



REPUBLIC OF THE PHILIPPINES
Department of Health
NATIONAL CENTER FOR MENTAL HEALTH
Nueve de Febrero Street, Mandaluyong City, Philippines
BIDS AND AWARDS COMMITTEE



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SOLICITATION NO.: NCMH-Small Value Procurement
Supply & Delivery of Other Transport Supplies (Air Compressor) CY 2023

REQUEST FOR QUOTATION

March 28, 2023

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 **April 03, 2023, 4:00 PM**. Kindly transact / address directly at the BAC Secretariat Office. For inquiries, you may call 531-9001 local 240 or 531-8318.

Respectfully yours,


RUSSELLE SP. OLASO, MPA

OIC, Procurement Section

Secretariat, Bids and Awards Committee

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 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. Income and Business Tax Return (Attached VAT Remittances)
 - 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.

MARKING / LABEL OF PRICE QUOTATION

1. Sealed Price Quotation Envelope:

<p>Request for Quotation Supply and Delivery of (Title of the Project) CY 2023</p> <p style="text-align: center;">Item/s bidded:</p> <p>1. _____</p> <p>2. _____</p> <p style="text-align: center;">Name of Company / Bidder: Tel. no.: Fax no.:</p>

2. Documentary Requirements Folder:

<p>Request for Quotation Supply and Delivery of (Title of the Project) CY 2023</p> <p style="text-align: center;">Item/s bidded:</p> <p>1. _____</p> <p>2. _____</p> <p style="text-align: center;">Name of Company / Bidder: Tel. no.: Fax no.:</p>

3. Mother Envelope:

<p>Request for Quotation Supply and Delivery of (Title of the Project) CY 2023</p> <p style="text-align: center;">Name of Company / Bidder: Tel. no.: Fax no.:</p> <p style="text-align: center;">DO NOT OPEN ON OR BEFORE: (indicate closing date PhilGEPS)</p>
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Supply and Delivery of Other Transport Supplies (Air Compressor) CY 2023

QTY.	UNIT OF MEASURE	ITEM SPECIFICATION	BIDDER'S SPECIFICATION	APPROVED BUDGET OF THE CONTRACT	BIDDER'S OFFER
1	set	AIR COMPRESSOR 2HP w/ filter and hose 2 cylinder, 88 liter, 115 psi (Branded, Brand New)		UNIT PRICE: ₱ 35,000.00 TOTAL PRICE: ₱ 35,000.00	UNIT PRICE <input style="width: 100%; height: 20px;" type="text"/> TOTAL PRICE: <input style="width: 100%; height: 20px;" type="text"/>
GRAND TOTAL PRICE:				₱ 35,000.00	

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:

_____ COMPANY NAME

_____ COMPANY ADDRESS

_____ PRINTED NAME AND SIGNATURE OF REPRESENTATIVE

_____ DESIGNATION

_____ CONTACT NUMBER/S