



Republic of the Philippines
QUEZON CITY GOVERNMENT
BIDS AND AWARDS COMMITTEE
 2nd Floor, Procurement Department,
 Finance Building, Quezon City Hall Compound



REQUEST FOR QUOTATION
NEGOTIATED PROCUREMENT
SECTION 53.9

Date: November 24, 2020
 PR No: GF-20-05-00737

Name of Company : _____
 Address : _____
 Contact No. : _____
 Project Title : **RM – Dental Unit**
 Approved Budget for the Contract : **Php 242,400.00**
 End-User / Implementing Office : **QUEZON CITY HEALTH DEPARTMENT**

Please quote your best offer for the item/s described below, subject to the Terms and Conditions provided. Submit your quotation duly signed by you or your duly authorized representative not later than **November 27, 2020, 10:00 a.m.** Philippine Standard Time, together with the following documents of your company:

- 1 PhilGEPS certificate (not expired on the time of opening of quotations);
- 2 Business Registration (DTI / SEC);
- 3 Mayor's/Business Permit (2020);
- 4 Tax Clearance;
- 5 Income/Business Tax Return (for FY 2018) (For ABC P500,000.00 above);
- 6 Omnibus Sworn Statement prescribed by the Government Procurement Policy Board (GPPB).
- 7 If applicable, the JVA in case the joint venture is already in existence, or duly notarized statements from all the potential joint venture partners stating that they will enter into and abide by the provisions of the JVA in the instance that the bid is successful.

in a **SEALED LONG BROWN ENVELOPE** shall:

- 1 Contain the Project Name and PR Number of the contract to be bid in capital letters;
- 2 Bear the name and address of the Bidder in capital letters;
- 3 Be addressed to the Procuring Entity's BAC.

Project Title: **RM - Dental Unit**

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For any clarification you may contact us at 89884242 loc. 8505/8709.


ATTY. DOMINIC B. GARCIA
 Officer-In-Charge/Head, BAC Secretariat

TERMS AND CONDITIONS

1. Bidders shall **provide correct and accurate** information required in this form.
2. Price quotation/s must be valid for a period of thirty (30) calendar days from the date of submission.
3. Price quotation/s, to be denominated in Philippine Peso shall include all taxes, duties and/or levies payable.
4. Quotation **exceeding** the Approved Budget for the Contract (ABC) shall be **rejected**.
5. Award of contract shall be made to the lowest quotation (for goods) or the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
6. Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
7. The City General Services Department (CGSD) shall have the right to inspect the goods.
8. Non-submission of eligibility documents shall mean disqualification of Quotation.
9. Liquidated damages equivalent to one tenth (1/10) of one percent (1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. CGSD shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.
10. Failure to follow these instructions will disqualify your entire quotation.

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s as follows:

ITEM NO.	ITEM & DESCRIPTION	UNIT OF ISSUE	QTY.	UNIT PRICE	ITEM TOTAL
	Repair and Replacement of Parts – Dental Unit				
1	Dental unit (Across, Soniford) at Bagong Pag-asa Health Center ▪ Replacement of hose/tubings, adopters, switches and regulators, replacement of high speed hand piece	lot	1		
2	Dental unit (Foshan chungxin) at Balingasa Health Center ▪ Repair/Replacement of high speed hand piece	lot	1		
3	Dental unit (Foshan chungxin) at M. de Joya Health Center ▪ Repair/Replacement of high speed hand piece	lot	1		
4	Dental unit (Across FM. Soniford) at Frisco Health Center ▪ Repair of control mechanism for up and down movement of dental chair	lot	1		
5	Dental unit (Across FM. Soniford) at San Jose Health Center ▪ Repair of foot control	lot	1		
6	Dental unit (Across FM. Soniford) at Bagong Silangan Health Center ▪ Repair/replacement of foot control	lot	1		
7	Dental unit (Foshan chungxin) at Lupang Panagako Health Center ▪ Replacement of head rest	lot	1		
8	Dental unit (Across FM. Soniford) at Batasan Hills Super Health Center ▪ Replacement of compressor (silent type)	lot	1		
9	Dental unit (CX 8000 Foshan) at Betty Go Belmonte Health Center ▪ Replacement of hose/tubings, adapters, switches and regulators, repair/replacement of high speed hand piece	lot	1		
10	Dental unit (CX 8000 Foshan) at Commonwealth Health Center ▪ Repair/Replacement of high speed hand piece	lot	1		
11	Dental unit (Olsen) at Holy Spirit Health Center ▪ Replacement of compressor (silent type)	lot	1		
12	Dental unit (Olsen) at Veterans Health Center ▪ Replacement of hose/tubings, adopters, switches and regulators, replacement of high speed hand piece	lot	1		

13	Dental unit (CX 8000 Foshan chungxin) at Cubao Health Center ▪ Replacement of hose/tubings, adopters, switches and table adjustment regulators, repair/replacement of compressor	lot	1		
14	Dental unit (CX 8000 Foshan chungxin) at Bernardo Health Center ▪ Repair of saliva ejector	lot	1		
Total Quoted Amount					

Amount in Words: _____
_____.

Delivery Period : Sixty (60) Calendar Days
Warranty : _____

Signature over printed name

Office Telephone No./Fax/Mobile No.

Date

Email Address