

# REPUBLIC OF THE PHILIPPINES Department of Health

# NATIONAL CENTER FOR MENTAL HEALTH



#### BIDS AND AWARDS COMMITTEE

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E-mail: bac@ncmh.gov.ph

Website: www.ncmh.gov.ph

RFQ NO.: SVP2025-04-002 Date: April 09, 2025

# REQUEST FOR QUOTATION

| Company/Business Name:  |   |
|---|---|
| Address:  |   |
| Business/Mayor's Permit No.:  |   |
| TIN:  |   |
| PhilGEPS Registration Number:   |   |
| (BAC), intends to procure the Supply and D Element for the GLE 582 Autoclave I Procurement – Small Value Procurement under Republic Act No. 9184.  Please quote your lowest price of Conditions, and stating the shortest time of o signed by your authorized representative to | Health (NCMH), through its Bids and Awards Committee Delivery of 12,000 Watts 230 Volts Flanged Type Heating Machine CY 2025 through Section 53.9 (Negotiated) of the 2016 Revised Implementing Rules and Regulations on the items herewith attached, subject to the General Belivery. Submit your <u>sealed quotation</u> using this form duly gether with the documentary requirements not later than ddress directly at the BAC Secretariat Office. For inquiries, |

#### **General Conditions:**

- 1. Bid offer must meet the minimum technical specifications.
- 2. Delivery period shall be within a maximum of *Thirty (30) calendar days* upon receipt of approved Notice to Proceed (NTP).
- 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 (Note: A recently expired Mayor's/Business permit together with the Official Receipt as proof that the prospective bidder has applied for renewal within the period prescribed by the concerned local government unit, shall be accepted. Section 24.1 of RA 9184 and its revised 2016 IRR.)

- b. 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. Original and Notarized Omnibus Sworn Statement
  (For Corporation Attached Corporate Secretary Certificate)
  (For Sole Proprietorship Attached Special Power of Attorney)
- e. Brochure of the items to be offered.
- 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 (RFO) 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.
- The sealed envelope must be submitted to the Procurement Section/BAC Office of the National Center for Mental Health (NCMH) on or before April 14, 2025 or in case the deadline for each activity falls on a non-working day (i.e. Saturday and Sunday), legal holiday, or special non-working holiday, or other nonworking days duly declared by the President, Governor, Mayor or other Government Official authorized to make such declaration, the deadline shall be the next working day. (Sec. 38.2 of RA 9184 and its 2016 revised IRR)

#### MARKING / LABEL OF PRICE QUOTATION

1. Sealed Price Quotation Envelope:

| Supply and Delivery of 12,000 Wa | equest for Quotation<br>tts 230 Volts Flanged Type Heating Element for the<br>Autoclave Machine CY 2025 |
|----------------------------------|---|
| 1.<br>2.                         | Item/s bid:   |
| Nam                              | e of Company / Bidder:<br>Tel. no.:<br>Fax no.:   |

# 2. Documentary Requirements Folder:

# Request for Quotation Supply and Delivery of 12,000 Watts 230 Volts Flanged Type Heating Element for the GLE 582 Autoclave Machine CY 2025 Item/s bid: 1. 2. Name of Company / Bidder: Tel. no.: Fax no.:

### 3. Mother Envelope:

Request for Quotation
Supply and Delivery of 12,000 Watts 230 Volts Flanged Type Heating Element for the
GLE 582 Autoclave Machine CY 2025

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:

#### **INSTRUCTION:**

- 1. Review each item in the list provided below.
- 2. Check the "Yes" box if you comply with the NCMH specification for that item. If you do not comply, check the "No" box.
- 3. In the "Offer/Remarks" section, input the brand and any other specifications of your offered item.
- 4. If the item is not applicable or not available, indicate "N/A" in the "Offer/Remarks" section.

| Item<br>No. |                   | Yes  | No | REMARKS /<br>OFFER/<br>BRAND |   |
|-------------|-------------------|--|----|------------------------------|---|
| 1           |                   |  |    |                              |   |
|             | Compatibility     | Must be compatible to the existing GLE 582 Autoclave Machine |    |                              | - |
|             | Voltage<br>Rating | 230V AC  |    |                              |   |
|             | Power Rating      | 12000W   |    |                              |   |

|  | Connection<br>Type | Flanged                           | <br> | <br> |
|--|--------------------|-----------------------------------|------|------|
|  | Warranty           | Minimum Warranty Period: 3 months |      |      |

# **FINANCIAL OFFER:**

Please quote your  $\underline{lowest/best\ offer}$  for the items below. Please do not leave blank items. Indicate "N/A" if the item is Not Applicable/Available.

|   | SUMMARY OF AP   | OFFERED QUOTATION |  |   |             |                                      |
|---|---|-------------------|--|---|-------------|--------------------------------------|
| E | Supply and Delivery of<br>12,000 Watts 230 Volts<br>Flanged Type Heating<br>Iement for the GLE 582<br>toclave Machine CY 2025                             | Qty/<br>UOM       | Approved<br>Budget for the<br>Contract             | Supply and Delivery of<br>12,000 Watts 230 Volts<br>Flanged Type Heating<br>Element for the GLE<br>582 Autoclave<br>Machine CY 2025 | Qty/<br>UOM | Total<br>Offered<br>Quotation        |
| 1 | Heating Element 12,000 Watts, 230 Volts, Flanged Type, must be compatible to the existing GLE 582 Autoclave Machine with 3 months minimum warranty period | 1 / pc            | Unit Price: ₱ 40,000.00 Total Price: ₱ 40,000.00   |   |             | acus e procuramida interpreta inc. 1 |
|   | TOTAL AMOUNT:   |                   | Forty Thousand Pesos only  (\$\mathbb{P}40,000.00) | TOTAL AN  | OUNT:       |                                      |

| Brand and moder:               |                    |   |
|--------------------------------|--------------------|---|
| Delivery period:               | <del></del>        | Max of 30 Calendar Days   |
| Warranty:                      |                    | Min of 3 months (supplies)  |
| Price validity: Payment terms: |                    | Min of 1 year (equipment)  Min of 30 Calendar Days  Min of 30 Calendar Days |
| SUBMITTED ANI                  | D CONFORMED BY:    |   |
| PRINTED NAM                    | ME AND SIGNATURE ( | OF REPRESENTATIVE   |
|                                | POSITION/DESIGNA   | TION  |
|                                | CONTACT NUMBI      | ER/S  |
|                                | EMAIL ADDRES       | SS  |