



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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**SECTION III**

**Bid Data Sheet**

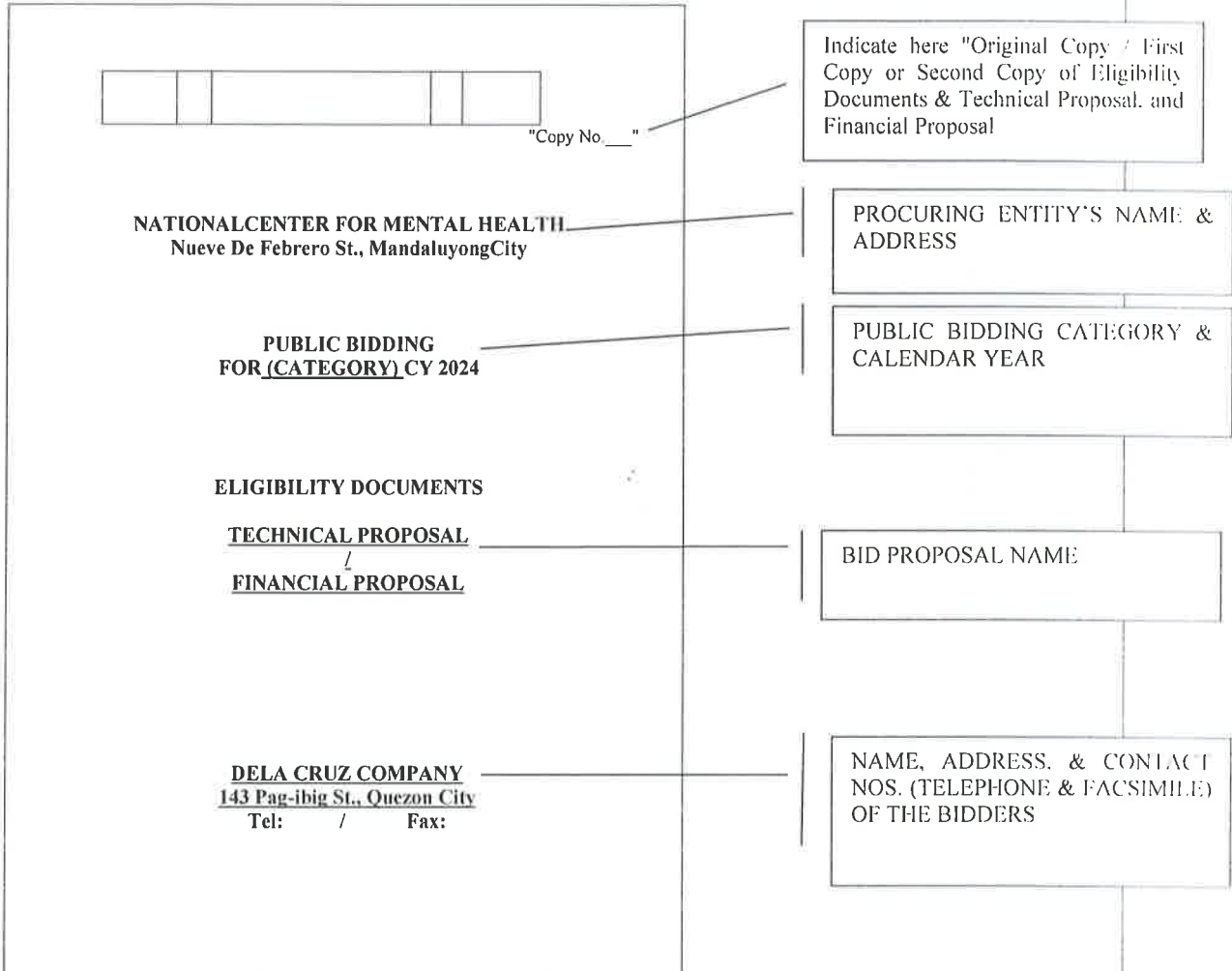
PUBLIC BIDDING FOR THE SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF BRAND-NEW ELECTROCONVULSIVE THERAPY MACHINE FOR PAVILION 1 & 3 CY 2024  
 IB No. E-010-2024-PB

| ITB Clause |  |
|------------|--|
| 5.3        | For this purpose, contracts similar to the Project shall be: <ul style="list-style-type: none"> <li>a. <b>Electroconvulsive Therapy Machine</b></li> </ul> completed within <b>2 years</b> prior to the deadline for the submission and receipt of bids.   |
| 7.1        | Subcontracting is not allowed.   |
| 12         | The price of the Goods shall be quoted in Philippine Peso.   |
| 14.1       | The bid security shall be in the form of a Bid Securing Declaration, or any of the following forms and amounts: <ul style="list-style-type: none"> <li>a. The amount of <b>not less than two percent (2%) of ABC</b>, if bid security is in <b>cash, cashier's/manager's check, bank draft/guarantee or irrevocable letter of credit</b>; or</li> <li>b. The amount of <b>not less than five percent (5%) of ABC</b> if bid. security is in <b>Surety Bond</b>.</li> </ul>   |
| 19.3       | <b>PUBLIC BIDDING FOR THE SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF BRAND-NEW ELECTROCONVULSIVE THERAPY MACHINE FOR PAVILION 1 &amp; 3 CY 2024</b><br><i>Please see Annex A (List of Items) for complete lists, quantity and ABC</i>  |
| 20.2       | Within a non-extendable period of five (5) calendar days from receipt by the Bidder of the notice from the BAC that is submitted the Lowest Calculated Bid, the Bidder shall submit its: <ul style="list-style-type: none"> <li>a. Current and Valid Tax Clearance</li> <li>b. Latest Annual Income Tax Return (with corresponding eFPS Filing Reference Number and successful payment page or its equivalent proof of payment, if applicable).</li> <li>c. Certificate of PhilGEPS Registration (Platinum Membership)</li> <li>d. Current and Valid Mayor's Permit</li> <li>e. <b>Notice of Award or Notice to Proceed or Contract</b> issued by the owners, as attachment for the Statement of the Prospective bidder of <b>All Its On Going Government and Private Contracts</b>.</li> <li>f. <b>Notice of Award or Notice to Proceed</b> Issued by the owners, as</li> </ul> |

|      |   |
|------|---|
|      | <p>attachment for the <b>Single Largest Completed Contract (SLCC)</b> within the past 2 years prior to the date of submission and receipt of bids.</p> <p>g. <b>Certificate of Good Performance for Electroconvulsive Therapy Machine related projects</b> [For current supplier, it shall be issued by the <b>Head of the Procuring Entity</b> for the current year. For non-current Contractor, certificate issued from other Hospitals or agencies are acceptable (<b>at least SATISFACTORY RATING</b>)].</p>  |
|      | <p>h. CTC/Notarized certification of current and valid Authorized or Exclusive Distributorship.</p> <p>i. CTC/Notarized certificate of current and valid Manufacturer's compliance with ISO 13485.</p> <p>j. Notarized certification from the manufacturer stating that the equipment is brand new, unused and not a discontinued model or was listed in the market recall.</p> <p>k. Notarized certificate guaranteeing the availability on the supply of spare parts six (6) years from end of production.</p> <p>l. Notarized certification that the bidder must be in the business in the local market for a minimum of five (5) years.</p> <p>m. Notarized certification that the system or machine is not a retrofit solution.</p> <p>n. Notarized certificate of manufacturer's approved US FDA Premarket Notification (PMN) or CE Mark Approval.</p> <p>o. Notarized certification that the supplier has the capability or authority for corrective and preventive maintenance of the unit.</p> <p>p. Notarized certification from the manufacturer authenticated by the Philippine consulate from the country of origin of the unit that the warranty should not be affected with a change of distributor.</p> <p>q. Notarized certification that the bidder/supplier shall provide a three (3) years warranty for parts and services that include corrective maintenance, preventive maintenance, and/or calibration. The warranty shall commence upon the acceptance of the end user.</p> <p>r. Notarized certification that the supplier/bidder shall provide applications training and certification for end users and maintenance personnel of the hospital.</p> <p>s. CTC/Notarized certification to provide Manuals: two (2) sets of Service Manual in English Language and two (2) sets of User Manual in English Language upon delivery of the equipment.</p> <p>t. CTC of the list of Engineers/Technicians with their certificates to conduct service/maintenance.</p> <p>u. CTC of the list of Analyzers/Testing tools with their Brand/Model/Serial No. and its valid certificate of calibration.</p> |
| 21.2 | <p><i>List of additional contract documents relevant to the Project that may be required by existing laws and/or the Procuring Entity.</i></p> <p>a. Contract Agreement</p> <p>b. Performance Security</p>  |

The Eligibility Documents and Technical Proposal combined in one folder and the Financial Proposal in separate Folder (**GREEN FOLDER**). Each folder with **fastener / shoelace on top or ring bind on left side, with Table of Contents and Tabs (properly labeled according to the checklist for bidders issued).**

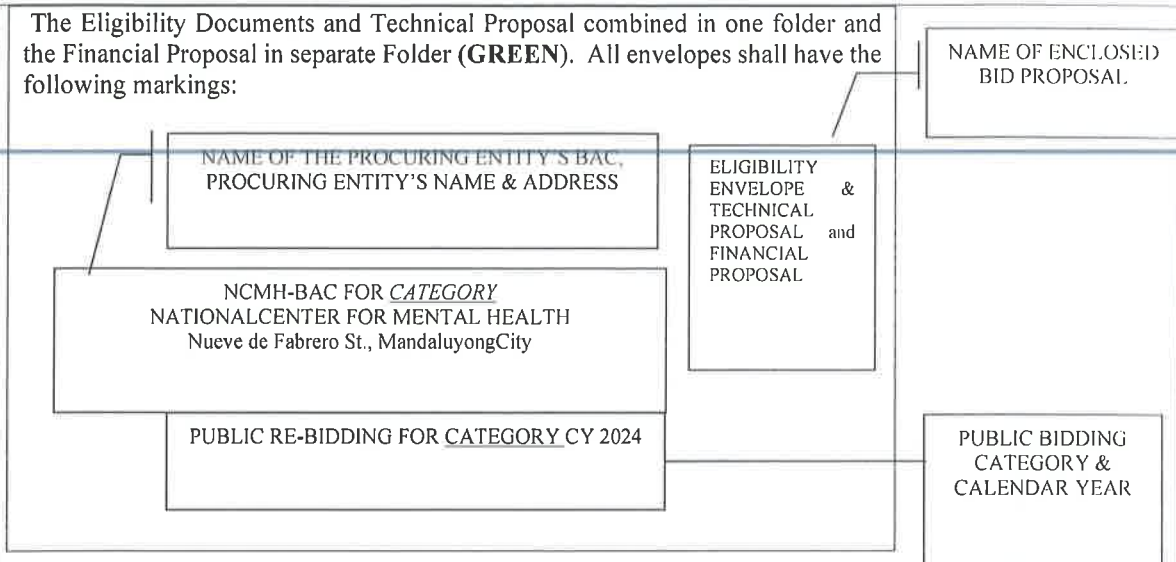
**MARKING FOR ELIGIBILITY/TECHNICAL PROPOSALS /  
FINANCIAL PROPOSALS**



**NOTE:** Color of Folder is **GREEN (preferably)**  
Color of Envelope is **GREEN (preferably)**

*Note: All tabbing shall be in words / title based on the Checklist.*

The Eligibility Documents and Technical Proposal combined in one folder and the Financial Proposal in separate Folder (**GREEN**). All envelopes shall have the following markings:



**MARKINGS FOR ENVELOPES**

DELA CRUZ COMPANY  
143 Pag-Ibig St., Quezon City  
Tel: \_\_\_\_\_ / Fax: \_\_\_\_\_  
DO NOT OPEN BEFORE: \_\_\_\_\_ / \_\_\_\_\_ : \_\_\_\_\_

NAME, ADDRESS & CONTACT NUMBERS (Telephone & Facsimile) OF THE BIDDER, "DO NOT OPEN" LABEL WITH THE DATE & TIME OF THE SUBMISSION & OPENING OF BIDS