REQUEST FOR QUOTATION / INVITATION FOR NEGOTIATION NEGOTIATED PROCUREMENT – TWO FAILED BIDDINGS

Date: 12 April 2024 RFQ No.: 100-24-04-563

 The CITY GOVERNMENT OF PASIG, through the Bids and Awards Committee ("BAC"), has a procurement project for the <u>Supply and Delivery of Various Drugs and</u> <u>Medicines CY 2024 – PCGH & PCCH</u> with an Approved Budget for the Contract ("ABC") of One Million Nine Hundred Eighty-Two Thousand Two Hundred Sixty-Five Pesos Only (PhP1,982,265.00).

| ltem No. | Description | Approved Budget per Item (PhP) |
|-------------|---|--------------------------------------|
| 1 | Immunoglobulin Normal, Human (IGIV), 50mg/ml, 100ml (IV) vial | 1,965,465.00 |
| 2 | Streptokinase 1,500,000 IV vial | 16,800.00 |
| | TOTAL | 1,982,265.00 |

2. A complete set of the Request for Quotation ("RFQ") may be acquired by interested bidders upon payment of the applicable fee for the Bidding Documents, pursuant to the latest Guidelines on issued by the GPPB.

| APPROVED BUDGET FOR THE CONTRACT | COST OF BIDDING DOCUMENTS (PHP) |
|-------------------------------------|------------------------------------|
| More than 1 million up to 5 million | 5,000.00 |

- 3. Bidders, except those who have previously participated in any of the last two (2) failed biddings, are required to pay the applicable fee for the sale of RFQ not later than the deadline for the Submission and Receipt of the Best Offers/Quotation.
- The procurement will be conducted through Negotiated Procurement Two Failed Biddings in accordance with Section 53.1 of the 2016 Revised Implementing Rules and Regulations ("IRR") of Republic Act No. 9184 ("R.A. No. 9184").
- 5. The project shall be awarded per <u>item</u> having several items that shall be awarded as <u>multiple contracts</u>. Quotations received in excess of the ABC shall be rejected.
- 6. Interested bidders may obtain further information from the Procurement Management Office at the address given below during office hours, Monday to Friday, from 8:00 A.M. to 5:00 P.M.
- 7. The schedule of activities are as follows:

| ACTIVITIES | SCHEDULE |
|----------------------------------|--|
| Advertisement/Posting of Request | 12 April 2024 |
| for Quotation | |
| Negotiation | 17 April 2024 at 1:30 P.M., |
| | 7 th Floor Meeting Room, Pasig City Hall, |
| | Caruncho Avenue, San Nicolas, Pasig City |

- 8. Quotations submitted after the scheduled submission of quotations shall not be accepted.
- 9. Interested bidders shall submit the following documents in a sealed envelope addressed to the "Bids and Awards Committee, 4th Floor, Pasig City Hall" and properly marked with the project title, name of bidder, address of the bidder, and contact details of the bidder:
 - Valid PhilGEPS Certificate of Registration and Platinum Membership
 - 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 Latest Income Tax Return for the preceding Tax Year, whether calendar or fiscal
 - **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 abovementioned tax returns shall refer to the following:
 - 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.
 - Latest Business Tax Return refers to the Value Added Tax (VAT) or Percentage Tax returns covering the previous six (6) months.
 - Omnibus Sworn Statement supported by an attached document showing proof of authorization, i.e duly notarized Secretary's Certificate issued by the corporation or the members of the joint venture or a Special Power of Attorney, in case of Sole Proprietorship
 - Duly accomplished Request for Quotation
 - Certificate of Product Registration (CPR) or Certificate of Listing of Identical Drug Product (CLIDP) from FDA (DOH-AO 2005-0031) (See TOR for details)
 - Valid License to Operate

- 10. Award of contract shall be made to the supplier, contractor or consultant determined to have the Single or Lowest Calculated and Responsive Quotation (for goods and infrastructure projects) or Single or Highest Rated and Responsive Proposal (for consulting services).
- 11. To guarantee the faithful performance of the winning bidder's obligation, it shall post a Performance Security prior to the signing of the contract, in accordance with any of the following forms prescribed in Section 39.2 of the 2016 Revised IRR of R.A. No. 9184.
- 12. The Performance Security shall remain valid until issuance by the City Government of Pasig of the Certificate of Final Acceptance (Certificate of Completion). The Performance Security may be released after the issuance of the Certificate of Final Acceptance (Certificate of Completion), subject to the conditions stipulated in Section 39.5 of the 2016 Revised IRR of R.A. No. 9184.
- 13. The **CITY GOVERNMENT OF PASIG** reserves the right to reject any and all proposal/s, cancel or terminate the conduct of procurement activities, or not award the contract in accordance with Sections 35.6 and 41 of the IRR of R.A. No. 9184, without thereby incurring any liability to the affected bidder or bidders.
- 14. For any clarification, you may contact us at telephone no. (02) 8641-1111 loc. 1461 or send us an email at <u>bidsandawards@pasigcity.gov.ph</u>

SGD______ ATTY. BEA THERESE P. VILLANUEVA Officer in Charge, Procurement Management Office

REQUEST FOR QUOTATION

Date: RFQ No.: 100-24-04-563

| lame of Company: | |
|---------------------|--|
| \ddress:ddress: | |
| lame of Store/Shop: | |
| \ddress: | |
| IN: | |

PhilGEPS Registration Number:

| Item It | | | | | Approve | Price Offer | | |
|-----------|--|---|-----|------|-----------|--------------|--------------|---------------|
| No. | em Description | Brand Name (indicate the "BRAND" be offered, or the manufacturer's name) | QTY | UOM | Unit Cost | Total Cost | Unit Cost | Total Cost |
| No (IG | nmunoglobulin ormal, Human GIV),50mg/ml, 00ml (IV) vial | | 135 | vial | 14,559.00 | 1,965,465.00 | | |
| | reptokinase 500,000 IV vial | | 3 | vial | 5,600.00 | 16,800.00 | | |
| | | | | | Total | 1,982,265.00 | | |

DELIVERY PLACE: Please refer to Terms of Reference

I hereby certify that the products to be delivered will conform to the specifications stated in the Item Description and provisions in the Terms of Reference, if any, and I hereby agree to the Terms of Delivery indicated in the submitted form.

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. POST QUALIFICATION REQUIREMENT

 Certificate of Product Registration (CPR) or Certificate of Listing of Identical Drug Product (CLIDP) from FDA (DOH – AO. 2005-0031)

- a. If expired attach receipt of renewal / certificate of renewal and tracking history from FDA e-portal
- b. New product should be at least one (1) year existing in the market at the time the CPR was issued.

2. Valid License to Operate (LTO)

B. TO BE SUBMITTED UPON ISSUANCE OF NOTICE OF AWARD (NOA)

1. Valid Certificate of Distributorship

2. Certificate of Good Manufacturing Practice (CGMP) from Food and Drug Administration (FDA)

C. GENERAL PROVISION

1.Brand name specified on the CPR should be written on the Bill of Quantities but in case no Brand name is available on the CPR the manufacturer's name should be written instead.

- All deliveries must conform to the conditions under Drug Product / Drug Product Packaging. Change/s must be
 mutually agreed by both parties and must beneficial to end user. In addition, the Sales Invoice and / or Delivery
 Receipts must state the lot / batch number and expiry date.
- 3. The Supplier should attach an assurance/guarantee letter in the sales invoice, upon delivery, stating that the items delivered which are nearing expiry will be replaced with a product with a minimum expiration of 18 months.
- 4.For expiring products, the Property & Supply Office or Pharmacy Department must inform the distributor / supplier three (3) months prior to the expiration date, to give ample time for the pull out / retrieval and replacement of stocks.
- 5.Replacement of stocks should be within thirty (30) days after date of pull –out and receipts of expired or expiring products.
- 6.Thermolabile medicines and vaccines must be maintained in a cold chain during transport as evidenced by a thermo strip to be presented upon delivery to be checked by receiving officer or by PSR and Pharmacy.
- 7. Winning bidder who will not comply with the deliveries and terms of reference could be meted by **BLACK LISTING** the supplier.

8. Changing of Brand Name is not allowed.

D. TERMS OF DELIVERY

FULL DELIVERY - 30 Days Upon Receipt of NTP

E. TERMS OF PAYMENT

45 Days upon completion of delivery

F. DELIVERY PLACE

1.Pasig City General Hospital 2.Pasig City Children's Hospital – Child's Hope

DISTRIBUTION LIST

CONSOLIDATED REQUEST FOR NEGOTIATED PURCHASE OF VARIOUS DRUGS AND MEDICINES CY 2024 - PCGH & PCCH

| TEM | DESCRIPTION | UNIT | UNIT COST | PCGH | AMOUNT | PCCH | AMOUNT | QUANTITY | AMOUNT |
|-----|--|------|-----------|------|--------------|------|------------|----------|--------------|
| 1 | IMMUNOGLOBULIN NORMAL , HUMAN (IGIV) 50MG/ML, 100ML (IV) VIAL | Vial | 14,559 00 | 75 | 1,091,925 00 | 60 | 873,540.00 | 135 | 1,965.465 00 |
| 2 | STREPTOKINASE 1,500,000 IV VIAL | Vial | 5,600.00 | | 0.00 | 3 | 16,800 00 | 3 | 16,800.00 |

DISTRIBUTION LIST