



DREQUEST FOR QUOTATION

Date: 14 February 2024

RFQ No.: **100-24-02-299**

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 **Preventive Maintenance of 2 Units of Hospital Bed Elevator at PCGH Building A – Pasig City General Hospital** with an Approved Budget for the Contract (ABC) of **Php 215,040.00**, 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
1	MONTHLY PREVENTIVE MAINTENANCE OF 2 UNITS HOSPITAL BED ELEVATOR at Building A, Scope of Works: 1. Cleaning and checking components of elevator machine room 2. Cleaning and checking components of elevator car top 3. Cleaning and checking components of elevator pit and hoist way 4. Cleaning and checking components inside elevator car 5. Functionality checking of safety devices, observe the response of control when a safety device is triggered manually 6. Checking of control system, electrical and electronic components 7. Minor trouble shooting and mechanical adjustments 8. Free check-up of elevator units when trouble arises.		12	lot	17,920.00	215,040.00		
Note: Other terms and conditions are stipulated in the attached Terms of Reference, if any.			Total		215,040.00			
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.*



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PASIG CITY GENERAL HOSPITAL

TERMS OF REFERENCE

PROJECT : PROCUREMENT OF MONTHLY PREVENTIVE MAINTENANCE SERVICES FOR TWO (2) UNITS OF HOSPITAL BED ELEVATOR

I. LOCATION

Pasig City General Hospital - Building A

II. CONTRACT PERIOD

The contract period is ONE YEAR (for 2024)

III. OBJECTIVES

To ensure that all elevators installed at Pasig City General Hospital are working and operating in good condition and facilitate easy access and mobilization for the safety of patients , visitors and employees of the Hospital and transport materials and supplies.

IV. QUALIFICATION OF SERVICE PROVIDER

The SERVICE PROVIDER must have the required experience and expertise to conduct Maintenance and Repair of Elevators.. The following must be submitted as part of the requirements :

1. The Service Provider must have a valid SEC/DTI Registration, Business Permit including PHILGEPS registered.
2. With Competent Technician/s with experience in the conduct of preventive maintenance and repair of elevators.
3. Proven track record in the field of Elevator Repair and Maintenance Service and submit a copy of Certificate of Satisfactory Performance for at least 3 years issued by current or previous client, other than PCGH ,more particularly with the same brand of PCGH elevator subject to PMS.

V. SCOPE OF WORK

A. Scope of Preventive Maintenance

1. The Service Provider shall perform a comprehensive evaluation and inspection with the supervision of the Elevator Maintenance Engineer at least every month for one year, to ensure that all units are operational and working appropriately .

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pcgh@pasigcity.gov.ph | (02) 8643-3333



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



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2. The Service Provider shall monthly inspect , clean, lubricate , adjust, repair / replace parts of all the bed elevators. Replacement of Parts (if any) shall be subject to the approval and chargeable to PCGH.
3. The monthly preventive maintenance shall be undertaken during regular working hours in the presence of PCGH Maintenance Staff. The schedule of which should be subject to the approval of the Medical Director.
4. Preventive Maintenance shall include the cleaning of the elevator parts in the shaft and machine rooms, oiling and adjusting of all rollers and checking of all electrical and electronic components.
5. Check the general operating condition of all equipment in the machine room.
6. Check the smoothness of operation such as ride comfort , noise and door operation.
7. Check lights, push buttons and indicators.
8. Check functions of emergency lights , intercom and alarm.

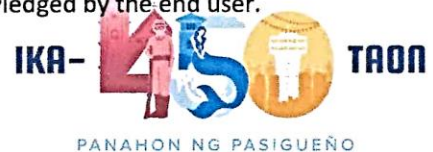
B. TESTS

1. Test and trigger the effectiveness of the safety gear.
2. Test and rest car at the buffer.
3. Align and test all mechanical instruments of door
4. Annual load testing per elevator unit as required by LGU (OBO and National Government under RA 11058-Occupational Health and Safety Standards)

C. Responsibility of the Service Provider


1. The Service Provider shall undertake , perform ,and complete all preventive maintenance including all materials , labor , supervision ,tools and all other necessary equipment to provide preventive maintenance , inspection , adjustment and testing as outlined in the Scope of Works ONCE A MONTH for a period of ONE (1) YEAR .
2. To act decisively and immediately on any call for REPAIR and MAINTENANCE of the TWO (2) Elevators of PCGH., at all times within EIGHT HOURS upon receipt of CALL or INFORMATION from PCGH.
3. Issue Service report of each PMS duly approved and acknowledged by the end user.


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PASIG CITY GENERAL HOSPITAL

VI. PAYMENT TERMS

Payment will be MONTHLY after completion of Service Delivery duly certified by the authorized representative of the Pasig City General Hospital.

Prepared By :


Engr. Samuel P. Fernandez
Head – Maintenance Department


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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** (Form can be downloaded thru <https://www.gppb.gov.ph/downloadable-forms/#tab-61412>)
 - **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.

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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

SGD

ATTY. BEA THERESE P. VILLANUEVA

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)

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