



REQUEST FOR QUOTATION
NEGOTIATED PROCUREMENT
(SECTION 53.9)

DATE : May 17, 2022

PROJ. NO. : QCPC-22-MSLI-184

Name of Company : _____
 Address : _____
 Contact No. : _____
 Project Title : **PROCUREMENT OF FACE SHIELD AND OTHERS**
 Approved Budget of the Contract : **Php 106,786.50**
 End-User / Implementing Office : **QUEZON CITY PROTECTION FOR GENDER-BASED VIOLENCE AND ABUSE**

BREAKDOWN OF APPROVED BUDGET FOR THE CONTRACT	
Item No. 1	P 10,000.00
Item No. 2	P 17,000.00
Item Nos. 3-4	P 19,186.50
Item Nos. 5-6	P 60,600.00
TOTAL ABC	P 106,786.50

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 **May 20, 2022, 10:00 AM** 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 the **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 FACE SHIELD 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.

(SGD.) 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.	FACE SHIELD , full face transparent, protective Ultra-Clear Shield	piece	1,000		
2.	FACE MASK , disposable, 3 layer non-woven protection filter 3D anti-viral mask KF94 10pcs/pack	pack	500		
3.	THERMAL SCANNER , Medical infrared forehead thermometer, Measurement Method: Non-contact Measurement Distance: 3-5cm, Measurement Part: Forehead Reference Body site: Axilla Measurement Range: Body Mode (Adjusted mode: 32°C - 43°C (89.6°F -149.4°F), Accuracy ± 0.3°C/ .54°F Object Mode (direct mode): 0°C-100°C(32°F-212°F) Accuracy ±0.3°C/0.54°F Operation Environment: Temperature: 15° - 40°C Relative humidity: ≤95% Atmospheric Pressure: 70kPa~106kPa Lifetime: 2 years Battery: 2 size AAA Power Display: Low Battery warning Memory Function: Maximum 32 data points Unit Conversion: Switch between °C and °F	piece	10		
4.	DIGITAL FINGERTIP PULSE OXIMETER , LED display blood oxygen level, Finger clip pulse oximeter blood oxygen monitor Display Format: OLED two color display Power requirement: 2*1.5V AAA alkaline battery Power consumption: Smaller than 30mA; Voltage: DC, 3.0V; Screen resolution: 128*64 PR Measuring Range: 30bpm~250bpm SpO2 Measuring Range: 0%~100% 6 direction display adjustable; 8 seconds fast measurement; Automatic power off when no signal; Low voltage indicator; Pulse waveform display Necklace/Bracelet style: Pendant Package include manual; Warranty duration: 12 Months	piece	20		
5.	FACE MASK , non-woven face mask 3 layer filter, FDA approved (disposable) 50pcs/box	box	200		
6.	MEDICINE BOX , medical kit/first aid kit,	kit	20		

(all purpose kit): Assorted adhesive bandages 50's/pack, burn cream 15g, antiseptic towelettes 100's/pack, antibiotic ointment .5g per packet 10 sachets/pack, sterile gauze pad 12 ply 10 pcs, cotton tipped applicator 100's, pressure bandages, butterfly wound closures 10 pcs, sterile eye pad, blood stopper dressing 10pcs, first aid tape roll, CPR breathing barrier with one way valve, vinyl gloves, alcohol cleansing pads 100 pcs, instant cold compress, insect sting relief pad 200's, emergency blanket, triangular bandage, tweezers, assorted safety pins, scissors, wooden finger splints, and emergency first aid guide				
Total Quoted Amount				

Amount in Words : _____

Other Requirements:
1. Copy of valid, current License to Operate for Medical Supplies/Devices from DOH Accreditation as Supplier, Distributor or Manufacturer

Delivery Period : Thirty(30) Calendar Days

Warranty : _____

Signature over printed name

Office Telephone No./Fax/Mobile No.

Date

Email Address