



## REQUEST FOR QUOTATION

Date: 29 April 2023  
RFQ No.: 100-23-01-141

Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Store/Shop: \_\_\_\_\_  
Address: \_\_\_\_\_  
TIN: \_\_\_\_\_  
PhilGEPS Registration Number: \_\_\_\_\_

The City Government of Pasig, through the Bids and Awards Committee (BAC), intends to procure Quarterly Preventive Maintenance of Wheelchair Weighing Scale for the City Health Office with an Approved Budget for the Contract (ABC) of **Php 60,000.00**, in accordance with Section 53.9 of the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184. Please quote your best offer for the item in the table below.

The Project shall be awarded as One Project having several items that shall be awarded as one contract. Quotations received exceeding each total Cost per Item and/or the total Approved Budget for the Contract shall be rejected.

Item No.	Item Description	Brand Name <small>(PLEASE DO NOT LEAVE BLANK)</small>	QTY	UOM	Approved Budget		Price Offer	
					Unit Cost	Total Cost	Unit cost	Total Cost
<b>Quarterly Preventive Maintenance of Wheelchair Weighing Scale</b>								
1	Quarterly Preventive Maintenance of Wheelchair Weighing Scale,  - Nutex weighing scale FW 7500 with SN#0284  Scope of Work - Spare parts requirement of the equipment are included during the entire duration of contract. - check-up calibration and repair of all the parts.		4	lots	15,000.00	60,000.00		
<b>Note:</b> Other terms and conditions are stipulated in the attached Terms of Reference, if any.			<b>Total</b>		<b>60,000.00</b>			

**DELIVERY TERM:** Please refer to the Terms of Reference.

*\*Indicate the BRAND NAME and its specific MODEL to be offered or attach a BROCHURE for the offered item; items such as equipment, devices, electronics, machines, drugs, medicines, medical supplies must be branded or at the very least, manufacturer shall be indicated.*

Submit this Quotation (Accomplished and duly signed by the Owner or the respective Authorized Representative indicated in the Secretary's Certificate/Special Power of Attorney) not later than the closing date specified in the Bid Notice Abstract posted in PhilGEPS website along with the following documents:

- **Mayor's/Business Permit** (or 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 subject to submission of the Mayor's Permit before the award of contract). The nature of business as stated in the Mayor's/Business Permit should at the very least be similar or related to the project to be bid.
- **PhilGEPS Registration Number**
- **Income Tax Return** - Latest Income or Business Tax Returns filed and paid through the BIR Electronic Filing and Payment System (EFPS).  
In accordance with Revenue Regulation No. 3-2005, the above-mentioned tax returns shall refer to the following:
  1. Latest Income Tax Return (ITR) - For participants already with an Annual ITR, latest ITR shall refer to the ITR for the preceding Tax Year be it on a calendar or fiscal year. For new establishments which, therefore, have no annual ITR yet, it shall refer to the most recent quarter's ITR.
  2. Latest Business Tax Return - refers to the Value Added Tax (VAT) or Percentage Tax returns covering the previous six (6) months.
- Accomplished and notarized **Omnibus Sworn Statement**  
([https://www.gppb.gov.ph/assets/forms/Omnibus%20Sworn%20Statement\(Revised\).docx](https://www.gppb.gov.ph/assets/forms/Omnibus%20Sworn%20Statement(Revised).docx))
- **Proof of Authorization: Secretary's Certificate** if corporation, or **Special Power of Attorney**, if individual.

**ADDITIONAL REQUIREMENTS:**

For Procurement of Drugs and Medicines:

Documents from the Food and Drug Administration (FDA):

- a. Certificate of Product Registration;
- b. Certificate of Good Manufacturing Practice;
- c. License to Operate;
- d. Batch Release Certificate (*for vaccines, toxoids and immunoglobulins only*) [*to be submitted upon delivery*]; and
- e. Certificate of Analysis (*for anesthesia and antibiotics*) [*to be submitted upon delivery*].

If the Supplier is not the Manufacturer, a certification from the Manufacturer that the supplier is an authorized distributor/dealer of the products/items.

Please submit the accomplished Quotation and required documents on or before the deadline of submission at the Bids and Awards Committee (BAC) through the **Procurement Management Office (BAC Secretariat Office), 4<sup>th</sup> Floor, Pasig City Hall, San Nicolas, Pasig City.**

All documents should be submitted in a sealed brown envelope addressed to the "Bids and Awards Committee, 4<sup>th</sup> Floor, Pasig City Hall", and properly marked with the Project Title as provided herein.

The CITY GOVERNMENT OF PASIG reserves the right to reject any and all bids, declare a failure of bidding, or not award the contract at any time prior to contract award in accordance with Sections 35.6 and 41 of the 2016 revised IRR of RA No. 9184, without thereby incurring any liability to the affected bidder or bidders.

For any clarification, you may contact us at telephone no. (02) 8641-1111 / (02) 8643-1111 loc. 1461 or email address at [bidsandawards@pasigcity.gov.ph](mailto:bidsandawards@pasigcity.gov.ph)






**ATTY. PONCE MIGUEL D. LOPEZ**

Officer in Charge, Procurement Management Office

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Caruncho Avenue, Brgy. San Nicolas, Pasig City, Philippines 1600

 (02) 8643-1111 \* (02) 8641-1111 loc 1461 \*  [bidsandawards@pasigcity.gov.ph](mailto:bidsandawards@pasigcity.gov.ph) \*

 [pasigcity.gov.ph](http://pasigcity.gov.ph)

I hereby certify that I have read and agree to this Request for Quotation, its Terms of Reference, and Bid Bulletin/s, if any. I further certify that the products to be delivered will conform to the specifications stated in the Item Description.




Conforme:

Signature over Printed Name	Position

Duly authorized to sign quotation/offer for and on behalf of \_\_\_\_\_  
(Please indicate Company Name)

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Caruncho Avenue, Brgy. San Nicolas, Pasig City, Philippines 1600

 (02) 8643-1111 \* (02) 8641-1111 loc 1461 \*  bidsandawards@pasigcity.gov.ph \*  
 pasigcity.gov.ph



## TERMS OF REFERENCE FOR THE PREVENTIVE MAINTENANCE OF DIGITAL WHEELCHAIR WEIGHING SCALE

The **SERVICE PROVIDER** shall:

1. Conduct Preventive Maintenance on a quarterly, according to the program of the **Department of Health (DOH)**.

Preventive Maintenance includes, among others, a general functional check-up of all the parts of equipment, especially the vital ones; including calibration, repair, cleaning and notice/recommendation to replace parts and preparation/submission technical service reports.

2. Provide all the necessary compatible equipment and supplies that will be used for calibrating the equipment (NUTEX Weighing Scale FW7500 with serial number 0284) in order to ensure continuous operation of the unit.
3. Respond to and act on emergency call for repair of the equipment via phone call, SMS, remote resolution or onsite.

For corrective maintenance service, in case of emergency the WINNING BIDDER/SERVICE PROVIDER will respond within Twenty-Four (24) hours from notice via a phone call, SMS, remote resolution or onsite.

4. Upon the rendition of every service, the service provider must submit the appropriate certificates of preventive maintenance operations duly signed by a licensed engineer.
5. Upon request conduct and submit maintenance studies regarding functionality and their recommendations.
6. Maintain sufficient assigned personnel to conduct preventive maintenance activities during the preventive maintenance session, an organic personnel of the center must be present.
7. The bidder's personnel must comply with any laws, rules, and regulations applicable to its operations/ business as well as with all existing policies and guidelines of the center.
8. Administer emergency treatment and diagnostics in the event the **SERVICE PROVIDER's** personnel is injured in the course of or during duty. If after investigation, it was found that the proximate cause of the injury was;

The fault, negligence or non-compliance with any rule, regulation or protocol by the **SERVICE PROVIDER's** personnel, the **SERVICE PROVIDER** shall pay for the emergency treatment, diagnostics rendered to and other hospital bills incurred by its personnel.



LUNGSOD NG  
**PASIG**  
UMAAGOS ANG PAG-ASA

**HAMP**

PASIG CITY HEMODIALYSIS CENTER

9. Terms of delivery upon signing of the contract until the end of the current year.

*to quality assurance department*

For every service rendered, the **SERVICE PROVIDER** shall charge PASIG CITY the service price consistent with the approved and agreed pricing by **PASIG CITY**.

Prepared by:

  
**Jocelyn L. Paragas-Javier MD, FPCP, FPSN**  
Head Nephrologist

Noted by:

**Joseph P. Panaligan, MD MHA**  
City Health Officer