.00			
33	unit	Negatoscope	7	15,000	105,000.00			

Item No.	Unit of Measure	Item and Description	Qty.	Unit Cost	TOTAL ABC	(Please specify Origin/Brand/Model)	UNIT PRICE	TOTAL PRICE
34	unit	Neurological Hammer	2	1,000	2,000.00			
35	unit	OB Spot Light	2	30,000	60,000.00			
36	unit	Oxygen Concentrator Machine	2	75,000	150,000.00			
37	unit	Oxygen Tank Carrier (Single)	21	3,000	63,000.00			
38	unit	Oxygen Tank, 20L	70	5,000	350,000.00			
39	unit	Oxygen Unit Tank anchored/chained/ strapped or with tank holder if not pipeline	10	20,000	200,000.00			
40	unit	Patient Chart Holder, 12 Capacity	10	6,000	60,000.00			
41	unit	Peakflow meter Adult/Pedia	8	1,000	8,000.00			
42	unit	Perilight	2	140,000	280,000.00			
43	unit	Phototherapy Unit	2	150,000	300,000.00			
44	unit	Pipette shaker	1	15,000	15,000.00			
45	unit	Pipettor Automatic (1000ul / 100ul / 10ul / 5ul)	6	30,000	180,000.00			
46	unit	Portable Ventilator	5	185,000	925,000.00			
47	unit	PT/PTT/INR Analyzer	2	175,000	350,000.00			
48	unit	Pulmonary Function Test Machine (Complete test)	1	350,000	350,000.00			
49	unit	Pulse Oximeter (Finger tip Type) with adult & pedia probe	2	10,000	20,000.00			
50	unit	Refrigerator W/ Freezer	2	15,000	30,000.00			
51	unit	Revolving Stool	6	2,000	12,000.00			
52	unit	Room Thermometer	10	800	8,000.00			
53	unit	Serological Centrifuge	1	150,000	150,000.00			
54	unit	Set of Spot Vision Screener	1	550,000	550,000.00			
55	unit	Stainless Ampule Opener	2	60,000	120,000.00			
56	unit	Stethoscope, pedia/neonate	6	6,000	36,000.00			
57	unit	Thermometer (Infrared - Non Contact)	13	3,000	39,000.00			
58	unit	Trolley Medicine/Drug	2	83,000	166,000.00			
59	unit	Urine Analyzer	2	60,000	120,000.00			
60	unit	UV light 4 bulb	6	175,000	1,050,000.00			
61	unit	Wheelchair with IV stand	5	8,000	40,000.00			

Item No.	Unit of Measure	Item and Description	Qty.	Unit Cost	TOTAL ABC	(Please specify Origin/Brand/Model)	UNIT PRICE	TOTAL PRICE
62	unit	X-Ray Processor	1	550,000	550,000.00			
63	unit	X-Ray Processor Tank (Fixer)	1	160,000	160,000.00			
TOTAL					12,159,500.00			
DELIVERY PERIOD: 100 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 After Two-Failed Biddings)

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.
- ☐ 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;

[If a corporation or joint venture:] None of the officers, directors, and controlling stockholders 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:
- a. Carefully examining all of the Bidding Documents;
 - b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
 - c. Making an estimate of the facilities available and needed for the contract to be bid, if any; and
 - d. 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]