



REPUBLIC OF THE PHILIPPINES
Department of Health
NATIONAL CENTER FOR MENTAL HEALTH
Nueve de Febrero Street, Mandaluyong City, Philippines
BIDS AND AWARDS COMMITTEE



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SOLICITATION NO. CS-SVP-2024-003
Forensic Structural Investigation of Pavilion 6 Extension CY 2024

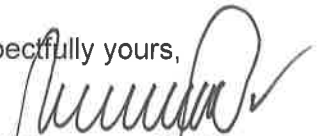
REQUEST FOR QUOTATION

April 22, 2024

Dear Sir/Madame:

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 29, 2024 (Monday), 4:00 PM**. Kindly transact / address directly at the BAC Secretariat Office. For inquiries, you may call 8531-9001 local 239 or 8531-8318.

Respectfully yours,


RUSSELLE SP. OLASO, MPA
Head, BAC Secretariat
OIC, Procurement Section

General Conditions:

1. Bid offer must meet the minimum technical specifications.
2. Delivery period shall be within a maximum period of Seven (7) calendar days/see attached Terms of Reference (TOR) for references upon receipt of approved Purchase Order (PO) / Notice to Proceed (NTP)
3. Price validity and payment terms shall be for a minimum period of thirty (30) calendar days.
4. Documentary requirements:
 - a. Current and Valid Mayor's / Business Permit (Attached Official Receipt)
 - b. Current and Valid PhilGEPS Registration Number
 - c. Latest Annual Income Tax Return CY 2023
 - d. 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 bidding's 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.

MARKING / LABEL OF PRICE QUOTATION

1. Sealed Price Quotation Envelope:

Request for Quotation
Procurement of Forensic Structural Investigation of Pavilion 6 Extension CY 2024

Item/s bidded:

1. _____
2. _____

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

2. Documentary Requirements Folder:

Request for Quotation
Procurement of Forensic Structural Investigation of Pavilion 6 Extension CY 2024

Item/s bidded:

1. _____
2. _____

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

Mother Envelope:

Request for Quotation
Procurement of Forensic Structural Investigation of Pavilion 6 Extension CY 2024

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

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

Procurement of Forensic Structural Investigation of Pavilion 6 Extension CY 2024

QTY.	UNIT OF MEASURE	ITEM SPECIFICATION	BIDDER'S SPECIFICATION	APPROVED BUDGET OF THE CONTRACT	BIDDER'S OFFER
1	Lot	Forensic Structural Investigation of Pavilion 6 Extension CY 2024 <i>(Please refer to the attached Terms of Reference)</i>		UNIT PRICE: Php985,000.00 TOTAL PRICE: Php985,000.00	UNIT PRICE TOTAL PRICE: P <input style="width: 100px; height: 20px;" type="text"/>
GRAND TOTAL PRICE:				₱ 985,000.00	

Brand and model: _____

Delivery period: _____ Max of 7 working 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:

COMPANY NAME

COMPANY ADDRESS

PRINTED NAME AND SIGNATURE OF REPRESENTATIVE

DESIGNATION

CONTACT NUMBER/S