



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

SOLICITATION NO. CS-SVP-2024-001
ISO-Certifying Body for NCMH (ISO 9001:2015 Re-Certification) CY 2024

REQUEST FOR QUOTATION

February 20, 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 **February 26, 2024 (Monday), 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 SP. OLASO, MPA
Administrative Officer V
BAC Secretariat

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:
 - a. Current and Valid Mayor's / Business Permit (Attached Official Receipt)
 - b. Current and Valid PhilGEPS Registration Number
 - c. Latest Annual Income Tax Return
 - d. 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.

- 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
Procurement of ISO-Certifying Body for NCMH (ISO 9001:2015 Re-Certification) CY 2024

Item/s bidded:

1. _____
2. _____

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

2. Documentary Requirements Folder:

Request for Quotation
Procurement of ISO-Certifying Body for NCMH (ISO 9001:2015 Re-Certification) CY 2024

Item/s bidded:

1. _____
2. _____

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

Mother Envelope:

Request for Quotation
Procurement of ISO-Certifying Body for NCMH (ISO 9001:2015 Re-Certification) CY 2024

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

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

Procurement of ISO-Certifying Body for NCMH (ISO 9001:2015 Re-Certification) CY 2024

QTY.	UNIT OF MEASURE	ITEM SPECIFICATION	BIDDER'S SPECIFICATION	APPROVED BUDGET OF THE CONTRACT	BIDDER'S OFFER
1	Lot	ISO-Certifying Body for NCMH (ISO 9001:2015 Re-Certification) CY 2024 <i>(Please refer to the attached Terms of Reference)</i>		UNIT PRICE: Php550,000.00 TOTAL PRICE: Php550,000.00	UNIT PRICE TOTAL PRICE: P <input type="text"/>
GRAND TOTAL PRICE:				₱ 550,000.00	

Brand and model: _____

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