

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

Date: 12 April 2024  
RFQ No.: 100-24-04-570

- The **CITY GOVERNMENT OF PASIG**, through the Bids and Awards Committee (“BAC”), has a procurement project for the **Supply and Delivery of Various Drugs and Medicines CY 2024 – PCGH & PCCH** with an Approved Budget for the Contract (“ABC”) of Five Million Seventy-Six Thousand Six Hundred Sixteen Pesos & 63/100 Only (PhP5,076,616.63).

Item No.	Description	Approved Budget per Item (PhP)
1	All in one Admixtures (3-in-1 or dual energy solutions) 1400 kcal	826,680.00
2	Amino Acid Solution 6% for infants 100ml	12,825.75
3	Budesonide 160mg + Formoterol 4.5mcg, 120 doses with accompanying dispenser	416,332.80
4	Chlorhexidine Gluconate 0.12% Soln. 120ml	61,496.25
5	Clonidine 150mcg/ml, 1ml amp.	3,300.00
6	Clotrimazole 1% cream, 10g (20g)	15,744.00
7	Erythromycin, 0.5%, 3.5g eye ointment	40,039.20
8	Fusidic Acid 2% topical ointment, 15g	4,416.00
9	Hydrocortisone 1% cream 10g (15g)	3,570.00
10	Isosorbide Dinitrate 1mg/ml, 10ml (10mg) amp.	2,346,851.95
11	Lynesterol 500mcg tablet, 28's	73,632.00
12	Medroxyprogesterone 150mg/ml, 1ml vial	34,984.00
13	Modified Fluid Gelatin (Polymerisate of Degraded Succinylated Gelatin) 4%, 500ml solution for injection	39,360.00
14	Morphine Sulfate 10mg tablet	2,032.50
15	Morphine Sulfate, 10mg/ml amp	31,080.00
16	Mupirocin ointment, 2%, 5g	138,334.32
17	Naloxone, 400mcg/ml, 1ml (0.4mg) amp.	4,956.00
18	Nimodipine, 30mg tablet	178,308.00
19	Ofloxacin ear drops 0.3%, 5ml bottle	1,176.00
20	Oxymetazoline HCl, 0.05%, 15ml nasal spray	13,776.00
21	Povidone Iodine 1% 60ml, oral solution	8,839.50
22	Sacubitril 24.3mg+ Valsartan 25.7mg (50mg) tablet	140,920.08
23	Sacubitril 48.6mg+ Valsartan 51.4mg (100mg) tablet	141,391.04
24	Silver Sulfadiazine (micronized) 1%, 500g jar	1,140.00
25	Silver Sulfadiazine (micronized) 1% cream, 25g tube	25,852.84
26	Tinzaparin Sodium 10000 anti-XA IU, 2ml	495,250.40

27	Tobramycin 0.3% eye drops, 5ml	2,688.00
28	Tobramycin 0.3% + Dexamethasone 0.1% eye drops, 5ml	8,448.00
29	Tropicamide+ Phenylephrine HCL 5mg+5mg/ml eye drops, 10ml bottle	3,192.00
	<b>TOTAL</b>	<b>5,076,616.63</b>

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)
500,000 and below	500.00
More than 500,000 up to 1 million	1,000.00
More than 1 million up to 5 million	5,000.00
More than 5 million up to 10 million	10,000.00

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.
4. 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 item having several items that shall be awarded as multiple contracts. 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 for Quotation	12 April 2024
Negotiation	17 April 2024 at 1:30 P.M., 7 <sup>th</sup> 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, 4<sup>th</sup> 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 above-mentioned 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
- PDEA S4 License (Line Items 14-15)

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 [bidsandawards@pasigcity.gov.ph](mailto:bidsandawards@pasigcity.gov.ph)

**SGD**

\_\_\_\_\_  
**ATTY. BEA THERESE P. VILLANUEVA**  
Officer in Charge, Procurement Management Office

# REQUEST FOR QUOTATION

Date:  
RFQ No.: 100-24-04-570

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Store/Shop: \_\_\_\_\_

Address: \_\_\_\_\_

TIN: \_\_\_\_\_

PhilGEPS Registration Number: \_\_\_\_\_

					Approved Budget		Price Offer	
Item No.	Item Description	Brand Name  <i>(indicate the "BRAND" be offered, or the manufacturer's name)</i>	QTY	UOM	Unit Cost	Total Cost	Unit Cost	Total Cost
1	All in one Admixtures (3-in-1 or dual energy solutions) 1400 kcal		166	bag	4,980.00	826,680.00		
2	Amino Acid Solution 6% for infants 100ml		21	bottle	610.75	12,825.75		
3	Budesonide 160mg + Formoterol 4.5mcg, 120 doses with accompanying dispenser		416	pcs	1,000.80	416,332.80		
4	Chlorhexidine Gluconate 0.12% Soln. 120ml		375	bottle	163.99	61,496.25		
5	Clonidine 150mcg/ml, 1ml amp.		25	ampule	132.00	3,300.00		
6	Clotrimazole 1% cream, 10g (20g)		41	tube	384.00	15,744.00		

7	Erythromycin, 0.5%, 3.5g eye ointment		249	tube	160.80	40,039.20		
8	Fusidic Acid 2% topical ointment, 15g		16	tube	276.00	4,416.00		
9	Hydrocortisone 1% cream 10g (15g)		25	tube	142.80	3,570.00		
10	Isosorbide Dinitrate 1mg/ml, 10ml (10mg) amp.		3,595	amp	652.81	2,346,851.95		
11	Lynesterol 500mcg tablet, 28's		416	pack	177.00	73,632.00		
12	Medroxyprogesteron e 150mg/ml, 1ml vial		400	vial	87.46	34,984.00		
13	Modified Fluid Gelatin (Polymerisate of Degraded Succinylated Gelatin) 4%, 500ml solution for injection		41	bottle	960.00	39,360.00		
14	Morphine Sulfate 10mg tablet		150	tab	13.55	2,032.50		
15	Morphine Sulfate, 10mg/ml amp		370	amp	84.00	31,080.00		
16	Mupirocin ointment, 2%, 5g		916	tube	151.02	138,334.32		
17	Naloxone, 400mcg/ml, 1ml (0.4mg) amp.		10	amp	495.60	4,956.00		
18	Nimodipine, 30mg tablet		5,400	tab	33.02	178,308.00		
19	Ofloxacin ear drops 0.3%, 5ml bottle		4	bottle	294.00	1,176.00		

20	Oxymetazoline HCl, 0.05%, 15ml nasal spray		41	bottle	336.00	13,776.00		
21	Povidone Iodine 1% 60ml, oral solution		83	bottle	106.50	8,839.50		
22	Sacubitril 24.3mg+ Valsartan 25.7mg (50mg) tablet		1,932	tab	72.94	140,920.08		
23	Sacubitril 48.6mg+ Valsartan 51.4mg (100mg) tablet		1,904	tab	74.26	141,391.04		
24	Silver Sulfadiazine (micronized) 1%, 500g jar		1	jar	1,140.00	1,140.00		
25	Silver Sulfadiazine (micronized) 1% cream, 25g tube		166	tube	155.74	25,852.84		
26	Tinzaparin Sodium 10000 anti-XA IU, 2ml		580	vial	853.88	495,250.40		
27	Tobramycin 0.3% eye drops, 5ml		8	bottle	336.00	2,688.00		
28	Tobramycin 0.3% + Dexamethasone 0.1% eye drops, 5ml		32	bottle	264.00	8,448.00		
29	Tropicamide+ Phenylephrine HCL 5mg+5mg/ml eye drops, 10ml bottle		4	bottle	798.00	3,192.00		
<b>Total</b>						<b>5,076,616.63</b>		

**Note: The prices per item in the total price offer (regardless if the project is considered as one contract or multiple items) must not exceed the approved unit price per item.**

**DELIVERY TERM: 30 calendar days upon receipt of Notice to Proceed**

**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. REQUIREMENTS

1. 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)
3. PDEA S4 License (applicable for Line Items 14-15)

### 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.
2. All deliveries must conform to the conditions under Drug Product / Drug Product Packaging. Change/s must be mutually agreed by both parties and must be 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

- 30 Days Upon Receipt of Notice To Proceed (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
- (Acceptance and Inspection of Delivery should be done in the presence of one staff member from City GSO Asset and PSR)

## DISTRIBUTION LIST

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

### DISTRIBUTION LIST

ITEM	DESCRIPTION	UNIT	UNIT COST	PCGH	AMOUNT	PCCH	AMOUNT	QUANTITY	AMOUNT
1	ALL IN ONE ADMIXTURES (3-IN-1 OR DUAL ENERGY SOLNS) 1400 KCAL	Bags	4,980.00	166	826,680.00		0.00	166	826,680.00
2	AMINO ACID SOLUTION 6% FOR INFANTS, 100ML	Bottle	610.75	14	8,550.50	7	4,275.25	21	12,825.75
3	BIDESONIDE 160MCG + FORMETEROL 4.5 MCG, 120 DOSES WITH ACCOMPANYING DISPENSER	Pieces	1,000.80		0.00	416	416,332.80	416	416,332.80
4	CHLORHEXIDINE GLUCONATE 0.12% SOLUTION, 120ML	Bottle	163.99	75	12,299.25	300	49,197.00	375	61,496.25
5	CLONIDINE 150MCG/ML, 1ML AMP	Amp	132.00	25	3,300.00		0.00	25	3,300.00
6	CLOTRIMAZOLE 1% CREAM, 10g (20G)	Tube	384.00	25	9,600.00	16	6,144.00	41	15,744.00
7	ERYTHROMYCIN 0.5% , 3.5G EYE OINTMENT	Tube	160.80	166	26,692.80	83	13,346.40	249	40,039.20
8	FUSIDIC ACID 2% TOPICAL OINTMENT, 15G	Tube	276.00		0.00	16	4,416.00	16	4,416.00
9	HYDROCORTISONE 1% CREAM 10G (15G)	TUBE	142.80		0.00	25	3,570.00	25	3,570.00
10	ISOSORBIDE DINITRATE 1MG/ML, 10ML (10MG) AMP	Amp	662.81	2,915	1,902,941.15	680	443,910.80	3,595	2,346,851.95
11	LYNESTEROL 500MCG TABLET, 28'S	PACK	177.00	416	73,632.00		0.00	416	73,632.00
12	MEDROXYPROGESTERONE ACETATE 150MG/ML, 1ML VIAL	Vial	87.46	400	34,984.00		0.00	400	34,984.00
13	MODIFIED FLUID GELATIN (POLYMERISATE OF DEGRADED SUCCINYLATED GELATIN) 4% ,500ML SOLUTION FOR INJECTION	Bottle	960.00		0.00	41	39,360.00	41	39,360.00
14	MORPHINE SULFATE 10MG TABLET	Tab	13.55	150	2,032.50		0.00	150	2,032.50
15	MORPHINE SULFATE 10MG/ML AMP	Amp	84.00	290	24,360.00	80	6,720.00	370	31,080.00
16	MUPIROCIN OINTMENT 2%, 5G	Tube	151.02	500	75,510.00	416	62,824.32	916	138,334.32
17	NALOXONE 400MCG/ML, 1ML (0.4MG) AMP	Amp	495.60	5	2,478.00	5	2,478.00	10	4,956.00
18	NIMODIPINE 30MG TABLET	Tab	33.02	4,600	151,892.00	800	26,416.00	5,400	178,308.00
19	OFLOXACIN EAR DROPS 0.3%, 5ML BOTTLE	Bottle	294.00		0.00	4	1,176.00	4	1,176.00
20	OXYMETAZOLINE HCL 0.05%, 15ML NASAL SPRAY	Bottle	336.00		0.00	41	13,776.00	41	13,776.00
21	POVIDONE IODINE 1%, 60ML ORAL SOLUTION	Bottle	106.50		0.00	83	8,839.50	83	8,839.50
22	SACUBITRIL 24.3MG + VALSARTAN 25.7MG (50MG) TABLET	Tab	72.94	1,652	120,496.88	280	20,423.20	1,932	140,920.08
23	SACUBITRIL 48.6MG + VALSARTAN 51.4MG (100MG) TABLET	Tab	74.26	1,624	120,598.24	280	20,792.80	1,904	141,391.04

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

**DISTRIBUTION LIST**

ITEM	DESCRIPTION	UNIT	UNIT COST	PCGH	AMOUNT	PCCH	AMOUNT	QUANTITY	AMOUNT
24	SILVER SULFADIAZINE (MICRONISED) 1%, 500GM. JAR	JAR	1,140.00		0.00	1	1,140.00	1	1,140.00
25	SILVER SULFADIAZINE (MICRONIZED) 1% CREAM, 25GM. TUBE	Tube	155.74		0.00	166	25,852.84	166	25,852.84
26	TINZAPARIN SODIUM 10,000 anti-XA IU, 2ML	Vial	853.88	580	495,250.40		0.00	580	495,250.40
27	TOBRAMYCIN 0.3% EYE DROPS, 5ML	Bottle	336.00		0.00	8	2,688.00	8	2,688.00
28	TOBRAMYCIN 0.3%+ DEXAMETHASONE 0.1% EYE DROPS, 5ML	Bottle	264.00	16	4,224.00	16	4,224.00	32	8,448.00
29	TROPICAMIDE + PHENYLEPHRINE HCL 5MG+5MG/ML EYE DROPS, 10ML BOTTLE	Bottle	798.00		0.00	4	3,192.00	4	3,192.00
					<b>3,895,521.72</b>		<b>1,181,094.91</b>		<b>5,076,616.63</b>