REPUBLIC OF THE PHILIPPINES
Department of Health
NATIONAL CENTER FOR MENTAL HEALTH
Nueve de Febrero Street, Mandaluyong City, Philippines
BIDS AND AWARDS COMMITTEE
Telephone No. 8531-9001 loc. 239 Telefax No. 85318318 E-mail: bac@ncmh.gov.ph Website: www.ncmh.gov.ph

RFQ NO.: SVP2024-04-001
Date: April 3, 2024

REQUEST FOR QUOTATION

Company/Business Name: _____

Address: _____

Business/Mayor's Permit No.: _____

TIN: _____

PhilGEPS Registration Number: _____

_____

The **National Center for Mental Health (NCMH),** through its Bids and Awards Committee (BAC), intends to procure the **Supply and Delivery of Drugs and Medicines (Service Patients) CY 2024** through **Section 53.9 (Negotiated Procurement – Small Value Procurement)** of the 2016 Revised Implementing Rules and Regulations under Republic Act No. 9184.

Please quote your lowest price on the items herewith attached, subject to the General Conditions, and stating the shortest time of delivery. Submit your ***sealed quotation*** using this form duly signed by your authorized representative together with the documentary requirements **not later than *April 8, 2024,* 4:00 PM**. Kindly transact / address directly at the BAC Secretariat Office. For inquiries, you may call 8531-9001 local 239 or 1823.

Respectfully yours,

RUSSELLE SP. OLASO, MPA
Head, BAC Secretariat

General Conditions:

1. Bid offer must meet the minimum technical specifications.
2. Delivery period shall be within a maximum of *Seven (7) calendar days* upon receipt of approved Notice to Deliver (NTD)
3. *Price validity* and *payment terms* shall be for a minimum period of thirty (30) *calendar days.*

4. Documentary requirements **current** and **valid**:

   a. **Mayor's / Business Permit** (*Note: A recently **expired** Mayor's/Business permit together with the* Official Receipt as proof that the prospective bidder has applied for renewal within the period prescribed by the concerned local government unit, shall be *accepted. Section 24.1 of RA 9184 and its revised 2016 IRR.*)

   b. **PhilGEPS Registration Number or PhilGEPS Certificate**

   c. **Annual Income Tax / Business Tax Return** (with corresponding eFPS Filing Reference Number and successful payment page or its equivalent proof of payment, if applicable)

   d. **Notarized Omnibus Sworn Statement**
   (For Corporation – Attached Corporate Secretary Certificate)
   (For Sole Proprietorship – Attached Special Power of Attorney)

5. **Failure to comply with the stated general conditions constitutes a disqualification.**

6. The NATIONAL CENTER FOR MENTAL HEALTH reserves the right to reject any or all bids, to waive any defect, and accept such bids advantageous to the government, and that it reserves the right to rescind the contract and debar the dealer from entering in future biddings of the center.

Notes:

- All documents must be **Certified True Copy (CTC)**. Bidder's certification is acceptable.

- On documents (licenses, certificates and/or registrations) for renewal, bidders are required to attach Official Receipt (OR) as proof of payment.

- Documentary requirements must be arranged in the above sequence/order & placed in a folder. **This form (RFQ) must be in a sealed envelope**. Both folder (documentary requirements) and envelope (price quotation) should be placed on an envelope of any color with proper label as shown below. Bidder may opt to use their own company letterhead using the format below.

- ***SAMPLE / BROCHURE*** *must be provided within five (5) calendar days upon request of the End-User.*

MARKING / LABEL OF PRICE QUOTATION

1. Sealed Price Quotation Envelope:

Request for Quotation
Supply and Delivery of Drugs and Medicines (Service Patients) CY 2024

Item/s bid:
1. _____
2. _____

Name of Company / Bidder:
Tel. no.:
Fax no.:

2. Documentary Requirements Folder:

Request for Quotation

Supply and Delivery of Drugs and Medicines (Service Patients) CY 2024

Item/s bid:

1. _____
2. _____

Name of Company / Bidder:
Tel. no.:
Fax no.:

3. Mother Envelope:

Request for Quotation

Supply and Delivery of Drugs and Medicines (Service Patients) CY 2024

Name of Company / Bidder:
Tel. no.:
Fax no.:

DO NOT OPEN ON OR BEFORE: (indicate closing date PhilGEPS)

After having carefully read and accepted the General Conditions, I/we submit our quotation/s for the item/s below:

Supply and Delivery of Drugs and Medicines (Service Patients) CY 2024				
ITEM DESCRIPTION		**YES**	**NO**	**REMARKS / OFFER**
1	Tenofovir Disoproxil fumarate 300mg tablet			

FINANCIAL OFFER:

Please quote your **lowest/best offer** for the items below. Please do not leave blank items. Indicate **"N/A"** if the item is Not Applicable/Available.

SUMMARY OF APPROVED BUDGET				OFFERED QUOTATION		
Supply and Delivery of Drugs and Medicines (Service Patients) CY 2024		Qty / UOM	Approved Budget for the Contract	Supply and Delivery of Drugs and Medicines (Service Patients) CY 2024	Qty	Total Offered Quotation
1	Tenofovir Disoproxil fumarate 300mg tablet	1,200/ tablet	Unit Price: Php 40.00 / Total Price: **Php 48,000.00**			
		TOTAL AMOUNT:	**Forty-Eight Thousand Pesos Only** **(Php 48,000.00)**		**TOTAL AMOUNT:**	

Brand and model: _____

Delivery period: _____ Max of 7 Calendar Days

Warranty: _____ Min of 3 months (supplies)

_____ Min of 1 year (equipment)

Price validity: _____ Min of 30 Calendar Days

Payment terms: _____ Min of 30 Calendar Days

SUBMITTED AND CONFORMED BY:

_____
PRINTED NAME AND SIGNATURE OF REPRESENTATIVE

_____
POSITION/DESIGNATION

_____
CONTACT NUMBER/S

_____
EMAIL ADDRESS