



REQUEST FOR QUOTATION
SMALL VALUE PROCUREMENT
(SECTION 53.9)

Date : MAR 02 2021
PR No. : GF-20-09-01661C

Name of Company : _____
Address : _____
Contact No. : _____

Project Title : **PROCUREMENT OF MEDICINE CABINET AND OTHERS**

Approved budget of
the Contract : **P 196,048.00**

End-User /
Implementing Office : **SOCIAL SERVICES DEVELOPMENT 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 MAR 05 2021 10:00Am 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 (2021);
- 4 Tax Clearance; and
- 5 Omnibus Sworn Statement prescribed by the **QC BAC- Goods and Services**
- 6 Income/Business Tax Return (for FY 2019) (For ABC P500,000.00 above)
- 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.

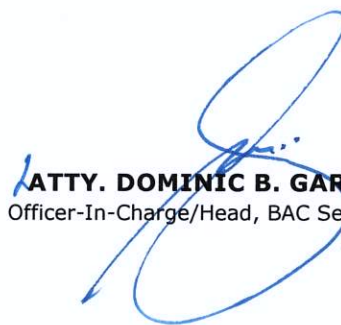
in a **SEALED LONG BROWN ENVELOPE** shall:

- 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 PROCUREMENT OF MEDICINE CABINET AND OTHERS

Quezon City Local Government
BIDS AND AWARDS COMMITTEE
2/F Procurement Department, Finance Building
Quezon City Hall Compound

For any clarification you may contact us at 89884242 loc. 8506/8709.


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
1	CABINET MEDICINE - 2 layers, body frame made of G.20 steel iron, size: 118 inches x 80 inches x 176 inches with glass sliding door, lock and key, good quality	unit	3		
2	SPHYGMOMANOMETER - aneroid luminous gauge, adult inflation system, cotton cuff and zipper case, heavy duty, good quality, - Inflatable cuff a measuring unit (the manometer), a tube to connect the two and an inflation bulb which is also connected by a tube to the cuff. The aneroid cuff made up of cotton on nylon both ore washable. - aneroid gauge; mechanism for inflation which maybe a manually operated bulb.	unit	10		
3	STETHOSCOPE - adult, high resonance, good quality, - double head stethoscope, 28-inch tube; tight soft sealing ear tips durable -Patented floating diaphragm with non-chill rim	piece	10		
4	PEDIA CLASSIC II STETHOSCOPE - high acoustic sensitivity, traditional combination chest piece with non-chill rim, patented floating, diaphragm, patented, sod sealing ear tips, good quality,	piece	2		
5	BP APPARATUS - Aneroid Non-mercurial, Aneroid 300mm Hg calibration with adult V lock inflation system, size: 42 inches x 15 inches with stand, 4 wheel base,	piece	2		
6	TABLE EXAMINATION - Dimension: 187 cm x 56 cm x 81 cm, upholstered foam padded top in (2) sections with built-in cabinet and 3 drawers steel body, powder coated with attached foot stool & leg support, good quality	unit	1		
7	COMMODE CHAIR - Chrome plated, steel frame, commode wheel chair, armed wheel chair commode, good quality, - Waterproof can be used in the Bathroom and is safe to wheel under a shower - Not round but large rectangular bucket slide in and out from back Easy to operate - Robust frame made from double and light weight aluminum alloy material	unit	1		

	- 4 waterproof (wheels) castor wheels with brakes for smooth movement and stay locked in place - Flip up arm rest and sway-away foot rest design makes nursing work easier - Adjustable seats height for a variety of needs - Support up to 300Lbs. of weight - Material: Aluminum Alloy PP PU Leather				
8	COMPRESSOR NEBULIZER - Medication Capacity: 6 MI - Easy to use, efficient medication delivery - Durable, high quality - Long lasting compressor - Low noise -NE-C28 Model - V.V.T (Virtual Value Technology) - good quality,	unit	1		
9	QUAD CANE - wide base, foam handle, chrome plated steel, frame with foam handle and movable button for height adjustment, good quality, - Stand on its own - All-terrain design - Extra wide 83cm to 93cm (Adjustable Heights) - 4 Stabilizers - Foldable - Materials: ABS + Aluminum Alloy - Weight Support: Below 113kg. - Suitable height 150-190cm	piece	1		
	Total Quoted Amount				

Amount in Words:_____

Delivery Period : Thirty (30) calendar days

Warranty : _____

OTHER REQUIREMENT:	
1. Copy of valid, current License to Operate from DOH Accreditation as Supplier, Distributor or Manufacturer for Medical or Hospital Equipment or Devices	

Signature over printed name

Office Telephone No./Fax/Mobile No.

Date

Email Address