



**REQUEST FOR QUOTATION  
NEGOTIATED PROCUREMENT  
SECTION 53.1**

DATE : July 13, 2022

PROJECT NO. : NDH-22-SERVICES-102F

Name of Company : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
Project Title : PROCUREMENT OF BIOMEDICAL WASTE DISPOSAL  
Approved Budget of the Contract : Php 1,562,490.00  
End-User / Implementing Office : NOVALICHES DISTRICT HOSPITAL

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 July 18, 2022 , 11:00 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 (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** issued by QC BAC- Goods and Services.

**(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 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	<p><b>BIOMEDICAL WASTE DISPOSAL</b>                      * For collection and treatment of infectious biomedical wastes (gloves, syringes, laboratory kits and other toxic waste)</p> <p>TERMS AND CONDITIONS:                      * Weekly collection of Bio Waste or Toxic waste every Fridays of the Week                      * The supplier will collect the toxic waste or biomedical waste at Novaliches District Hospital located at San Bartolome, Quirino Highway, Novaliches, Quezon City                      * The City shall pay the supplier on a monthly allocation per month as stipulated in the schedule of delivery upon complete and acceptance herein and upon presentation of the billing statement by the supplier.</p>	kg	138,888		
<b>TOTAL</b>					

Amount in Words : \_\_\_\_\_  
 \_\_\_\_\_

Upon issuance of Notice to Proceed until December 31, 2022 or until the allocated budget has been consumed, whichever comes first

Delivery Period : \_\_\_\_\_

Warranty : \_\_\_\_\_

**Other Requirement:**

- **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;**
- **Copy of Registration with DENR-EMB as Waste Transporter;**
- **Copy of Transport Permit issued by DENR-EMB Regional Office procurement hospital client;**
- **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.**

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Signature over printed name

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Office Telephone No./Fax/Mobile No.

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Date

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Email Address