



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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Website: www.ncmh.gov.ph

**SOLICITATION NO. CS-SVP-2024-008**

Procurement of Subscription to a Similarity Matching Tool  
(Similarity Matching Detection, Integrity Checker and Collaborative Teaching-Learning Process, AI Writing and Detection, Privacy and Security, Technical Support, User Management and Capacity of at least 500 paper submissions) CY 2025

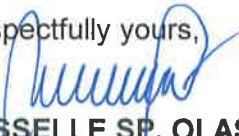
## REQUEST FOR QUOTATION

November 28, 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 December 04, 2024 (Wednesday), 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 S. 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 **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 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.
- The sealed envelope must be submitted in the Procurement Section/BAC Office of the National Center for Mental Health (NCMH) on or before the deadline.
- 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**

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**Item/s bidded:**

1. \_\_\_\_\_  
2. \_\_\_\_\_

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

2. Documentary Requirements Folder:

**Request for Quotation**

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**Item/s bidded:**

1. \_\_\_\_\_  
2. \_\_\_\_\_

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

Mother Envelope:

**Request for Quotation**

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

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

