



REPUBLIC OF THE PHILIPPINES
Department of Health
NATIONAL CENTER FOR MENTAL HEALTH



BIDS AND AWARDS COMMITTEE

Telephone No. 8531-9001 loc. 239

Telefax No. 8531-8318

E-mail: bac@ncmh.gov.ph

Website: www.ncmh.gov.ph

RFQ NO.: SVP2025-04-005

Date: April 16, 2025

REQUEST FOR QUOTATION

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 and Delivery of Drugs and Medicines (Service Patients) CY 2025 (Line item) 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 April 23, 2025, 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,


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 of Seven (7) 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 **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. Certified True Copy (CTC) of current and valid **License to Operate (LTO)** from Food and Drug Administration (FDA)
- f. Certified True Copy (CTC) of current and valid **Certificate of Product Registration (CPR)** issued by FDA
- g. **Sample** per item (Commercial Packaging)

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.
- The sealed envelope must be submitted to the Procurement Section/BAC Office of the National Center for Mental Health (NCMH) on or before **April 23, 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:

Request for Quotation Supply and Delivery of Drugs and Medicines (Service Patients) CY 2025 (Line item)	
Item/s bid:	
1.	_____
2.	_____
Name of Company / Bidder:	
Tel. no.:	
Fax no.:	

2. Documentary Requirements Folder:

Request for Quotation Supply and Delivery of Drugs and Medicines (Service Patients) CY 2025 (Line item)	
Item/s bid:	
1.	_____
2.	_____
Name of Company / Bidder:	
Tel. no.:	
Fax no.:	

3. Mother Envelope:

Request for Quotation Supply and Delivery of Drugs and Medicines (Service Patients) CY 2025 (Line item)	
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.

Supply and Delivery of Drugs and Medicines (Service Patients) CY 2025 (Line item)				
Item No.	Item Description	Yes	No	REMARKS / OFFER/ BRAND
1	Clarithromycin			
	Dosage: 500mg OD			
	UOM: Tablet			
2	Suxamethonium Chloride			
	Dosage: 20mg/ml, 10ml			
	UOM: Vial			
3	Methylphenidate			
	Dosage: 20mg			
	UOM: Tablet			
4	Butamirate Citrate			
	Dosage: 500mg			
	UOM: MR Tablet			
5	Activated Charcoal			
	Dosage: 1kg powder			
	UOM: Can			
6	Alprazolam			
	Dosage: 500mcg			
	UOM: Tablet			

FINANCIAL OFFER:

Please quote your **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 APPROVED BUDGET			OFFERED QUOTATION		
Supply and Delivery of Drugs and Medicines (Service Patients) CY 2025 (Line item)	Qty / UOM	Approved Budget for the Contract	Supply and Delivery of Drugs and Medicines (Service Patients) CY 2025 (Line item)	Qty/ UOM	Total Offered Quotation
1 Clarithromycin 500mg OD	1,000/ tablet	Unit Price: ₱ 56.00 Total Price: ₱ 56,000.00			

2	Suxamethonium Chloride 20mg/ml, 10 ml vial	100/ vial	Unit Price: ₱ 587.00 Total Price: ₱ 58,700.00			
3	Methylphenidate 20mg	3,000/ tablet	Unit Price: ₱ 163.25 Total Price: ₱ 489,750.00			
4	Butamirate Citrate 50mg MR	2,000/ tablet	Unit Price: ₱ 15.10 Total Price: ₱ 30,200.00			
5	Activated Charcoal, 1kg powder	20/ can	Unit Price: ₱ 8,000.00 Total Price: ₱ 160,000.00			
6	Alprazolam 500 mcg	500/ tablet	Unit Price: ₱ 15.86 Total Price: ₱ 7,930.00			
TOTAL AMOUNT:			Eight Hundred Two Thousand Five Hundred Eighty Pesos only (₱802,580.00)	TOTAL AMOUNT:		

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