



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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SOLICITATION NO.: NCMH NP-SVP2020-Drugs and Medicines
Supply and Delivery of Psychological Forms and Booklets CY 2020

REQUEST FOR QUOTATION

November 09, 2020

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** and using this form duly signed by your authorized representative together with the documentary requirements not later than **November 12, 2020, 4:00 PM**. Kindly transact / address directly at the BAC Secretariat Office. For inquiries, you may call 531-9001 local 239 or 531-8318.

Respectfully yours,

(SGD) JERRY C. RODRIGUEZ
Supervising Administrative Officer
Head Secretariat, Bids and Awards Committee

General Conditions:

1. Bid offer must meet the minimum technical specifications.
2. Delivery period shall be within a maximum period of seven (7) days upon receipt of approved Purchase Order (PO) / Notice to Proceed (NTP) / 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 (Attached Official Receipt)
 - b. PhilGEPS Registration Number
 - c. Income / Business Tax Return
 - d. Omnibus Sworn Statement
(For Corporation-Attached Corporate Secretary Certificate)
(For Sole Proprietorship)- Attached Special Power of Attorney)
 - e. Certificate of Availability of Stocks (Letter of Assurance as to availability of stock and prompt delivery of goods)
 - f. Certification of Authenticity
5. Failure to comply with the stated general conditions constitutes 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. Bidder may opt to use their own company letterhead using the format below.

MARKING /LABEL OF PRICE QUOTATION

1. Sealed Price Quotation Envelope:

<p style="text-align: center;">Request for Quotation Supply and Delivery of (Title of the Project) CY 2020</p> <p style="text-align: center;">ITEM/S BIDDED:</p> <p>1. ----- 2. -----</p> <p style="text-align: center;">Name of Company / Bidder Tel No.: Fax No:</p>
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2. Documentary Requirements Folder:

<p style="text-align: center;">Request for Quotation Supply and Delivery of (Title of the Project) CY 2020</p> <p style="text-align: center;">ITEM/S BIDDED:</p> <p>1. ----- 2. -----</p> <p style="text-align: center;">Name of Company / Bidder Tel No.: Fax No:</p>
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3. Mother Envelope:

<p style="text-align: center;">Request for Quotation Supply and Delivery of (Title of the Project) CY 2020</p> <p style="text-align: center;">Name of Company / Bidder Tel No: Fax No:</p> <p style="text-align: center;">DO NOT OPEN ON OR BEFORE (indicate closing date PhilGEPS)</p>

QTY	UOM	ITEM SPECIFICATION	UNIT COST	TOTAL COST
1	Set	Stanford Binet Intelligence Scale: 5 th Ed (SB-5) Components: SB5 examiner's manual, technical manual, 3 item books, child card, layout card, manipulatives kit and storage box and 25 record forms in a carrying case	151,085.75	151,085.75
4	Set	Rorschach Psychodiagnostic Test Components: Rorschach psychodiagnostic test plates (set of 10)	32,175.00	128,700.00
1	Set	Raven's 2 Progressive Matrices, Clinical Edition Components: scoring template, 25 answer sheets, test booklet, manual	41,800.00	41,800.00
1	Set	Sentence Completion Series (SCS) Components: SCS professional user's guide and 15 of each booklet test	30,635.00	30,635.00
1	Set	Thematic Apperception Test (TAT) Components: TAT standard set of 3 picture cards and manual, short form TAT and CAT analysis blanks (25/pkg)	22,660.00	22,660.00
1	Set	Children's Apperception Test (CAT) Components: CAT picture cards and manual, CAT-S picture cards and manual, CAT-H picture cards and manual, short form TAT and CAT analysis blanks (25/pkg)	25,960.00	25,960.00
1	Set	Multidimensional Aptitude Battery Test II (MAB-II) Components: 1 manual (CD-ROM), 5 performance reusable test booklets, 5 verbal reusable test booklets, 25 performance answer sheets, 25 verbal answer sheets, 25 profile sheets and set of scoring templates	20,350.00	20,350.00
1	Set	Adaptive Behavior Assessment System, Third Edition (ABAS-3) Components: 5 parent/primary caregiver forms, 5 teacher/daycare provider forms, 5 parent forms, 5 teacher forms, 5 adult forms, manual, intervention planner	50,765.00	50,760.00
1	Set	Hand Test Components: 1 set picture cards, 25 scoring booklets, 1 manual, 1 hand test manual supplement: interpreting child and adolescent responses	34,155.00	34,155.00
1	Set	Trauma Symptoms Checklist for Children (TSCC) Components: manual, 25 test booklets; 50 profile forms (25 male and 25 female)	40,040.00	40,040.00
1	Set	Minnesota Multiphasic Personality Inventory - 2 - Restructured Form (MMPI-2-RF) Starter Kit with Softcover Booklets Components: administration and technical manuals, 25 answer sheets, all 5 sets of profile forms, all 5 sets of answer keys, 5 softcover test booklets and tote bag	80,213.50	80,213.50
TOTAL			₱ 626,364.22	

Brand and model: _____ If applicable
Delivery period: _____ Max of 7 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:

COMPANY NAME

COMPANY ADDRESS

PRINTED NAME AND SIGNATURE OF REPRESENTATIVE

DESIGNATION

CONTACT NUMBER/S