



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. 531-9001 loc. 239      Telefax No. 85318318      E-mail: bacforgoods@ncmh.gov.ph      Website: www.ncmh.gov.ph

Supply and Delivery of Collapsible Tent for the Use of Pavilion 3 and Facilities and Equipment Maintenance Section CY 2024  
 SOLICITATION NO.: NCMH-Small Value Procurement

**REQUEST FOR QUOTATION**

May 09, 2024

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 Collapsible Tent for the Use of Pavilion 3 and Facilities and Equipment Maintenance Section 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 May 17, 2024, 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

**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 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:

- a. **Mayor's / Business Permit** (Attached Official Receipt)
- b. **PhilGEPS Registration Number or PhilGEPS Certificate**
- c. **Latest Annual Income 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 Sale 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 3 calendar days upon request of End-User.**

**MARKING / LABEL OF PRICE QUOTATION**

1. Sealed Price Quotation Envelope:

<p><b>Request for Quotation</b> <b>Supply and Delivery of Collapsible Tent for the Use of Pavilion 3 and Facilities and Equipment Maintenance Section CY 2024</b></p> <p>Item/s bid:</p> <p>1. _____</p> <p>2. _____</p> <p><b>Name of Company / Bidder:</b> <b>Tel. no.:</b> <b>Fax no.:</b></p>
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2. Documentary Requirements Folder:

**Request for Quotation**  
**Supply and Delivery of Collapsible Tent for the Use of Pavilion 3 and Facilities and Equipment Maintenance Section 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 Collapsible Tent for the Use of Pavilion 3 and Facilities and Equipment Maintenance Section 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:

<b>Supply and Delivery of Collapsible Tent for the Use of Pavilion 3 and Facilities and Equipment Maintenance Section CY 2024</b>			
TECHNICAL SPECIFICATIONS	YES	NO	REMARKS
<b>COLLAPSIBLE TENT</b>			
High grade weather resistant polyrubber canvass			
Lightweight metal tubing			
Rectangular in shape			
Blue in color			
Size: 6m x 7m			

**FINANCIAL OFFER:**

Please quote your lowest/best offer for the item/s below. Please do not leave blank item/s, and indicate “N/A” if the item is Not Applicable/Available.

SUMMARY OF APPROVED BUDGET		OFFERED QUOTATION	
Supply and Delivery of Collapsible Tent for the Use of Pavilion 3 and Facilities and Equipment Maintenance Section CY 2024	Qty	Approved Budget for the Contract	Supply and Delivery of Collapsible Tent for the Use of Pavilion 3 and Facilities and Equipment Maintenance Section CY 2024
<b>COLLAPSIBLE TENT</b> High grade weather resistant polyrubber canvass, lightweight metal tubing, rectangular in shape, blue in color, Size: 6m x 7m	3 unit	Php 59,000.00	
<b>TOTAL:</b>		<b>ONE HUNDRED SEVENTY-SEVEN THOUSAND PESOS ONLY</b> <b>(PHP 177,000.00)</b>	<b>TOTAL:</b>
			<b>Total Offered Quotation</b>

Brand and model: \_\_\_\_\_

Delivery period: \_\_\_\_\_

Warranty: \_\_\_\_\_

Price validity: \_\_\_\_\_

Payment terms: \_\_\_\_\_

Max of 7 Calendar Days  
Min of 3 months (supplies)  
Min of 1 year (equipment)  
Min of 30 Calendar Days  
Min of 30 Calendar Days

SUBMITTED AND CONFORMED BY:

\_\_\_\_\_  
PRINTED NAME AND SIGNATURE OF REPRESENTATIVE

\_\_\_\_\_  
POSITION/DESIGNATION

\_\_\_\_\_  
CONTACT NUMBER/S

\_\_\_\_\_  
EMAIL ADDRESS