



REPUBLIC OF THE PHILIPPINES
Department of Health
NATIONAL CENTER FOR MENTAL HEALTH
Nueva 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.: SVP2024-05-001
Date: May 16, 2024

REQUEST FOR QUOTATION

Company/Business Name: _____

Address: _____

Business/Mayor's Permit No.: _____

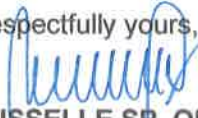
TIN: _____

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 Electrical Supplies (Improvement of Electrical System of Service ID No. 100194860101 and Tapping of Modular Hospital II to Modular Hospital I Generator Set) CY 2024 (LOT)** 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 22, 2024, 4:00 PM**. Kindly transact / address directly at the BAC Secretariat Office. For inquiries, you may call 8531-9001 local 240.

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:

<p>Request for Quotation Supply and Delivery of Electrical Supplies (Improvement of Electrical System of Service ID No. 100194860101 and Tapping of Modular Hospital II to Modular Hospital I Generator Set) CY 2024 (LOT)</p>	
	<p>Item/s bid:</p>
1.	_____
2.	_____
<p>Name of Company / Bidder: Tel. no.: Fax no.:</p>	

	POLYVINYL CHLORIDE (PVC) ELBOW Size: 2" Ø			
	THERMOPLASTIC HIGH HEAT-RESISTANT NYLON-COATED WIRE (THHN) Size: 60mm2			

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 Electrical Supplies (Improvement of Electrical System of Service ID No. 100194860101 and Tapping of Modular Hospital II to Modular Hospital I Generator Set) CY 2024 (LOT)		Qty / UOM	Approved Budget for the Contract	Supply and Delivery of Electrical Supplies (Improvement of Electrical System of Service ID No. 100194860101 and Tapping of Modular Hospital II to Modular Hospital I Generator Set) CY 2024 (LOT)	Qty	Unit Price & Total Price
1	THERMOPLASTIC HIGH HEAT-RESISTANT NYLON-COATED WIRE (THHN) Size: 125mm2 (250mcm) Color: Red	40 meters	Unit Price: PHP 1,465.00 / Total Price: PHP 58,600.00			
	THERMOPLASTIC HIGH HEAT-RESISTANT NYLON-COATED WIRE (THHN) Size: 125mm2 (250mcm) Color: Yellow	40 meters	Unit Price: PHP 1,465.00 / Total Price: PHP 58,600.00			
	THERMOPLASTIC HIGH HEAT-RESISTANT NYLON-COATED WIRE (THHN) Size: 125mm2 (250mcm) Color: Blue	40 meters	Unit Price: PHP 1,465.00 / Total Price: PHP 58,600.00			
	Manual Transmission Switch (MTS) Current: 500 Amp	1 unit	Unit Price: PHP 175,000.00 / Total Price: PHP 175,000.00			
	PVC PIPE Size: 2" Ø	6 pieces	Unit Price: PHP 540.00 / Total Price: PHP 3,240.00			
	PVC ELBOW Size: 2" Ø	10 pieces	Unit Price: PHP 170.00 / Total Price: PHP 1,700.00			

	THERMOPLASTIC HIGH HEAT-RESISTANT NYLON-COATED WIRE (THHN) Size: 60mm2	100 meters	Unit Price: PHP 690.00 / Total Price: PHP 69,000.00			
		Four Hundred Twenty-Four				
TOTAL AMOUNT:		Thousand Seven Hundred Forty Pesos Only (P 424,740.00)		TOTAL AMOUNT:		

Brand and model: _____

Delivery period: _____ Max of 7 Calendar Days

Warranty: _____ Min of 3 months (supplies)

Price validity: _____ Min of 1 year (equipment)

Payment terms: _____ 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