



Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 7680153
Procuring Entity PHILIPPINE RECLAMATION AUTHORITY
Title 220 sets COVID-19 CARE KITS
Area of Delivery Metro Manila

Solicitation Number: 21-05-0409	Status	Active
Trade Agreement: Implementing Rules and Regulations	Associated Components	2
Procurement Mode: Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Bid Supplements	0
Classification: Goods	Document Request List	4
Category: Drugs and Medicines	Date Published	10/05/2021
Approved Budget for the Contract: PHP 660,000.00	Last Updated / Time	10/05/2021 00:00 AM
Delivery Period: 20 Day/s	Closing Date / Time	14/05/2021 17:00 PM
Client Agency:		
Contact Person: Angela Estribor 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

- DOCUMENTARY REQUIREMENTS:
1. Accomplished Quotation Form and Specifications Form (SEE ATTACHED)
 2. PhilGEPS Registration Number
 3. Valid Business/ Mayor's Permit_{1,2}
 4. Omnibus Sworn Statement₃
 5. Secretary Certificate (for corporation or partnership)
 6. Latest Income/Business Tax Returns

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

QTY. UNIT DESCRIPTION
 220 sets COVID-19 CARE KITS
 Refer to SPECIFICATIONS form (page 2)
 Delivery period: 20 calendar days
 Approved Budget for the Contract:
 Php 660,000.00 ONLY

Line Items

Item No.	Product/Service Name	Description	Quantity	UOM	Budget (PHP)
1	COVID-19 CARE KITS	See technical specifications.	220	Set	660,000.00

Other Information

If you can't download the forms, please contact bac@pea.gov.ph.
 Please let us know if you are submitting hardcopies instead of electronic documents.

Created by Angela Estribor Rodrigo
Date Created 09/05/2021



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.: _____

TIN. NO.: _____ WEBSITE: _____

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.	220	sets	COVID-19 CARE KITS			
			Refer to SPECIFICATIONS form (page 2)			
			Delivery period: 20 calendar days			
			Approved Budget for the Contract: Php 660,000.00 ONLY			

- 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:**
 - Valid PhilGEPS Registration Number
 - Mayor's/Business Permit^{1,2}
 - Latest Income/Business Tax Returns
 - Omnibus Sworn Statement (include Secretary Certificate for partnership or corporation)³
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).

³ Unnotarized Omnibus Sworn Statement (with Secretary Certificate for Corporations or Partnership) may be submitted, subject to submission of the notarized OSS after award of contract but before payment (GPPB Resolution No. 09-2020 dated 07 May 2020).

TECHNICAL SPECIFICATIONS

PROJECT: 220 sets COVID-19 CARE KITS

APPROVED BUDGET FOR THE CONTRACT (ABC): PHP 660,000.00 ONLY

Item	Technical Specifications	Comply/Not Comply/Remarks
Thermometer (Digital)	<ul style="list-style-type: none"> ➤ branded ➤ Power Consumption: 0.1Mw ➤ 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 +10 to +40°C (+50 to +104°F), Relative Humidity 30-85%RH ➤ Storage Environment Temp and Humidity: Surrounding temperature -20 to +60°C (-4 to +140°F), Relative Humidity 10-95%RH ➤ with battery installed 	
Pulse Oximeter	<ul style="list-style-type: none"> ➤ branded ➤ Measures oxygen level ➤ Measures Pulse rate ➤ Full-color display ➤ 360-degree rotatable view ➤ with 2 (AAA batteries) 	
Multivitamins	<ul style="list-style-type: none"> ➤ branded ➤ film coated tablet ➤ for prevention and treatment of vitamin and mineral deficiencies. ➤ contains: Vitamin A, Vitamin B1, Vitamin B2, Vitamin B3, Vitamin B5, Vitamin B6, Vitamin B7, Vitamin B9, Vitamin B12, Vitamin C, Vitamin D3, Vitamin E, Vitamin K1, Calcium, Chromium, Copper, Iodine, Iron, Lutein, Lycopene, Magnesium, Manganese, Phosphorus, Potassium, Selenium, Zinc. ➤ 30 tablets 	
Vitamin C with Zinc	<ul style="list-style-type: none"> ➤ Branded ➤ film-coated tablet ➤ contains Sodium Ascorbate, Zinc Sulfate Monohydrate ➤ 30 tablets 	
Vitamin D	<ul style="list-style-type: none"> ➤ branded ➤ Soft gel capsule ➤ contains colecalciferol (Vitamin D3) ➤ 30 tablets 	
Electrolyte Drink	<ul style="list-style-type: none"> ➤ branded ➤ Oral rehydration solution for prevention and treatment of dehydration ➤ bottle, 1 liter 	
Paracetamol + Ibuprofen	<ul style="list-style-type: none"> ➤ branded ➤ coated tablet/capsule ➤ pain reliever/fever reducer ➤ contains paracetamol and ibuprofen. ➤ 30 tablets/capsules 	
Cough Medicine	<ul style="list-style-type: none"> ➤ branded ➤ hard gelatin capsule ➤ contains carbocisteine ➤ 30 capsules 	

Nasal Spray	<ul style="list-style-type: none"> ➤ branded ➤ contains salt solution, carragelose (carrageenan) ➤ eliminate common cold and flu viruses ➤ reduces chances of relapse of cold and flu-like symptoms ➤ steroid free and drug free ➤ bottle, 20ml 	
Gargle Solution	<ul style="list-style-type: none"> ➤ branded ➤ kills germ causing sore throat ➤ gargle solution ➤ for relief of dryness or minor irritation of mouth and throat ➤ contains active povidone iodine or hexetidine. ➤ bottle, 500mL 	
The above items must be placed in a plastic pouch or bag with zipper and strap.		
Medicines, vitamins, supplements and solutions must be FDA approved.		
Thermometer (digital) and pulse oximeter must have replacement warranty.		

NOTE:

- Supplier must be ready to provide proof of compliance (pictures, brochure, certification, etc.) and sample when required by the BAC for evaluation purposes.

SIGNED:

Signature	Printed Name	Position
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For inquiries on technical specifications, contact:

Ms. Rosalie N. Timoteo
Human Resource Management Officer IV
(02) 8459-5000