



REQUEST FOR QUOTATION

Date: 17 October 2023

RFQ No.: R1 100-23-05-1886

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 **Supply and Delivery of Various Medical Supplies – Pasig City Children’s Hospital and Pasig City General Hospital** with an Approved Budget for the Contract (ABC) of **Php 666,600.00**, 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, which shall be awarded as separate contracts per item. 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
2	Arterial Blood Collection Syringe - 3ml		3000	pcs	100.00	300,000.00		
5	Epidural Minipack, - with 1 clamp clear catheter, 3 lateral eyes gauge 18		50	pack	1,200.00	60,000.00		
6	Free needle, - Eye 1/2 circle 1833-2 (12 pieces per box)		7	box	3,000.00	21,000.00		
7	Heat and Moisture Exchange FILTER, - for ventilator, adult		100	pcs	450.00	45,000.00		
8	Scrub brush, - with 4% chlorhexidine gluconate in detergent solution, sterile with sponge and nail cleaner.		100	pcs	156.00	15,600.00		
10	Surgical Neurosponges/Patties, - at least 1" x 3" (25mm x 76mm) sterile, attached with thread. - 10 pcs/pack		150	pack	380.00	57,000.00		
11	Suture Polydioxanone, - sterile monofilament synthetic absorbable suture - size 5-0, 13mm RB-2 or CV-22 Round Needle		72	pcs	1,250.00	90,000.00		



12	Trolley for Oxygen Flask Type, - Height = 3 ft.; Width of Handle = 4"; radius of cylinder; Wheel diameter = 5 1/2".		15	pcs	1,200.00	18,000.00		
13	Chlorhexidine Gluconate Solution 4%, - topical solution, antiseptic 500ml/pump bottle		40	bot	1,500.00	60,000.00		
Note: Other terms and conditions are stipulated in the attached Terms of Reference, if any.					Total	666,600.00		
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.*

DEPARTMENT OF NURSING

TERMS OF REFERENCE FOR VARIOUS MEDICAL SUPPLIES FOR THE USE OF PASIG CITY CHILDREN'S HOSPITAL & PASIG CITY GENERAL HOSPITAL (LINE ITEM)

1. Brand and Country of Origin should be written in the Bill of Quantities. Disqualification of item will be imposed for non-compliance.
2. Expiration date should have a minimum of 2 years, must be indicated in packaging upon delivery.
3. Medical supplies should be delivered directly to the concern institution with the presence of one (1) staff from Asset (City Hall) and (1) staff from Property and Material Management Section. Please see attached distribution list.
4. The winning bidder should comply with the needed specification written in the Purchase Request. Non-compliance means disqualification.
5. Must include SLCC requirement (Medical Supplies – OR Supplies)
6. Provide a proof that the product undergone Testing procedure base on Quality Standard for Items: # 1 and # 4 (EN 12791; EN 16615; EN 14348; EN 14476) during post qualification.
7. The winning bidder must provide a certificate of distributorship during post qualification (except for item # 12).
8. The winning bidder must provide a CPR except for item # 12.
9. Terms of delivery will be 30 calendar days once notice to proceed and approved purchase order are released.
 - 9.1 Delivery should be coordinated by the supplier to the respective end user at least two (2) days prior to delivery for endorsement purposes and in anticipation of other circumstances that may arise.

Prepared by:

Ivy B. Juan, RN, MAN
Asst. Chief Nurse – PCGH Nurse Supervisor

Maria Cristina D. Panuayan, RN, MAN
Nurse Supervisor/Procurement

Certified True Copy:

ATTY. PONCE MIGUEL D. LOPEZ
OIC, Procurement Management Office

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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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



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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)

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

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