



## Bid Notice Abstract

### Request for Quotation (RFQ)

**Reference Number** 7736387  
**Procuring Entity** PHILIPPINE RECLAMATION AUTHORITY  
**Title** PROCUREMENT OF INFLUENZA AND PNEUMONIA VACCINE (SUPPLY AND ADMINISTRATION)  
**Area of Delivery** Metro Manila

<b>Solicitation Number:</b>	21-05-0484	<b>Status</b>	Active
<b>Trade Agreement:</b>	Implementing Rules and Regulations	<b>Associated Components</b>	3
<b>Procurement Mode:</b>	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	<b>Bid Supplements</b>	0
<b>Classification:</b>	Goods	<b>Document Request List</b>	0
<b>Category:</b>	Drugs and Medicines	<b>Date Published</b>	02/06/2021
<b>Approved Budget for the Contract:</b>	PHP 624,480.00	<b>Last Updated / Time</b>	02/06/2021 00:00 AM
<b>Delivery Period:</b>	15 Day/s	<b>Closing Date / Time</b>	07/06/2021 17:00 PM
<b>Client Agency:</b>			
<b>Contact Person:</b>	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 Statement[3] (notarized OR not notarized)
5. Secretary Certificate[3] (for corporation or partnership)
6. Latest Income/Business Tax Returns

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

##### NO. QTY. UNIT DESCRIPTION

1. 178 pcs INFLUENZA VACCINE QUADRIVALENT
2. 162 pcs PNEUMOCOCCAL POLYSACCHARIDE VACCINE 23 VALENT

INCLUSION: Administration Services\*

Delivery period: 15 calendar days\*

\* REFER TO TERMS OF REFERENCE

Approved Budget for the Contract: Php 624,480.00 ONLY

##### 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).

[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).

##### Line Items

Item No.	Product/Service Name	Description	Quantity	UOM	Budget (PHP)
1	PROCUREMENT OF INFLUENZA AND PNEUMONIA VACCINE	SUPPLY AND ADMINISTRATION; See Terms of Reference	1	Lot	624,480.00

##### Other Information

Check PRA Website (www.pea.gov.ph) or message bac@pea.gov.ph if you can't download the associated documents.

**Created by** Angela Estribor Rodrigo

**Date Created** 01/06/2021



# 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: \_\_\_\_\_

TIN. NO.: \_\_\_\_\_

TEL. 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.	178	pcs	INFLUENZA VACCINE QUADRIVALENT			
2.	162	pcs	PNEUMOCOCCAL POLYSACCHARIDE VACCINE 23 VALENT			
			<b>INCLUSION: Administration Services*</b>			
			<b>Delivery period: 15 calendar days*</b>			
			<b>* REFER TO TERMS OF REFERENCE</b>			
			<b>Approved Budget for the Contract: Php 624,480.00 ONLY</b>			

- 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 ALL the following documents per 2016 Revised IRR of R.A. 9184:**
  - Valid PhilGEPS Registration Number
  - Mayor's/Business Permit<sup>1,2</sup>
  - Latest Income/Business Tax Returns
  - Omnibus Sworn Statement (include Secretary Certificate for partnership or corporation)<sup>3</sup>
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%
<b>TOTAL</b>	<b>7%</b>	<b>5%</b>

### QUOTED BY:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position

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

<sup>2</sup> 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).

<sup>3</sup> 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).

## PHILIPPINE RECLAMATION AUTHORITY TERMS OF REFERENCE

**I. PROJECT TITLE:**

2021 Vaccination Program for all PRA Officials, Employees & Contract of Service

**II. IMPLEMENTATION DATE:**

Guaranteed availability of vaccines must be June 2021

**III. TYPE, QUANTITY & LOCATION:**

1. INFLUENZA VACCINE QUADRIVALENT – 178 (PRA Head Office)
2. PNEUMOCOCCAL POLYSACCHARIDE VACCINE 23 VALENT – 162 (PRA Head Office)

**IV. INCLUSIONS:**

1. Influenza Vaccine Quadrivalent
2. Pneumococcal Polysaccharide Vaccine 23 Valent Vaccine
3. Administration Services Package

**V. SPECIFICATIONS:**

No.	Vaccine	Description
1	<b>INFLUENZA VACCINE QUADRIVALENT</b>	<ul style="list-style-type: none"> <li>• 0.5ml pre-filled syringe,</li> <li>• Single dose, Suspension for Injection (IM/SC)</li> <li>• 2021 WHO Recommended Strains</li> </ul>
2	<b>PNEUMOCOCCAL POLYSACCHARIDE VACCINE 23 VALENT</b>	<ul style="list-style-type: none"> <li>• 0.5ml prefilled syringe</li> <li>• Solution for Injection (SC/IM)</li> <li>• Each 0.5ml dose of vaccine contains 25mcg of each of the following 23 pneumococcal polysaccharides serotypes:</li> <li>• 1, 2, 3, 4, 5, 6B, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19F, 19A, 20, 22F, 23F, 33F</li> </ul>

**VI. INCLUSIONS**

No.	Description	Inclusions
3	<b>ADMINISTRATION SERVICES</b>	<ul style="list-style-type: none"> <li>• Pre-Vaccination Survey forms</li> <li>• Vaccination activities must be done at the PRA's most convenient time &amp; venue</li> <li>• The influenza and pneumococcal vaccines shall be administered on a separate schedule of at least seven calendar <u>(7) days apart</u></li> <li>• Agreed ratio of professionals versus patients to comply with distancing and protocols to reduce spread of possible infection(s)</li> <li>• A vaccination team of dedicated &amp; highly skilled doctor &amp; nurses with proper PPE</li> <li>• Vaccines safely stored &amp; transported according to set standards</li> <li>• Cotton balls, alcohol and vaccination record</li> <li>• Collection of vaccination waste and proper disposal</li> </ul>

## VII. APPROVED BUDGET FOR THE CONTRACT (ABC):

No.	Vaccine	Qty.	Unit Cost	Price (Php)
1.	<b>INFLUENZA VACCINE QUADRIVALENT</b>	178	935.00	166,430.00
2.	<b>PNEUMOCOCCAL POLYSACCHARIDE VACCINE 23 VALENT</b>	162	2,185.00	353,970.00
			<i>Contingency Fund (Ten Percent)</i> 20%	104,080.00
<b>Grand Total</b>				<b>*624,480.00</b>

\*inclusive of taxes.

## VIII. REQUIREMENTS:

1. Delivery of vaccines is at the PRA Head Office. Supplier must prepare 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 schedule.
2. Cold Chain Storage during delivery must be maintained.
3. Vaccinators shall be provided by the supplier. They must be licensed nurse(s) and should be under the supervision of a physician.
4. Supplier must submit photocopies of the PRC licenses of their vaccinator(s) and physician(s) a week before the implementation of the 2021 PRA Vaccination Program.
5. Vaccinators shall submit a negative COVID-19 result using any of the following: Antigen, Saliva or RT-PCR tests.
6. Supplier must be Food and Drugs Administration (FDA) accredited.
7. All vaccines should have Certificates of Product Registration from the FDA.
8. Expiration dates of at **least six (6) months for Pneumonia Vaccines** from the delivery date and until **31 December 2021 for Influenza Vaccines**.
9. Supplier must provide individual immunization record card for each employee/personnel.
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.
11. Supplier is responsible for the disposal of all used materials and articles, especially the needles and syringes.
12. Below is the time frame for mass conduct of the 2021 PRA Vaccine Program:

2021 PRA VACCINATION PROGRAM		
Schedule	Venue	Activity
<b>1<sup>st</sup> Week (2-days)</b>	<b>PRA Head Office</b>	<b>Vaccination of PNEUMOCOCCAL</b>
<b>2<sup>nd</sup> Week (2-days)</b>	<b>PRA Head Office</b>	<b>Vaccination of INFLUENZA</b>
<b>3<sup>rd</sup> Week</b>	<b>PRA Head Office</b>	<b>Vaccination Report Submission</b>

13. The implementation dates/schedule shall be set as agreed by the supplier and the PRA.
14. A series of meetings between the PRA assigned officer and the supplier must be done before, during and after the Vaccination Program, and midway in writing the Vaccination Report.
15. Vaccination Report should be submitted in hard and soft copy to the PRA before the release of the Certificate of Completion.
16. Payment of the vaccines and administration shall be made within fifteen (15) calendar days after submission of Vaccination Report.

**IX. MODE OF PROCURMENT:**

2016 Revised Implementing Rules and Regulation of Republic Act 9184 (IRR-R. A. 9184).

**X. PRA ASSIGNED PERSONEL:**

**NOEL F. CASIN**  
*Manager, HR Division*

**XI. CONTACT PERSON:**

**SANCHO GLENN A. LASTIMOSA**  
*Acting Division Manager – GSD*  
**PHILIPPINE RECLAMATION AUTHORITY**  
 7F Legaspi Towers 200, 107 Paseo de Roxas, Makati City  
 Tel. No. (02) 459-5000 / +63 91175878442

Prepared by: \_\_\_\_\_

Reviewed by:

**SANCHO GLENN A. LASTIMOSA**  
*Acting Division Manager – GSD*

**ROLANDO V. MAJADAS**  
*Manager, Admin. Services Dept.*

CONFORME:

Approved:  / Disapproved:

\_\_\_\_\_  
 Name and Signature of  
 Authorized Representative:

**ATTY. JAMILLO E. RUBIATO**  
*General Manager & CEO*

\_\_\_\_\_  
 Company Name