



**REQUEST FOR QUOTATION
NEGOTIATED PROCUREMENT
SECTION 53.1**

DATE : SEPTEMBER 1, 2022
PROJECT NO. : OCM(QCDRRMO)-22-SOP-786

Name of Company : _____
Address : _____
Contact No. : _____
Project Title : PROCUREMENT OF PERSONAL PROTECTIVE EQUIPMENT
Approved Budget of the Contract : Php 21,206,500.00
End-user/
Implementing Office : OCM (QUEZON CITY DISASTER RISK REDUCTION AND MANAGEMENT OFFICE)

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 **SEPTEMBER 7, 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	PERSONAL PROTECTIVE EQUIPMENT 1 pc - Cover All Reusable - Microfiber 60gms, 60% water splash repellent, washable, autoclavable, - (size: Medium- 2,500, Large- 2,500, Extra Large- 2,500, XXL- 2,500), (Color: Orange) 1 pc - KN95 5 ply contour fit design, adjustable nose piece, comfortable breathing and speaking 2 pairs - Reusable Gloves - Latex industrial gloves black outside orange inside acid and alkali resistant smooth length 35cm weight 180gms, Water-resistant 1 pair - Reusable Boots - 0.4kg per pair, length 40cm, PVC material, weak/normal acid and alkali resistant, water resistant, Anti-skid sole (size: Medium- 2,500, Large- 2,500, Extra-Large-2,500, XXL-2,500) 1 pc - Reusable Goggles - wide vision, indirect anti-fog with vents, oil splash-proof, wind/sand proof, scratch-resistant	Set	10,000		
				TOTAL	

Amount in Words : _____

Delivery Period : **Thirty (30) Calendar Days**

Warranty : _____

Other Requirements:

- 1) **Copy of valid, current License to Operate for Medical Supplies/Devices from DOH Accreditation as Supplier, Distributor or Manufacturer.**

 Signature over printed name

 Office Telephone No./Fax/Mobile No.

 Date

 Email Address