



Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number	9084416
Procuring Entity	PHILIPPINE RECLAMATION AUTHORITY
Title	Seventy-Five (75) sets COVID CARE KITS
Area of Delivery	Metro Manila

Solicitation Number:	22-09-0950	Status	Active
Trade Agreement:	Implementing Rules and Regulations		
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Associated Components	1
Classification:	Goods	Bid Supplements	0
Category:	Drugs and Medicines		
Approved Budget for the Contract:	PHP 263,000.00	Document Request List	10
Delivery Period:	20 Day/s		
Client Agency:			
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	Date Published	06/10/2022
		Last Updated / Time	06/10/2022 00:00 AM
		Closing Date / Time	10/10/2022 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 PNO 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.

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 05/10/2022

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:	Seventy-Five (75) sets COVID CARE KITS	PhilGEPS Ref. No.:	9084416
		Approved Budget for the Contract (ABC):	₱ 263,000.00
		Closing Date:	10 OCTOBER 2022

INSTRUCTIONS:

<ol style="list-style-type: none">Do not alter the contents of this form in any way.Bidder shall provide correct and accurate information required in this form.Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by the duly authorized representative.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.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).Indicate the brand name of the offered item/s (if applicable).The Technical Specifications must be complied with. Failure to do so shall render the quotation ineligible/disqualified.For EXCLUSIVE MANUFACTURER, DISTRIBUTOR OR AGENT IN THE PHILIPPINES, attach appropriate documents to the said effect.E-mail duly accomplished form to bac@pea.gov.ph or submit said form to PRA Office (BAC Secretariat). ONLINE SUBMISSION IS PREFERRED.Quotations, including documentary requirements, received after the Closing Date/Deadline shall not be accepted.Quotations exceeding the Approved Budget for the Contract (ABC) shall be rejected.	ATTACH THE FOLLOWING DOCUMENTS WITH YOUR QUOTATION
<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 style="text-align: right;"><i>(Per 2016 Revised IRR of R.A. 9184)</i></p>	

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.	75	set	COVID CARE KIT			
			See Technical Specifications (page 2)			
			Delivery within 20 calendar days at: <i>Bldg. 3 PNOC Compound, Energy Center, Rizal Drive, Bonifacio Global City, Fort Bonifacio, Taguig City</i>			
			*Attach proof of FDA approvals			
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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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:
 - Delivery Within 20 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

TECHNICAL SPECIFICATIONS

MINIMUM SPECIFICATIONS	COMPLY / NOT COMPLY	REMARKS
75 sets COVID CARE KIT, to include the following:		
Digital Thermometer <ul style="list-style-type: none"> - Branded - Power consumption: 0.1 Mw - Sensing Unit: Thermistor - Temperature Display: 3-digit, + °C (°F) display in 0.1-degree increments - Measurement Accuracy: <ul style="list-style-type: none"> ± 0.1 °C (32.0 to 42.0 °C) ± 0.2 °F (89.6 to 107.6 °F) (when measured at a standard room temperature of 23°C (73.4 °F) in a test tank held at constant temperature - Measurement Range: 32.0 to 42.0 °C (89.6 to 107.6 °F) - Usage Environment Temp and Humidity: Surrounding temperature -20 to +60 °C (-4 to + 140 °F), Relative Humidity 10-95%RH - With battery installed - With warranty replacement 		
Pulse Oximeter <ul style="list-style-type: none"> - Branded - Measures oxygen level - Measures pulse rate - Full-color display 		

Quoted by:

Signature Over Printed Name of Authorized Representative :		Position:	
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MINIMUM SPECIFICATIONS	COMPLY / NOT COMPLY	REMARKS
<ul style="list-style-type: none"> - 360-degree rotatable view - With batteries - With warranty replacement 		
<p>Nasal Spray</p> <ul style="list-style-type: none"> - Branded - Contains salt solution, carrageenose (carrageenan) - Eliminate common cold and flu viruses - Reduces chances of relapse of cold and flu-like symptoms - Steroid free and drug free - Bottle, at least 20 ml - FDA approved 		
<p>Electrolyte Drink</p> <ul style="list-style-type: none"> - Branded - Oral rehydration solution for prevention and treatment of dehydration - Bottle, 1 liter - FDA approved 		
<p>Paracetamol</p> <ul style="list-style-type: none"> - Branded - Coated tablet/capsule - Pain reliver/fever reducer - Contains paracetamol - At least 30 tablets/capsules per bottle/box - Expiration: at least one (1) year and six (6) months from delivery date to PRA - FDA approved 		
<p>Carbocisteine</p> <ul style="list-style-type: none"> - Branded - Hard gelatin capsule - Contains carbocisteine - At least 30 capsules per bottle/box - Expiration: at least one (1) year and six (6) months from delivery date to PRA - FDA approved 		
<p>Gargle Solution</p> <ul style="list-style-type: none"> - Branded - Kills germ causing sore throat - Gargle or oral solution - For relief of dryness or minor irritation or infection of mouth and throat - Contains active povidone iodine or hexetidine or chlorhexidine gluconate - Bottle, at least 380 ml - Expiration: at least one (1) year and six (6) months from delivery date to PRA - FDA approved 		
<p>Vitamin D</p> <ul style="list-style-type: none"> - Branded - Soft gel capsule - Contains colecalciferol (Vitamin D3) 		

Quoted by:

Signature Over Printed Name of Authorized Representative :		Position:	
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MINIMUM SPECIFICATIONS	COMPLY / NOT COMPLY	REMARKS
<ul style="list-style-type: none"> - At least 30 tablets/capsules per container/box - Expiration: at least one (1) year and six (6) months from delivery date to PRA - FDA approved 		
<p>Antihistamine</p> <ul style="list-style-type: none"> - Branded - Tablet/Capsule - For relief from sneezing, nasal discharge and itching - Contains cetirizine/loratadine - At least 5 tablets/capsules per container/box - Expiration: at least one (1) year and six (6) months from delivery date to PRA - FDA Approved - Expiration: at least one (1) year and six (6) months from delivery date to PRA 		
<p>Packaging: The above items must be placed in a plastic pouch or bag with zipper and strap.</p>		
<p>Delivery within 20 calendar days at: <i>Bldg. 3 PNO Compound, Energy Center, Rizal Drive, Bonifacio Global City, Fort Bonifacio, Taguig City</i></p>		

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]