



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.: SVP2024-12-001

Date: December 7, 2024

**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 Clinical Laboratory Reagent (Clostridium Difficile) CY 2024** 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 December 11, 2024, 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) – Staggered Delivery.
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 Registration Number or 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. **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.
- The sealed envelope must be submitted to the Procurement Section/BAC Office of the National Center for Mental Health (NCMH) on or before **DECEMBER 11, 2024**, 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)
- **SAMPLE / BROCHURE** must be provided within five (5) calendar days upon request of the End-User.

**MARKING / LABEL OF PRICE QUOTATION**

1. Sealed Price Quotation Envelope:

<b>Request for Quotation</b>	
<b>Supply and Delivery of Clinical Laboratory Reagent (Clostridium Difficile)</b>	
<b>CY 2024</b>	
	<b>Item/s bid:</b>
1.	_____
2.	_____
<b>Name of Company / Bidder:</b>	
<b>Tel. no.:</b>	
<b>Fax no.:</b>	

2. Documentary Requirements Folder:

<p><b>Request for Quotation</b>  <b>Supply and Delivery of Clinical Laboratory Reagent (Clostridium Difficile)</b>  <b>CY 2024</b></p>	
<p><b>Item/s bid:</b></p>	
<p>1. _____</p>	
<p>2. _____</p>	
<p><b>Name of Company / Bidder:</b>  <b>Tel. no.:</b>  <b>Fax no.:</b></p>	

3. Mother Envelope:

<p><b>Request for Quotation</b>  <b>Supply and Delivery of Clinical Laboratory Reagent (Clostridium Difficile)</b>  <b>CY 2024</b></p>	
<p><b>Name of Company / Bidder:</b>  <b>Tel. no.:</b>  <b>Fax no.:</b></p>	
<p><b>DO NOT OPEN ON OR BEFORE: (indicate closing date PhilGEPS)</b></p>	

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 Clinical Laboratory Reagent (Clostridium Difficile) CY 2024			
ITEM DESCRIPTION	YES	NO	REMARKS / OFFER
Clostridium difficile, GDH, Toxin A and B			

**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 Clinical Laboratory Reagent (Clostridium Difficile) CY 2024	Qty / UOM	Approved Budget for the Contract	Supply and Delivery of Clinical Laboratory Reagent (Clostridium Difficile) CY 2024	Qty/ UOM	Total Offered Quotation
1	Clostridium difficile, GDH, Toxin A and B	60 tests  Unit Price: ₱ 1,300.00 Total Price: ₱ 78,000.00			
<b>TOTAL AMOUNT:</b>		Seventy-Eight Thousand Pesos only  <b>(₱ 78,000.00)</b>	<b>TOTAL AMOUNT:</b>		

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