



**BIDS AND AWARDS COMMITTEE**

Telephone No. 8531-9001 loc. 239

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E-mail: bac@ncmh.gov.ph

Website: www.ncmh.gov.ph

SOLICITATION NO.: NCMH-Small Value Procurement  
Supply and Delivery of the Replacement and Repair of  
DELL Inspiron Parts and Accessories for Mobile X-Ray Digital DRTech CY 2024  
Date: November 26, 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 the Replacement and Repair of DELL Inspiron Parts and Accessories for Mobile X-Ray Digital DRTech 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 December 2, 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 fifteen (15) 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.
- The sealed envelope must be submitted to the Procurement Section/BAC Office of the National Center for Mental Health (NCMH) on or before **December 2, 2024, or in case the deadline for each activity falls on a non-working day (i.e. Saturday and Sunday), legal holiday, or special non-working holiday, or other nonworking days duly declared by the President, Governor, Mayor or other Government Official authorized to make such declaration, the deadline shall be the next working day.** (Sec. 38.2 of RA 9184 and its 2016 revised IRR)
- **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:

<b>Request for Quotation</b>	
<b>Supply and Delivery of the Replacement and Repair of DELL Inspiron Parts and Accessories for Mobile X-Ray Digital DRTech CY 2024</b>	
Item/s bid:	
1.	_____
2.	_____
Name of Company / Bidder:	
Tel. no.:	
Fax no.:	

2. Documentary Requirements Folder:

<p><b>Request for Quotation</b></p> <p><b>Supply and Delivery of the Replacement and Repair of DELL Inspiron Parts and Accessories for Mobile X-Ray Digital DRTech CY 2024</b></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><b>Request for Quotation</b></p> <p><b>Supply and Delivery of the Replacement and Repair of DELL Inspiron Parts and Accessories for Mobile X-Ray Digital DRTech CY 2024</b></p> <p style="text-align: center;">Name of Company / Bidder: Tel. no.: Fax no.:</p> <p style="text-align: center;"><b>DO NOT OPEN ON OR BEFORE: (indicate closing date PhilGEPS)</b></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:

**INSTRUCTION:**

1. Review each item in the list provided below.
2. Check the "Yes" box if you comply with the NCMH specification for that item. If you do not comply, check the "No" box.
3. In the "Offer/Remarks" section, input the brand and any other specifications of your offered item.
4. If the item is not applicable or not available, indicate "N/A" in the "Offer/Remarks" section.

Supply and Delivery of the Replacement and Repair of DELL Inspiron Parts and Accessories for Mobile X-Ray Digital DRTech CY 2024				
	ITEM DESCRIPTION	YES	NO	OFFER / REMARKS / BRAND
1	Replacement and Repair of DELL Inspiron Parts and Accessories for Mobile X-Ray Digital DRTech - LCD Panel - Battery - Charger - Fan			

**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. In addition, all offered unit prices and total prices must be rounded to **two decimal points**.

NO	ITEMS / SPECIFICATIONS	QTY	UOM	APPROVED BUDGET OF THE CONTRACT	ITEMS / SPECIFICATIONS	QTY	UOM	TOTAL OFFERED QUOTATION
1	Supply and Delivery of the Replacement and Repair of DELL Inspiron Parts and Accessories for Mobile X-Ray Digital DRTech - LCD Panel - Battery - Charger - Fan	1	LOT	Unit Price <b>Php51,330.67</b>  Total Price <b>Php51,330.67</b>				
<b>TOTAL:</b>				<b>Php51,330.67</b>	<b>TOTAL:</b>			

Brand and model: \_\_\_\_\_ If applicable  
 Delivery period: \_\_\_\_\_ Max of 15 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:**

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

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

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

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