



## REQUEST FOR QUOTATION

Date: 15 April 2024  
RFQ No.: **R1 100-24-01-264**

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 ONE (1) UNIT OF NERVE STIMULATOR - PASIG CITY CHILDREN'S HOSPITAL** with an Approved Budget for the Contract (ABC) of **Php 100,000.00**, 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.

| ITEM NO. | ITEM DESCRIPTION  | BRAND NAME<br><u>(PLEASE DO NOT LEAVE BLANK)</u> | QTY | UOM  | APPROVED BUDGET |            | PRICE OFFER |            |
|----------|---|--|-----|------|-----------------|------------|-------------|------------|
|          |   |  |     |      | UNIT COST       | TOTAL COST | UNIT COST   | TOTAL COST |
| 1        | <b>Nerve Stimulator,</b><br>Sequential Electrical Nerve Stimulation which utilizes an alternating sequenced stream or series of electrical pulses of varying pulse duration at any given time<br>- Variable pulse duration setting<br>- Stimulation Current 0.00-5.00mA, allows extreme precise adjustment of stimulation current from 0.00-1.00<br>- Stimulation Frequency: 1Hz, 2Hz, 3Hz<br>- Stimulation Duration: 0.05ms-0.10ms- 0.30ms- 0.5ms-1.00ms<br>- Polarize Plug- 4 polar plug for connecting the electrode cable to the stimulation needle and skin electrode<br>- Built in impedance monitor<br>- Large display for easier viewing<br>- Each stimulation pulse should generate a clear click or beep sound; the sound pitch increases from a low pitch during maximum stimulus current to a high pitch when the current threshold is being approached<br>- Menus designed for easy control of |  | 1   | unit | 100,000.00      | 100,000.00 |             |            |

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|  |                   |  |  |                                   |  |  |  |
|--|-------------------|--|--|-----------------------------------|--|--|--|
| sounds and other settings<br>- Direct access keys allow quick changes to stimulus frequency and pulse duration stimulating needle<br>- Battery operated- battery included<br>- With at least 10pcs G20x100mm (or its equivalent) stimulating needle and at least 10pcs G22x50mm (or its equivalent) stimulating needle |                   |  |  |                                   |  |  |  |
| <b>GRAND TOTAL COST</b>  | <b>IN FIGURES</b> |  |  | <b>PHP 100,000.00</b>             |  |  |  |
|  | <b>IN WORDS</b>   |  |  | <b>ONE HUNDRED THOUSAND PESOS</b> |  |  |  |
| 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.  |                   |  |  |                                   |  |  |  |
| <b>NOTE:</b> Other terms, conditions, and requirements are stipulated in the attached Terms of Reference, if any.  |                   |  |  |                                   |  |  |  |
| <b>PRICE OFFER:</b> Unit and Total Prices shall be rounded off up to <i>two</i> (2) decimal places.  |                   |  |  |                                   |  |  |  |
| <b>VALIDITY OF OFFER:</b> Within Ninety (90) calendar days from the date of opening of quotation.  |                   |  |  |                                   |  |  |  |
| <b>DELIVERY TERM:</b> Within <b>NINETY (90)</b> calendar days upon the receipt of Notice to Proceed.   |                   |  |  |                                   |  |  |  |

*\*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*

#### TERMS OF REFERENCE

**PROJECT NAME: VARIOUS MEDICAL EQUIPMENT**

- At least three (3) Good Performance Certificate from end-user/institution to be submitted during post qualification

**TRAININGS**

- The winning bidder must conduct a training for the familiarization of the operating procedures of the equipment (Product - Demo) for at least ten (10) staff members of the Department.

**WARRANTY**

One-year warranty for parts and two (2) years services after the acceptance by the end-user/authorized hospital personnel with two (2) years preventive maintenance to be conducted twice a year.

**DELIVERY CONDITIONS:**

- All deliveries must be done in the presence of Inspection Team consisting of (1) PCCH End-user and one (1) authorized representative from PMMS.
- The proponent is responsible for the notifications, transportation and delivery of the equipment at no cost to the government.

**DELIVERY PERIOD**

Within ninety (90) calendar days upon issuance and receiving of Notice to Proceed.

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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:**

- 1. 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.
- 2. PhilGEPS Registration Number**
- 3. 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.
- 4.** Accomplished and notarized Omnibus Sworn Statement (Form can be downloaded thru <https://www.gppb.gov.ph/downloadable-forms/#tab-61412> )
- 5. 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), 4<sup>th</sup> 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, 4<sup>th</sup> Floor, Pasig City Hall", and properly marked with the Project Title as provided herein.


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

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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](mailto: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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