



REPUBLIC OF THE PHILIPPINES

Department of Health

NATIONAL CENTER FOR MENTAL HEALTH



## BIDS AND AWARDS COMMITTEE

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Website: [www.ncmh.gov.ph](http://www.ncmh.gov.ph)

RFQ NO.: SVP2025-03-005

Date: March 26, 2025

## 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 Customized Patient's Index Card – Size 3" x 5" for Health Information Management Section CY 2025 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 April 2, 2025, 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 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 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. **Original and 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 April 2, 2025, 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** 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 Customized Patient's Index Card – Size 3" x 5" for Health Information Management Section CY 2025</b>	
Item/s bid:	
1.	
2.	
Name of Company / Bidder:	
Tel. no.:	
Fax no.:	

2. Documentary Requirements Folder:

<b>Request for Quotation</b> <b>Supply and Delivery of Customized Patient's Index Card – Size 3" x 5" for</b> <b>Health Information Management Section CY 2025</b>	
	<b>Item/s bid:</b> 1. _____ 2. _____
<b>Name of Company / Bidder:</b> <b>Tel. no.:</b> <b>Fax no.:</b>	

3. Mother Envelope:

<b>Request for Quotation</b> <b>Supply and Delivery of Customized Patient's Index Card – Size 3" x 5" for</b> <b>Health Information Management Section CY 2025</b>	
<b>Name of Company / Bidder:</b> <b>Tel. no.:</b> <b>Fax no.:</b>	
<b>DO NOT OPEN ON OR BEFORE: (indicate closing date PhilGEPS)</b>	

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 Customized Patient's Index Card – Size 3" x 5" for Health Information Management Section CY 2025				
Item No.	Item Description	Yes	No	REMARKS / OFFER/ BRAND
	<b>INDEX CARD</b>			
Size	<b>3" x 5"</b>			
Color	<b>1 color, 2 sides</b>			
Materials	<b>Vellum #120 White</b>			
Process	<b>Offset</b>			



**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 Customized Patient’s Index Card – Size 3” x 5” for Health Information Management Section CY 2025		Qty / UOM	Approved Budget for the Contract	Supply and Delivery of Customized Patient’s Index Card – Size 3” x 5” for Health Information Management Section CY 2025	Qty/ UOM	Total Offered Quotation
1	INDEX CARD, size 3” x 5” – 1 color, 2 sides, Vellum # 120 white – offset printing	30,000 pieces	Unit Price: ₱ 2.83 Total Price: ₱ 84,900.00			
TOTAL AMOUNT:			Eighty-Four Thousand Nine Hundred Pesos only  (₱84,900.00)	TOTAL AMOUNT:		

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

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

Max of 7 Calendar 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

**NATIONAL CENTER FOR MENTAL HEALTH  
MANDALUYONG CITY**

PATIENT'S INDEX CARD

Patient No. ....

NAME .....  
                     LAST                    FIRST                    MIDDLE

AGE: ..... SEX: ..... CIVIL STATUS: .....

DATE OF BIRTH: ..... RELIGION: .....

PLACE OF BIRTH: ..... OCCUPATION: .....

ADDRESS (PROV'L):

(CITY): .....

TEL. NO.: .....

INFORMANT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DATE OF ADMISSION: \_\_\_\_\_

DIAGNOSIS: .....

REMARKS: \_\_\_\_\_

[illegible]