



Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 7887559
Procuring Entity PHILIPPINE RECLAMATION AUTHORITY
Title 45,400 pcs KF94 PROTECTIVE FACE MASK
Area of Delivery Metro Manila

Solicitation Number: 21-07-0673	Status	Active
Trade Agreement: Implementing Rules and Regulations	Associated Components	2
Procurement Mode: Shopping - Ordinary/Regular Office Supplies & Equipment (Sec. 52.1.b)	Bid Supplements	0
Classification: Goods	Document Request List	3
Category: Safety and Occupational Products	Date Published	02/08/2021
Approved Budget for the Contract: PHP 998,800.00	Last Updated / Time	02/08/2021 00:00 AM
Delivery Period: 14 Day/s	Closing Date / Time	05/08/2021 17:00 PM
Client Agency:		
Contact Person: Angela Rodrigo Project Management Officer B 7th Flr., Legaspi Tower 200, 107 Paseo de Roxas, Legaspi Village Makati City Metro Manila Philippines 1226 63-2-84595000 Ext.7203 bac@pea.gov.ph		

Description

Qty. UNIT DESCRIPTION
45,400 pieces. KF94 Protective Face Mask

See attached specifications page
Delivery period: 14 calendar days
Approved Budget for the Contract: Php 998,800.00 ONLY

Quotation Issue Date: AUGUST 02, 2021
Quotation Closing Date: AUGUST 05, 2021
Approved Budget for the Contract (ABC): Php998,800.00
Description of Goods and Quantity Required: 45,400 pcs KF94 PROTECTIVE FACE MASK

DOCUMENTARY REQUIREMENTS:

1. Accomplished Quotation Form and Specifications Form (See Attached)
2. PhilGEPS Registration Number

3. Valid Business/ Mayor's Permit[1,2]

Please use PDF (preferred) or IMAGE file extension for email submission.

Note:

[1]Valid PhilGEPS Certificate of Platinum Membership may be submitted in lieu of Mayor's Permit and PhilGEPS Registration Number.

[2]Expired Business/ Mayor's Permit with Official Receipt of renewal application may be submitted, subject to submission of current and valid Business/ Mayor's Permit after award of contract but before payment (GPPB Resolution No. 09-2020 dated 07 May 2020).

Line Items

Item No.	Product/Service Name	Description	Quantity	UOM	Budget (PHP)
1	KF94 PROTECTIVE FACE MASK	See technical specifications.	45,400	Piece	998,800.00

Other Information

Please visit www.pea.gov.ph or message bac@pea.gov.ph if you can't download the associated components.

Created by Angela Rodrigo

Date Created 01/08/2021

The PhilGEPS team is not responsible for any typographical errors or misinformation presented in the system. PhilGEPS only displays information provided for by its clients, and any queries regarding the postings should be directed to the contact person/s of the concerned party.



Philippine Reclamation Authority (PRA)

7th. Floor, Legaspi Towers 200, 107 Paseo de Roxas, Makati City
Tel. No. 459-5000 loc. 7203

QUOTATION FORM

_____ Date

SUPPLIER: _____

PhilGEPS Registry No. _____

ADDRESS: _____

TEL. NO.: _____

WEBSITE: _____

TIN. NO.: _____

E-MAIL: _____

INSTRUCTIONS:

1. Fill in all the blanks and place checkmarks on applicable boxes.
2. Quote your lowest net government price(s), taxes included, F. O. B. destination, for the item(s)/service(s) listed hereunder, indicating the shortest time of delivery and furnishing this Office with descriptive brochures, catalogues (if available), and/or samples (if required).
3. Indicate the brand name of the offered item/s and delivery charges (if applicable).
4. In case you are the **EXCLUSIVE MANUFACTURER, DISTRIBUTOR OR AGENT IN THE PHILIPPINES**, attach appropriate documents to the said effect.
5. E-mail duly accomplished form to bac@pea.gov.ph or submit said form to PRA Office (BAC Secretariat). **ONLINE SUBMISSION IS PREFERRED.**

No.	Qty.	UNIT	DESCRIPTION	BRAND NAME (if applicable)	UNIT PRICE *	TOTAL AMOUNT *
1.	45,400	pieces.	KF94 Protective Face Mask			
			See attached specifications page			
			Delivery period: 14 calendar days			
			Approved Budget for the Contract: Php 998,800.00 ONLY			
			-- Nothing Follows --			

* Note: Amount shall be inclusive of taxes and delivery charges (if applicable).

Terms and Conditions (FILL-OUT AND COMPLY REQUIREMENTS):

1. Payment shall be in the form of **Company Check** and price validity shall be **30 calendar days**.
2. Availability of item/s: Delivery Pick-up within _____ calendar days (c.d.) upon receipt of Purchase Order (P.O.).
3. Warranty period: Not Applicable Applicable warranty period shall be _____.
4. Indicate if quotation is: VAT inclusive Non-VAT (**attach certification**).
5. **Supplier/s must submit a copy of the following documents per 2016 Revised IRR of R.A. 9184:**
 - i. Valid PhilGEPS Registration Number
 - ii. Mayor's/Business Permit^{1,2}.
6. Suppliers must download the attached document of a bid before the closing date to be included in the Document Request List (DRL). Suppliers must be registered in PhilGEPS.
7. By submitting this quotation, supplier is authorizing PRA to deduct the following from the total amount as payment for taxes:

	VAT Taxpayer	Non-VAT Taxpayer
Expanded Withholding TAX	2%	2%
Gross Money Payment	5%	3%
TOTAL	7%	5%

QUOTED BY:

Signature

Printed Name

Position

¹ Valid PhilGEPS Certificate of Platinum Membership may be submitted in lieu of Mayor's Permit and PhilGEPS Registration No.

² Expired Business/ Mayor's Permit with Official Receipt of renewal application may be submitted, subject to submission of current and valid Business/ Mayor's Permit after award of contract but before payment (GPPB Resolution No. 09-2020 dated 07 May 2020).

SPECIFICATIONS

45,400 pcs KF94 PROTECTIVE FACE MASK

APPROVED BUDGET FOR THE CONTRACT (ABC): Php 998,800.00 ONLY

Minimum Requirement	COMPLY (Yes/ No)	Remarks
1. Approved by FDA		
2. Comfortable breathing		
3. Excellent Adhesion		
4. Ergonomic Design		
5. Anti-Frosting		
6. ISO-Certificate Holder		
7. Antibacterial Dust-Proof Mask		
8. High-performance mask using MB filters		
9. Individually packed to ensure quality and safety		
10. 3-D Design		
11. Lightweight		
12. Preferred Color: Black (White if black is not available)		
13. Materials:		
i. 4 layers		
ii. Polypropylene spun bond non-woven fabric		
iii. Polypropylene melt-blown bond non-woven fabric		
iv. Polypropylene clad wire		
v. Nylon/Polyurethane strap		

Note: Supplier must be ready to provide proof of compliance (e.g., pictures, brochures, laboratory results or certification) and sample when required by the BAC for evaluation purposes.

SIGNED:

Signature Printed Name Position

For inquiries on technical specifications, contact:

Ms. Sheila Audrey A. Cureg

Supply Officer II

0927-638-8877