



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. 8531-9001 loc. 239

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E-mail: bac@ncmh.gov.ph

Website: www.ncmh.gov.ph

SOLICITATION NO.: NCMH-Small Value Procurement
Supply, Delivery, Installation, Commissioning and Testing of Physical Therapy Equipment CY 2023

REQUEST FOR QUOTATION

September 09, 2023

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, Delivery, Installation and Testing of Physical Therapy Equipment CY 2023** 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 September 13, 2023, 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,

-SGD-

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 period of Sixty (60) 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:
 - a. **Mayor's / Business Permit** (*Attached Official Receipt*)
 - b. **PhilGEPS Registration Number or 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. **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.
- **SAMPLE must be provided within 3 calendar days upon request of the End-User.**

MARKING / LABEL OF PRICE QUOTATION

1. Sealed Price Quotation Envelope:

<p>Request for Quotation Supply and Delivery of <u>(Title of the Project)</u> CY 2023</p>	
<p>Item/s bid:</p>	
1.	_____
2.	_____
<p>Name of Company / Bidder:</p>	
<p>Tel. no.:</p>	
<p>Fax no.:</p>	

2. Documentary Requirements Folder:

Request for Quotation
Supply and Delivery of (Title of the Project) CY 2023

Item/s bid:

1. _____
 2. _____

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

3. Mother Envelope:

Request for Quotation
Supply and Delivery of (Title of the Project) CY 2023

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

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

After having carefully read and accepted the General Conditions, I/we submit our quotation/s for the item/s below:

NO	ITEM CODE	ITEM DESCRIPTION	QTY / UOM	BIDDER'S SPECIFICATION	APPROVED BUDGET OF THE CONTRACT	TOTAL PRICE
1	PTE23-01	<p>PARALLEL BARS</p> <p>Specifications:</p> <ol style="list-style-type: none"> 1. 10 ft (Length) 2. Adjustable Width and Height: 15" – 28" (Width), 29" – 42" (Height) 3. With wooden base 4. Non-slip matting 5. Portable 6. Heavy duty <p>Standard Requirements:</p> <ol style="list-style-type: none"> 1. Certification that the unit being offered shall be brand new. 2. Certification of exclusive or authorized distribution from the manufacturer. 3. Certification that the supplier/ bidder shall provide applications training for user and maintenance personnel of the hospital. 	1 unit		<p>Unit Price: P65,000.00</p> <p>Total Price: P65,000.00</p>	<p>Unit Price: <input type="text"/></p> <p>Total Price: <input type="text"/></p>

		<ol style="list-style-type: none"> 4. Certification that the supplier/ bidder shall be responsible for the transportation to site, delivery, installation and testing on the site, and expenses for such will be on the account of the supplier/ bidder. 5. Certification that the supplier/ bidder has the capability for the corrective and preventive maintenance of the unit, to include service engineers and technicians. 6. Certification to provide user's manual in English language - (operations manual 2 copies and Service manual 2 copies). 7. Bidder's certification that parts shall be available at the authorized service center/s for a period of 3 yrs after the warranty period. 8. Certification that the supplier shall provide free installation of the equipment. 9. Warranty certificate 1 year of parts and two years for service from date of delivery, inspection and acceptance. 10. Certification that the brand has been in the local market for at least two years with at least one (1) installation of the equipment in the local market. 11. Delivery period - 60 calendar days. 12. Current and valid certificate of manufacturer's compliance with ISO and/ or CE Certificate or its equivalent. <p>Installation site: PT Rehab Unit.</p>				
2	PTE23-02	<p>TREADMILL WITH VARIABLE RESPONSE CUSHIONING</p> <p>Specifications:</p> <ol style="list-style-type: none"> 1. 55" x 20" running area 2. variable response cushioning 3. 0.8-18kph speed 4. 0-10% incline range 5. 300lbs max load 6. LCD console display 	1 unit		<p>Unit Price: P55,000.00</p> <p>Total Price: P55,000.00</p>	<p>Unit Price: <input type="text"/></p> <p>Total Price: <input type="text"/></p>

		<p>Standard Requirements:</p> <ol style="list-style-type: none"> 1. Certification that the unit being offered shall be brand new. 2. Certification of exclusive or authorized distribution from the manufacturer. 3. Certification that the supplier/ bidder shall provide applications training for user and maintenance personnel of the hospital. 4. Certification that the supplier/ bidder shall be responsible for the transportation to site, delivery, installation and testing on the site, and expenses for such will be on the account of the supplier/ bidder. 5. Certification that the supplier/ bidder has the capability for the corrective and preventive maintenance of the unit, to include service engineers and technicians. 6. Certification to provide user's manual in English language - (operations manual 2 copies and Service manual 2 copies). 7. Bidder's certification that parts shall be available at the authorized service center/s for a period of 3 yrs after the warranty period. 8. Certification that the supplier shall provide free installation of the equipment. 9. Warranty certificate 1 year of parts and two years for service from date of delivery, inspection and acceptance. 10. Certification that the brand has been in the local market for at least two years with at least one (1) installation of the equipment in the local market. 11. Delivery period - 60 calendar days. 12. Current and valid certificate of manufacturer's compliance with ISO and/ or CE Certificate or its equivalent. <p>Installation Site: PT Rehab Unit.</p>				
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3	PTE23-03	<p>3-IN-1 TRAINING STAIRCASE</p> <p>Specifications:</p> <ol style="list-style-type: none"> 1. 3 progressive step levels (4", 6", 8") 2. 36" wide stairs 3. 36"x36" platform 4. With handrails 5. With step edging 6. Heavy duty. <p>Standard Requirements:</p> <ol style="list-style-type: none"> 1. Certification that the unit being offered shall be brand new. 2. Certification of exclusive or authorized distribution from the manufacturer. 3. Certification that the supplier/ bidder shall provide applications training for user and maintenance personnel of the hospital. 4. Certification that the supplier/ bidder shall be responsible for the transportation to site, delivery, installation and testing on the site, and expenses for such will be on the account of the supplier/ bidder. 5. Certification that the supplier/ bidder has the capability for the corrective and preventive maintenance of the unit, to include service engineers and technicians. 6. Certification to provide user's manual in English language - (operations manual 2 copies and Service manual 2 copies). 7. Bidder's certification that parts shall be available at the authorized service center/s for a period of 3 yrs after the warranty period. 8. Certification that the supplier shall provide free installation of the equipment. 9. Warranty certificate 1 year of parts and two years for service from date of delivery, inspection and acceptance. 	1 unit		<p>Unit Price: 82,500.00</p> <p>Total Price: 82,500.00</p>	<p>Unit Price: <input type="text"/></p> <p>Total Price: <input type="text"/></p>

		<p>10. Certification that the brand has been in the local market for at least two years with at least one (1) installation of the equipment in the local market.</p> <p>11. Delivery period - 60 calendar days. 12. Current and valid certificate of manufacturer's compliance with ISO and/ or CE Certificate or its equivalent.</p> <p>Installation Site: PT Rehab Unit.</p>				
4	PTE23-04	<p>TREADMILL</p> <p>Specifications:</p> <ol style="list-style-type: none"> 1. Heavy duty 2. 2 HP motor 3. Automatic type w/ auto safety key 4. Auto incline 5. Foldable for easy storage 6. Pre set training functions 7. Maximum user weight: 100- 30 lbs. 8. 1 to 2 years warranty to parts and services. <p>Standard Requirements:</p> <ol style="list-style-type: none"> 1. Certification that the unit being offered shall be brand new. 2. Certification of exclusive or authorized distribution from the manufacturer. 3. Certification that the supplier/ bidder shall provide applications training for user and maintenance personnel of the hospital. 4. Certification that the supplier/ bidder shall be responsible for the transportation to site, delivery, installation and testing on the site, and expenses for such will be on the account of the supplier/ bidder. 5. Certification that the supplier/ bidder has the capability for the corrective and preventive maintenance of the unit, to include service engineers and technicians. 	1 piece		<p>Unit Price: 65,000.00</p> <p>Total Price: 65,000.00</p>	<p>Unit Price: <input type="text"/></p> <p>Total Price: <input type="text"/></p>

		<ol style="list-style-type: none"> 6. Certification to provide user's manual in English language - (operations manual 2 copies and Service manual 2 copies). 7. Bidder's certification that parts shall be available at the authorized service center/s for a period of 3 yrs after the warranty period. 8. Certification that the supplier shall provide free installation of the equipment. 9. Warranty certificate 1 year of parts and two years for service from date of delivery, inspection and acceptance. 10. Certification that the brand has been in the local market for at least two years with at least one (1) installation of the equipment in the local market. 11. Delivery period - 60 calendar days. 12. Current and valid certificate of manufacturer's compliance with ISO and/ or CE Certificate or its equivalent. <p>Area to be used: Activity Rehabilitation Center.</p>				
TOTAL					P267,500.00	

Notes:

Please quote your **lowest/best offer** for the items above. Please do not leave blank items. Indicate "N/A" if the item is Not Applicable/Available.

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