



REQUEST FOR QUOTATION

Date: 08 August 2023

RFQ No.: R1 100-23-06-1352

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 **Learning Service Provider for the Conduct of Emergency Medical Responder with EMS NC II – Pasig City Disaster Risk Reduction and Management Office** with an Approved Budget for the Contract (ABC) of **Php 486,000.00**, 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 (PLEASE DO NOT LEAVE BLANK)	QTY	UOM	Approved Budget		Price Offer	
					Unit Cost	Total Cost	Unit cost	Total Cost
1	Learning service provider for the Conduct of Emergency Medical Responder with EMS NC II, - Learning service for the conduct of Emergency Medical Responder with EMS NC II (inclusive: Training Manual, Training ID, EMR Certificate and TESDA Assessment schedule) Breakdown: Batch 1: (18,000.00 x 14 Participants = 252,000.00) Batch 2: (18,000.00 x 13 Participants = 234,000.00) Total of: 486,000.00 - attached hereto is the terms of reference of Emergency Medical Responder with EMS NC II		1	service	486,000.00	486,000.00		
Note: Other terms and conditions are stipulated in the attached Terms of Reference, if any.					Total	486,000.00		
DELIVERY TERM: Please refer to the Terms of Reference.								

**Indicate the BRAND NAME or MANUFACTURER NAME and the specific MODEL to be offered or attach a BROCHURE for the offered item; items including but not limited to clothing, vehicle, 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), 4th 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, 4th Floor, Pasig City Hall", and properly marked with the Project Title as provided herein.

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



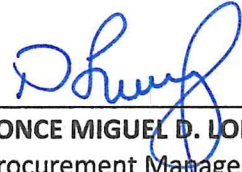
(02) 8643-1111 * (02) 8641-1111 loc 1461 *  bidsandawards@pasigcity.gov.ph *

 pasigcity.gov.ph

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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



ATTY. PONCE MIGUEL D. LOPEZ
Officer in Charge, Procurement Management Office

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)





TERMS OF REFERENCE

A. PROCUREMENT TITLE

Procurement of a Learning Service Provider for the Conduct of Seven (7) Days Training of Emergency Medical Responder Training with EMS-NC II for Pasig City DRRMO personnel

B. BACKGROUND

Due to various incidents happened in different areas in Pasig City including Natural catastrophes happened in different parts of the Country and the World, PCDRRMO-Training Division sees that there is an urgency to provide our personnel a training method for EMS with worldwide standards especially for our Pasig Emergency Unit (PEU) and Pasig City Fire and Rescue personnel. This Emergency Medical Responder (EMR-EMS NC II) is a dynamic training course featuring lecture, video, simulated emergency situations, discussion and hands-on skill practices.

C. OBJECTIVES

At the end of the training, the participants will be able to:

1. Develop a better understanding on Emergency Medical Responder standard process;
2. Perform the right procedure and assessment to patient with the highest level of First Aid and CPR/AED Training;
3. Acquire knowledge and skills necessary in an emergency to help sustain life, reduce pain and minimize the consequences of injury

D. SCOPE OF WORK and DELIVERABLES

Particular	Brief Description	Lot	Estimated Unit Cost	Estimated Cost
Procurement of a Learning Service Provider for the Conduct of Seven (7) Days Training of Emergency Medical Responder Training with EMS-NC II for Pasig City DRRMO personnel	Inclusions of Training Manual, Training ID, EMR Certificate and TESDA Assessment schedule	1	Php 18,000.00 (27 Participants)	Php486,000.00

The Learning Service Provider shall cover the following:

- Prepare a Course Design setting-out the course learning outcomes, strategy and course schedule;
- Incorporate creative and engaging activities such as action planning, small group presentations and plenary discussions;
- The training provider will provide the training venue and equipment;
- The training provider will provide the training materials such as manuals, ID, EMR Certification and TESDA Assessment Schedule;
- Administer Post-program evaluation to participants;
- Issue the Certificates to qualified participants who passed and completed the training course;
- Any changes / adjustment in training schedules, the Training Division and the Training provider, will coordinate and meet halfway for the finality of the re-scheduling dates of the said Training.



Continuation:

On the other hand, the City Government of Pasig, through the Disaster Risk Reduction and Management Office – Training Division, shall ensure the following:

- Monitoring of the implementation of activities included in the work plan;
- Review and final approval of deliverables.

E. CONTRACT DURATION

The project duration is 7 Days per Batches and will commence upon receipt of the Notice to Proceed.

BATCHES	DATE COVERED OF IMPLEMENTATION	
BATCH 1	November 06-10 & 13-14 (14 Pax)	-
BATCH 2	-	Nov. 20-24 & 27-28, 2023 (13 Pax)

F. METHODOLOGY

The technical proposals shall be evaluated first using the criteria below. The minimum technical passing score is **Seventy-Five (75) Points**.

EVALUATION CRITERIA	CRITERIA	RATE
APPLICABLE EXPERIENCE		
Years of experience in providing training services on Emergency Medical Services National Certification II	5 years or more = 3 3 - 4 years = 2 1 - 2 years = 1 less than 1 year = 0	
Number of Private Institutions engaged in providing training services on Emergency Medical Services National Certification II	20 or more = 3 10 – 19 = 2 1 - 9 = 1 less than 1 = 0	
Number of Public / Government Institutions engaged as clients in providing training services on Emergency Medical Services National Certification II	5 or more = 3 3 - 4 = 2 1 - 2 = 1 less than 1 = 0	
RATE ON APPLICABLE EXPERIENCE (40 %):	9 / 9 = 100 %	
QUALITY OF PERSONNEL		
Qualification of the Lecturer or Instructor in delivering training programs on Emergency Medical Services National Certification II	Doctor / Nurse-EMT (Emergency Medical Technician) = 3 Nurse Only = 2 EMT Only = 1 Non – Medical Instructor = 0	



Years of Work experience as Lecturer or Instructor in delivering training programs on Emergency Medical Services National Certification II	5 years or more = 3 3 - 4 years = 2 2 - 3 years = 1 less than 1 year = 0	
RATE ON QUALITY OF PERSONNEL (40 %):	6 / 6 = 100 %	

Continuation:

EVALUATION CRITERIA	CRITERIA	RATE
PLAN OF APPROACH AND METHODOLOGY		
Work Plan	Based on: TESDA Standards and Guidelines = 2 Non - TESDA Standards and Guidelines = 0	
Approach and Methodology Quality of Training Design & Content	Based on: TESDA Course Outline = 2 Non - TESDA Course Outline = 0	
RATE ON PLAN OF APPROACH AND METHODOLOGY (20 %):	4 / 4 = 100 %	
SUMMARY:		
APPLICABLE EXPERIENCE	Rating x 0.40 =	
QUALITY OF PERSONNEL	Rating x 0.40 =	
PLAN OF APPROACH AND METHODOLOGY	Rating x 0.20 =	
FACTOR VALUE		

G. APPROVED BUDGET FOR THE PROPOSAL

The Approved Budget for the Contract is FOUR HUNDRED EIGHTY-SIX THOUSAND in PHILIPPINE PESO (Php 486,000.00) to be charged on the 70% of the LDRRM Fund. This is included in the 2023 AIP with Reference No. 9000-000-2-3-16-002-005-008.

Prepared by

RAMON CARLOS Z. CAYUBE, RN, EMT
PCDRRMO Training Division Chief
#0928-2912053

