



REPUBLIC OF THE PHILIPPINES
Department of Health
NATIONAL CENTER FOR MENTAL HEALTH
Nueve de Febrero Street, Mandaluyong City, Philippines
BIDS AND AWARDS COMMITTEE



Telephone No. 531-9001 loc. 242

Telefax No. 5318318

E-mail: bac@ncmh.gov.ph

Website: www.ncmh.gov.ph

SECTION III:
BID DATA SHEET

ITB Clause	
5.3	For this purpose, contracts similar to the Project shall be: a. <i>Medical Supplies</i> b. Completed within <i>two (2) years</i> prior to the deadline for the submission and receipt of bids.
7.1	Subcontracts 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: a. The amount is not less than two percent (2%) of ABC, if bid security is in cash, cashier's/manager's check, bank draft/guarantee or irrevocable letter of credit; or b. The amount is not less than five percent (5%) of ABC, if bid security is in Surety Bond.
19.3	1. Public Bidding for Medical Supplies CY2023 <i>Please see List of Items for complete lists, quantity and ABC</i>
20.2	Within a non-extendible 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 a. Current and Valid Tax Clearance b. Latest Annual Income Tax Return (with corresponding eFPS Filing Reference Number and successful payment page or its equivalent proof of payment, if applicable) c. Certificate of Philgeps Registration (Platinum Membership) d. Current and Valid Mayor's Permit
21.2	Additional contract documents relevant to the Project that is required by the Procuring Entity: a. Notice of Award or Notice to Proceed or Contract issued by the owners, as attachment for the Statement of the prospective bidder of All its On Going Government and Private Contracts b. Notice of Award or Contract issued by the owners, as attachment for the Single Largest Completed Contract (SLCC) c. Current and Valid Certificate of Distributorship, if applicable d. Current and Valid License to Operate from FDA, if applicable e. Current and Valid Certificate of Product Registration (CPR) from FDA, if applicable f. Notarized Letter of Assurance from the Bidder on the Availability of Stocks g. Certificate of Performance [For current supplier , it shall be issued by the Head of the Procuring Entity for the current year. For non-current supplier , certificate issued from other hospitals or agencies are acceptable (at least SATISFACTORY RATING)] h. Samples per item (Commercial Packaging)

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

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

"Original Copy"									
<p>NATIONALCENTER FOR MENTAL HEALTH Nueve De Febrero St., Mandaluyong City</p> <hr style="width: 50%; margin: 5px auto;"/> <p>PUBLIC BIDDING FOR <u>CATEGORY</u> CY 2023</p> <hr style="width: 50%; margin: 5px auto;"/> <p>ELIGIBILITY DOCUMENTS <u>TECHNICAL PROPOSAL</u> / <u>FINANCIAL PROPOSAL</u></p> <hr style="width: 50%; margin: 5px auto;"/> <p>DELA CRUZ COMPANY 143 Pag-ibig St., Quezon City Tel: / Fax:</p>									

Indicate here "Original Copy of Eligibility Documents & Technical Proposal, and Financial Proposal"

PROCURING ENTITY'S NAME & ADDRESS

PUBLIC BIDDING CATEGORY & CALENDAR YEAR

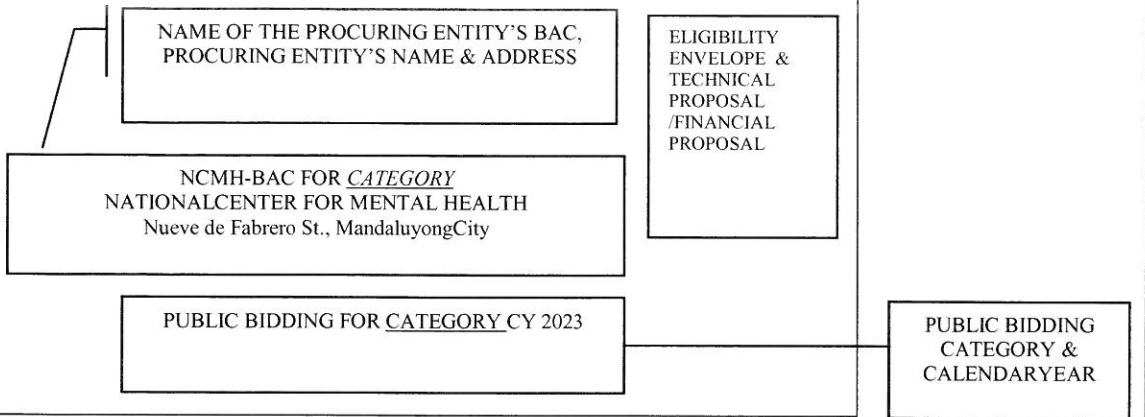
BID PROPOSAL NAME

NAME, ADDRESS, & CONTACT NOS. (TELEPHONE & FACSIMILE) OF THE BIDDERS

NOTE: Color of Folder is **YELLOW**
Color of Envelope is **YELLOW**

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

The Eligibility Documents & Technical Proposals shall be placed in one envelope and the Financial Proposal also placed in another envelope (YELLOW). 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