



Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 8994751
Procuring Entity PHILIPPINE RECLAMATION AUTHORITY
Title SUPPLY AND ADMINISTRATION OF INFLUENZA AND PNEUMONIA VACCINES
Area of Delivery Metro Manila

Solicitation Number: 22-06-0538	Status	Active
Trade Agreement: Implementing Rules and Regulations		
Procurement Mode: Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Associated Components	2
Classification: Goods	Bid Supplements	0
Category: Medical Supplies and Laboratory Instrument		
Approved Budget for the Contract: PHP 329,340.00	Document Request List	6
Delivery Period:		
Client Agency:	Date Published	08/09/2022
Contact Person: Angela Rodrigo BAC Secretariat Member PNOC Bldg. 3, PNOC Compound Energy Center, Rizal Drive Bonifacio Global City Taguig City Metro Manila Philippines 63-2-84595000 Ext.7202 bac@pea.gov.ph	Last Updated / Time	08/09/2022 00:00 AM
	Closing Date / Time	12/09/2022 17:00 PM

Description

-- SEE ATTACHED QUOTATION FORM FOR THE PARTICULARS --

REQUIRED SUPPORTING DOCUMENTS (attachment to your quotation):

1. Accomplished Quotation and Specifications Form
2. PhilGEPS Registration Number
3. Valid Business/ Mayor's Permit for 2022
4. Notarized Omnibus Sworn Statement (with notarized Secretary Certificate for partnership or corporation)

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

Good day!

May we invite you to submit a quotation for the above-mentioned requirements of Philippine Reclamation Authority (PRA).

Please fill up the attached quotation form and submit the same with the required supporting documents. You can send it in hardcopy to PRA Temporary Office Located at:

Bldg. 3 PNOC Compound
 Energy Center, Rizal Drive
 Bonifacio Global City
 Fort Bonifacio, Taguig City

You may also email your proposal to bac@pea.gov.ph for the attention of BAC Secretariat. Online submission is preferred. Kindly check our website at <http://www.pea.gov.ph> for announcement of office hours during the community quarantine.

Quotation must be submitted on or before the quotation closing date as shown above. Quotation received with

incomplete requirements and those received after the closing date will not be accepted. You may write your queries and concerns to bac@pea.gov.ph.

Line Items

Item No.	Product/Service Name	Description	Quantity	UOM	Budget (PHP)
1	Influenza and Pneumonia Vaccines	See quotation form	1	Lot	329,340.00

Other Information

Email bac@pea.gov.ph for your online submission or queries related to this procurement. The advertisement is also posted at www.pea.gov.ph.

Created by Angela Rodrigo

Date Created 07/09/2022

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.



Republic of the Philippines
OFFICE OF THE PRESIDENT
PHILIPPINE RECLAMATION AUTHORITY

7th floor, Legaspi Towers 200 Bldg., 107 Paseo De Roxas St., Legaspi Village, 1226 City of Makati
 Tel. No.: (02) 459-5000 • Facsimile No.: (02) 815-2662
 Website: www.pea.gov.ph • Email: info@pea.gov.ph

REQUEST FOR QUOTATION (Small Value Procurement)

Date: _____

Project Name:	SUPPLY AND ADMINISTRATION OF INFLUENZA AND PNEUMONIA VACCINES	PhilGEPS Ref. No.:	8994751
		Approved Budget for the Contract (ABC):	₱ 329,340.00
		Closing Date:	12 SEPT 2022

INSTRUCTIONS:

<ol style="list-style-type: none"> 1. Do not alter the contents of this form in any way. 2. Bidder shall provide correct and accurate information required in this form. 3. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by the duly authorized representative. 4. If another form is used other than this RFQ, the quotation shall contain all the mandatory requirements/provisions including manifestation on the agreement with the Terms and Conditions of this RFQ. 5. 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). 6. Indicate the brand name of the offered item/s (if applicable). 7. The Technical Specifications must be complied with. Failure to do so shall render the quotation ineligible/disqualified. 8. For EXCLUSIVE MANUFACTURER, DISTRIBUTOR OR AGENT IN THE PHILIPPINES, attach appropriate documents to the said effect. 9. E-mail duly accomplished form to bac@pea.gov.ph or submit said form to PRA Office (BAC Secretariat). ONLINE SUBMISSION IS PREFERRED. 10. Quotations, including documentary requirements, received after the Closing Date/Deadline shall not be accepted. 11. Quotations exceeding the Approved Budget for the Contract (ABC) shall be rejected. 	<p><u>ATTACH THE FOLLOWING DOCUMENTS WITH YOUR QUOTATION</u></p> <ul style="list-style-type: none"> ✓ Valid PhilGEPS Registration Number ✓ Mayor's/Business Permit for 2022 ✓ Notarized Omnibus Sworn Statement (With Secretary Certificate for partnership/ corporation) <p><i>(Per 2016 Revised IRR of R.A. 9184)</i></p>
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SUPPLIER INFORMATION (Fill-out completely):

Company Name:		PhilGEPS Reg. No.:	
		TIN:	
Address and Website		Email Address:	
		Contact Number:	

OFFICIAL QUOTATION FROM THE SUPPLIER:

NO.	QTY.	UNIT	DESCRIPTION	BRAND NAME (if applicable)	UNIT PRICE*	TOTAL PRICE (Unit Price x Qty)*
1.	198	units	Influenza Vaccine Quadrivalent (Flu Vaccine)			
2.	39	units	Pneumococcal Polysaccharide Vaccine 23 Valent			
			Includes administration of vaccines Refer to Terms of Reference (pages 2-4)			
			Location: Bldg. 3 PNOC Compound, Energy Center, Rizal Drive, Bonifacio Global City, Fort Bonifacio, Taguig City			
GRAND TOTAL IN PHILIPPINE PESO:						

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

Quoted by:

Signature Over Printed Name of Authorized Representative :		Position:	
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Modified Ver. as of
 June 2022
 Page 1 of 4

TERMS AND CONDITIONS (Fill-out completely the required information):

1. Payment shall be in the form of **Company Check** and price validity shall be **45 calendar days**.
2. Availability of item/s: **Refer to TERMS OF REFERENCE**
 - Delivery Within _____ calendar days (c.d.) upon receipt of Purchase Order (P.O.)
 - Pick-up
3. For Goods, the item/s shall be inspected on the scheduled date and time of the Procuring Unit.
4. Warranty period:
 - Not Applicable
 - Applicable warranty period shall be _____.
5. Indicate if quotation is:
 - VAT INCLUSIVE
 - NON-VAT (**ATTACH CERTIFICATION**)
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. Supplier must be ready to provide proof of compliance (pictures, brochure, certification, etc.) and sample when required by the BAC for evaluation purposes.
8. By submitting this quotation, supplier is authorizing PRA to deduct the following from the total amount as payment for taxes:

	GOODS				SERVICES			
	EXPANDED W/ TAX	TAX CERTIFICATE	FINAL VAT	TAX CERTIFICATE	EXPANDED W/ TAX	TAX CERTIFICATE	FINAL VAT	TAX CERTIFICATE
VATABLE	1%	BIR Form 2307	5%	BIR Form 2307	2%	BIR Form 2307	5%	BIR Form 2307
NON-VAT	1%	BIR Form 2307	1%	BIR Form 2306	2%	BIR Form 2307	1%	BIR Form 2306

TERMS OF REFERENCE

PARTICULARS	COMPLY / NOT COMPLY	REMARKS									
I. PROJECT TITLE: 2022 Vaccination Program: PRA Officials, Employees, and Service Contractors.											
II. IMPLEMENTATION DATE: The guaranteed availability of vaccines must be on September 2022. The actual date of administration shall be on the agreed schedule set by PRA and the Supplier.											
III. TYPE, QUANTITY & LOCATION: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">TYPE</th> <th style="width: 30%;">DOSE</th> <th style="width: 40%;">LOCATION</th> </tr> </thead> <tbody> <tr> <td>Influenza Vaccine Quadrivalent</td> <td>198 doses</td> <td>PRA temporary Office at PNOC Office</td> </tr> <tr> <td>Pneumococcal Polysaccharide Vaccine 23 Valent Vaccine</td> <td>39 doses</td> <td>PRA temporary Office at PNOC Office</td> </tr> </tbody> </table>	TYPE	DOSE	LOCATION	Influenza Vaccine Quadrivalent	198 doses	PRA temporary Office at PNOC Office	Pneumococcal Polysaccharide Vaccine 23 Valent Vaccine	39 doses	PRA temporary Office at PNOC Office		
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IV. INCLUSIONS: Supply, delivery, and administration of the following: 1. Influenza Vaccine Quadrivalent 2. Pneumococcal Polysaccharide Vaccine 23 Valent Vaccine 3. Administration Services Package (MD, RN, and medical supplies)											

Quoted by:

Signature Over Printed Name of Authorized Representative :		Position:	
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PARTICULARS			COMPLY / NOT COMPLY	REMARKS								
V. SPECIFICATIONS:												
	<table border="1"> <thead> <tr> <th>No.</th> <th>Vaccine</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>INFLUENZA VACCINE QUADRIVALENT</td> <td> <ul style="list-style-type: none"> 0.5ml pre-filled syringe, Single-dose, Suspension for Injection (IM/SC) 2022 WHO Southern Hemisphere Recommended Strains </td> </tr> <tr> <td>2</td> <td>PNEUMOCOCCAL POLYSACCHARIDE VACCINE 23 VALENT</td> <td> <ul style="list-style-type: none"> 0.5ml pre-filled syringe Solution for Injection (SC/IM) Each 0.5ml dose of vaccine contains 25mcg of each of the following 23 Pneumococcal polysaccharides serotypes: 1, 2, 3, 4,5, 6B, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19F, 19A, 20, 22F, 23F, 33F </td> </tr> </tbody> </table>	No.	Vaccine	Description	1	INFLUENZA VACCINE QUADRIVALENT	<ul style="list-style-type: none"> 0.5ml pre-filled syringe, Single-dose, Suspension for Injection (IM/SC) 2022 WHO Southern Hemisphere Recommended Strains 	2	PNEUMOCOCCAL POLYSACCHARIDE VACCINE 23 VALENT	<ul style="list-style-type: none"> 0.5ml pre-filled syringe Solution for Injection (SC/IM) Each 0.5ml dose of vaccine contains 25mcg of each of the following 23 Pneumococcal polysaccharides serotypes: 1, 2, 3, 4,5, 6B, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19F, 19A, 20, 22F, 23F, 33F 		
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I. ADMINISTRATION SERVICE INCLUSIONS:												
<ul style="list-style-type: none"> Completion of Pre-Vaccination Survey forms Shall be administered either simultaneously or on separate dates (based on DOH approved vaccination interval.) Vaccination activities must be done at the PRA's most convenient time & venue Agreed ratio between medical professionals and patients in compliance with social distancing protocols to reduce the spread of possible infection(s) A vaccination team of dedicated & highly skilled doctor and nurses in proper PPE Vaccines should be safely stored and transported according to set standards Cotton balls, alcohol, and vaccination record to be provided by the supplier. Collection of vaccination waste and its proper disposal should be observed. 												
II. REQUIREMENTS:												
<ol style="list-style-type: none"> The supply and delivery of vaccines should be at the PRA temporary Office in PNO Compound, BGC, Taguig city on the agreed schedule by the supplier and PRA. The supplier shall ensure the availability of the vaccines within fifteen calendar (15) days upon receipt of the Notice to Proceed (NTP) and must coordinate with the PRA-assigned officer regarding the screen test, delivery, and implementation of the administration of vaccines. Cold Chain Storage during the supply, delivery, and administration must be maintained. Vaccinators must be licensed nurse(s) and should be under the supervision of a physician. The supplier must submit photocopies of PRC licenses of their vaccinator(s) and physician(s) a week before the scheduled 2022 PRA Vaccination Program. Vaccinators shall submit a negative COVID-19 result a day before the scheduled vaccination date using any of the following: Antigen, Saliva, or RT-PCR tests. The supplier must be Food and Drugs Administration (FDA) accredited. All vaccines should have Certificates of Product Registration from the FDA. Expiration dates: (a) at least six (6) months for Pneumonia Vaccines from the delivery date, and (b) 31 December 2022 for Influenza Vaccines. The supplier must provide individual immunization cards for each employee/personnel. 												

Quoted by:

Signature Over Printed Name of Authorized Representative :		Position:	
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PARTICULARS	COMPLY / NOT COMPLY	REMARKS												
<p>10. All materials (Ref thermometer, etc.), medical supplies (alcohol, cotton balls, syringe, etc.), and other necessary paraphernalia for the vaccination program shall be provided by the supplier.</p> <p>11. The supplier is responsible for the proper disposal of all used materials and articles, especially the needles and syringes.</p> <p>12. The implementation schedule shall be based on agreed dates by the supplier and the PRA.</p> <p>13. A series of meetings between the PRA-assigned officer and the supplier must be conducted before, during, and after the Vaccination Program and midway through writing the Vaccination Report.</p> <p>14. The Vaccination Report should be submitted in hard and soft copies to the PRA before the issuance of the Certificate of Completion.</p> <p>15. Payment of the vaccines and administration shall be made within fifteen (15) calendar days after submission of the Vaccination Report.</p>														
<p>III. ADMINISTRATION TIME FRAME OF INFLUENZA AND PNEUMOCOCCAL VACCINES:</p> <table border="1" data-bbox="193 891 1018 1128"> <thead> <tr> <th>SCHEDULE</th> <th>VENUE</th> <th>ACTIVITY</th> </tr> </thead> <tbody> <tr> <td>1ST Week (2-days)</td> <td>PRA Temporary Office at PNOG</td> <td>Administration of Vaccines</td> </tr> <tr> <td>2nd Week (1-day)</td> <td>PRA Temporary Office at PNOG</td> <td>Administration of Vaccines</td> </tr> <tr> <td>After two (2) weeks</td> <td>PRA Temporary Office at PNOG</td> <td>Vaccination Report submission</td> </tr> </tbody> </table>	SCHEDULE	VENUE	ACTIVITY	1 ST Week (2-days)	PRA Temporary Office at PNOG	Administration of Vaccines	2 nd Week (1-day)	PRA Temporary Office at PNOG	Administration of Vaccines	After two (2) weeks	PRA Temporary Office at PNOG	Vaccination Report submission		
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Quoted by:

Signature Over Printed Name of Authorized Representative :		Position:	
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Omnibus Sworn Statement (Revised)

[shall be submitted with the Bid]

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF _____) S.S.

AFFIDAVIT

I, [Name of Affiant], of legal age, [Civil Status], [Nationality], and residing at [Address of Affiant], after having been duly sworn in accordance with law, do hereby depose and state that:

1. *[Select one, delete the other:]*

[If a sole proprietorship:] I am the sole proprietor or authorized representative of [Name of Bidder] with office address at [address of Bidder];

[If a partnership, corporation, cooperative, or joint venture:] I am the duly authorized and designated representative of [Name of Bidder] with office address at [address of Bidder];

2. *[Select one, delete the other:]*

[If a sole proprietorship:] As the owner and sole proprietor, or authorized representative of [Name of Bidder], I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached duly notarized Special Power of Attorney;

[If a partnership, corporation, cooperative, or joint venture:] I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached [state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable)];

3. [Name of Bidder] is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, **by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;**

4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;

5. [Name of Bidder] is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. *[Select one, delete the rest:]*

[If a sole proprietorship:] The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical

Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

[If a partnership or cooperative:] None of the officers and members of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

[If a corporation or joint venture:] None of the officers, directors, and controlling stockholders of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. *[Name of Bidder]* complies with existing labor laws and standards; and
8. *[Name of Bidder]* is aware of and has undertaken the responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:
 - a. Carefully examining all of the Bidding Documents;
 - b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
 - c. Making an estimate of the facilities available and needed for the contract to be bid, if any; and
 - d. Inquiring or securing Supplemental/Bid Bulletin(s) issued for the *[Name of the Project]*.
9. *[Name of Bidder]* did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.
10. **In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.**

IN WITNESS WHEREOF, I have hereunto set my hand this ___ day of ___, 20__ at _____, Philippines.

[Insert NAME OF BIDDER OR ITS AUTHORIZED REPRESENTATIVE]

[Insert signatory's legal capacity]

Affiant

[Jurat]

[Format shall be based on the latest Rules on Notarial Practice]