



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.: SVP2024-04-002

Date: April 12, 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 15, 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:

<p style="text-align: center;">Request for Quotation</p> <p style="text-align: center;">Supply and Delivery of Drugs and Medicines (Service Patients) CY 2024</p> <p style="text-align: center;">Item/s bid:</p> <p>1. _____</p> <p>2. _____</p> <p style="text-align: center;">Name of Company / Bidder: Tel. no.: Fax no.:</p>
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3. Mother Envelope:

<p style="text-align: center;">Request for Quotation</p> <p style="text-align: center;">Supply and Delivery of Drugs and Medicines (Service Patients) CY 2024</p> <p style="text-align: center;">Name of Company / Bidder: Tel. no.: Fax no.:</p> <p style="text-align: center;">DO NOT OPEN ON OR BEFORE: (Indicate closing date PhilGEPS)</p>
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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	OFFER / REMARKS
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 / UOM	Unit Price / Total Price
1	Tenofovir Disoproxil fumarate 300mg tablet	1,200/ tablet	Unit Price: ₱40.00 / Total Price: ₱48,000.00			
TOTAL AMOUNT:			Forty-Eight Thousand Pesos Only (₱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