



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



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

RFQ NO.: SVP2025-07-002

Date: July 9, 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 Chlorhexidine Gluconate Solution (Antiseptic Handwash / Body wash) CY 2025** through **Section 34 Small Value Procurement** of approved Implementing Rules and Regulations under Republic Act No. 12009.

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 *June 14, 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

Nueve de Febrero St., Brgy. Mauway, Mandaluyong City

Tel: (02) 8531-9001 loc. 239, 240, 242

Telefax: (02) 8531-8318

Email: bacncmh@yahoo.com

Website: www.ncmh.gov.ph

You may also visit the following websites:

- www.philgeps.gov.ph – for the PhilGEPS posting (access through your supplier/bidder account)
- <https://ncmh.gov.ph> – National Center for Mental Health Official Website

Thank you and we look forward to your participation.


JERRY C. RODRIGUEZ, MGM-ESP

Chairperson, NCMH-BAC for Equipment

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. **Certified True copy of Mayor's / Business Permit**
 - b. **Certified True copy of PhilGEPS Certificate**
 - c. **Certified True copy of 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 of Current and Valid License to Operate from FDA.**
 - f. **Certified True Copy of Current and Valid Certificate of Product Registration from FDA.**
 - g. **Certified True Copy of Certification from the manufacturer of the European Standard (EN 1499).**
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:

- This procurement will be conducted in accordance with the implementing Rules and Regulation (IRR) of Republic Act No. 12009 (*R.A. 12009*), *otherwise known as the New Government Procurement Act*.
- 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 June 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. 67.3 of RA 12009).

- Sample of the items offered must be submitted within 5 calendar days upon request of the End-user.

7. The National Center for Mental Health complies with the implementation of the green procurement program under Memorandum Order No. 2025-0077, in connection with the Green Procurement Strategy. (Section 73 of the approved IRR of RA 12009) therefore, prospective suppliers are encouraged to use sustainable alternatives in the packaging of their products, whenever applicable.

MARKING / LABEL OF PRICE QUOTATION

1. Sealed Price Quotation Envelope:

Request for Quotation Supply and Delivery of Chlorhexidine Gluconate Solution (Antiseptic Handwash / Body wash) CY 2025	
	Item/s bid: 1. _____ 2. _____
Name of Company / Bidder: Tel. no.: Fax no.:	

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 Chlorhexidine Gluconate Solution (Antiseptic Handwash / Body wash) CY 2025				
Item No.	Item Description	Yes	No	REMARKS / OFFER/ BRAND
1	Chlorhexidine Gluconate Solution (Antiseptic Handwash / Body wash) with 4% w/v Chlorhexidine Gluconate. 500 ml / bottle. With European Standard Certification (EN 1499) (with at least 24 months expiration).			
	Percentage of Chlorhexidine Gluconate w/v 4%			

Volume per bottle	500 ml / bottle			
Certification	With European Standard Certification (EN 1499)			

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 Chlorhexidine Gluconate Solution (Antiseptic Handwash / Body wash) CY 2025		Qty / UOM	Approved Budget for the Contract		Supply and Delivery of Chlorhexidine Gluconate Solution (Antiseptic Handwash / Body wash) CY 2025	Qty/ UOM	Total Offered Quotation	
			Unit Price	Total Price			Unit Price	Total Price
1	Chlorhexidine Gluconate Solution (Antiseptic Handwash / Body wash) with 4% w/v Chlorhexidine Gluconate. 500 ml / bottle. With European Standard Certification (EN 1499). (with at least 24 months expiration).	2,160 / bottle	900.00	1,944,000.00				

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