



**Republic of the Philippines
QUEZON CITY GOVERNMENT
BAC- Goods and Services
2nd Floor, Procurement Department,**

Finance Building, Quezon City Hall Compound



**REQUEST FOR QUOTATION
NEGOTIATED PROCUREMENT
(SECTION 53.1)**

Date : MAY 11, 2022
Project No. : HEALTH-22-SERVICES-087D

Name of Company : _____
Address : _____
Contact No. : _____
Project Title : **PROCUREMENT OF BIOMEDICAL WASTE DISPOSAL**
Approved budget of the Contract : **Php 904,500.00**
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 **11:00 A.M. MAY 16, 2022** 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 (2022);
- 4 Tax Clearance; and
- 5 Omnibus Sworn Statement prescribed by **QC BAC – Goods and Services**
- 6 Income/Business Tax Return (for FY 2021) (For ABCs above P500,000.00)
- 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 BIOMEDICAL WASTE DISPOSAL**
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.

(SGD.) MA. MARGARITA T. SANTOS
Chairperson, BAC- Goods and Services

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 initiated 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	<p>COLLECTION AND DISPOSAL OF HEALTH CARE WASTE Disposal of health care waste such as used syringes and needles, sputum cups, placenta, cotton balls, fluorescent bulbs/lamps, etc. Payment of Permit to Transport (PTT)</p> <p>TERMS OF REFERENCE: 1. Monthly collection of health care wastes. 2. The supplier will collect the health care wastes in various health facilities in Districts I-VI.</p>	kg	30,150		
Total Quoted Amount					

Amount in Words: _____

Other Requirements:

1. **Copy of Registration as Treatment, Storage and Disposal (TSD) Facility based on the Implementing Rules and Regulation of RA No. 6969 from DENR-EMB Central Office;**
2. **Copy of Registration with DENR-EMB as Waste Transporter;**
3. **Copy of Transport Permit issued by DENR-EMB Regional Office procurement hospital client;**
4. **Copy of Three (3) sample manifest form each for the three (3) major clients to transport the infectious/hazardous wastes, in accordance with IRR of RA No. 6969.**

Delivery Period : Upon request by the end-user until December 31, 2022 or until the allocated budget has consumed whichever comes first

Warranty : _____

Signature over printed name

Office Telephone No./Fax/Mobile No.

Date

E-mail Address