



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. 531-9001 loc. 239

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Website: www.ncmh.gov.ph

SOLICITATION NO.: NCMH-Small Value Procurement
Supply and Delivery of Steel Cabinet CY 2023

REQUEST FOR QUOTATION

March 09, 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 **March 16, 2023, 5:00PM**. Kindly transact / address directly at the BAC Secretariat Office. For inquiries, you may call 85319001 local 239 or 85318318/

Respectfully yours,


RUSSELLE SP. OLASO, MPA

Administrative Officer V

BAC 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 ***thirty (30) calendar days*** upon receipt of approved Purchase Order (PO) / Notice to Proceed (NTP) / Notice to Delivery (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 (Attached Official Receipt)
 - b. PhilGEPS Registration Number
 - c. Income / Business Tax Return
 - 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 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.
- The bidder shall submit a sample of the item to further evaluate the technical specification
- 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 and 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:

Request for Quotation
Supply and Delivery of (Title of the Project) CY2022

Item/s bided:

1. _____

2. _____

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

2. Documentary Requirements Folder:

Request for Quotation
Supply and Delivery of (Title of the Project) CY2022

Item/s bided:

1. _____

2. _____

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

3. Mother Envelope:

Request for Quotation
Supply and Delivery of (Title of the Project) CY2022

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

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

SUPPLY AND DELIVERY OF STEEL CABINET CY 2023

No.	QTY	UNIT OF MEASURE	ITEM SPECIFICATION	NCMH ABC	Bidder's Offer
1	70	piece	<ul style="list-style-type: none"> • Cabinet, Steel • 5 Layers • Metal Storage Shelf Rack • Minimum 250kg load capacity • Boltless • Heavy duty • Easy to assemble • Adjustable shelves • Open all sides • White • D40 cm x W120cm x H200cm 	UNIT PRICE: <u>₱2,800.00</u> TOTAL PRICE: <u>₱196,000.00</u>	UNIT PRICE: <u>₱</u> TOTAL PRICE: <u>₱</u>
			TOTAL	₱ 196,000.00	

Brand and Model: _____ if applicable

Delivery Period: _____ Max of 15 workings days

Warranty: _____ 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