



REQUEST FOR QUOTATION
NEGOTIATED PROCUREMENT
SECTION 53.1

DATE : OCTOBER 24, 2023

PROJECT NO. : OCM(POPS)-23-VEHICLES-0867B

Name of Company : _____
Address : _____
Contact No. : _____
Project Title : **PROCUREMENT OF AMBULANCE**
Approved Budget of the Contract : **Php2,000,000.00**
End-User / Implementing Office : **OFFICE OF THE CITY MAYOR - POPS PLAN**

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 **OCTOBER 27, 2023, 10:00 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 (2023);
- 4 Tax Clearance; and
- 5 Omnibus Sworn Statement prescribed by the **QC BAC- Goods and Services**
- 6 Income/Business Tax Return (for FY 2022) (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.


MA. MARGARITA T. SANTOS, DPA
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
	<i>With minimum technical specifications:</i>				
1	<p>AMBULANCE</p> <p>Roof: High – Roof, Inline-4 Cylinder, DOHc, 16 Valves, Variable Turbocharger (VGS), 2,488c Displacement; 129/3200rpm Maximum Power; 356/1400 - 2000rp Maximum Torque; Diesel Fuel Type; Common Rail Direct Injection Fuel System 65 Liters Fuel Tank Capacity; 89.0 x 100.0mm Bore & Stroke; 5 Speed M/T (Dash Mounted) Transmission Type Suspension & Chassis: Torsion Bar with Front Stabilizer Front Chassis / Leaf Spring Rear Suspension; Ventilated Discs / Drum Brakes; Power Steering; Steel 15 inches with Full Cover Cap Wheels; 195/80 R15LT Tires; Dimension: 5,080 x 1,695 x 2,285mm; 2,940mm Wheelbase; 5.2m Minimum Turning Radius; 3 Pax Seating Capacity; Comfort and Convenience: Analog Speedometer; with Tachometer; Twin Trip Meter</p> <p>Odometer; Drive Computer with (Cruising Range and Real Time F.E. & Clock and Shift Indicator, Odd Trip Meter & Fuel Meter); Clock with (Meter Integrated); Steering Wheel/ Steering Column – Polyurethane Type with Chrome Logo with Manual Tilt Adjustment; Urethane Shift Knob; with Front Air Conditioning - Manual, Dial Type; Rear Air Conditioning with Independent Control and Vents Safety/Security - Driver Side Airbags; with LSV Seat belt reminder.</p> <p>Additional Equipment and Specifications for ambulance:</p> <p>Dismount all van rear passenger seat assembly and re-install one collapsible original (jump seat) at the rear portion of the driver and passenger side to serve as a doctor’s seat; Fabricated nurse and aide seat at the right side of the van (made of plywood with carpet with cushion and leatherette seats).</p> <p>Install 1/2 thick plywood and cover floor with rubber vinyl matting.</p> <p>Ambulance stretcher (4 wheels) Collapsible type, with wheels, S/S side rails, foam cushion 2 inches thick, with patient safety belt.</p>	unit	1		

Handwritten signature/initials

<p>Install Ambulance stretcher looking assembly, Oxygen tank holder stainless steel locally assembled.</p> <p>BEACON type warning light, Red/Blue lens combination, strobe type with holder bracket, (option to green/all red).</p> <p>Siren and Speaker with public address system including handheld microphone.</p> <p>Fire Extinguisher, portable 5 lbs. capacity with holder, wall mounted.</p> <p>Portable flashlight, 2 batteries, Dry cell size D.</p> <p>One portable medical oxygen tank with content and holder 20 lbs. capacity.</p> <p>Window curtain cotton fabric, LH/RH side and rear medical green color and TINT rear windshield and side windows door side of van - One-way green scratch proof & non-fading.</p> <p>Wall to wall medicine cabinet, with front cover (flexi glass).</p> <p>Oxygen tank gauge regulator and de-humidifier, with nasal cannula.</p> <p>Minor first aid kit including bag or box, local.</p> <ul style="list-style-type: none">- 1 roll bandage- 50pieces antiseptic- 50pieces safety pins- 5 rolls gauze- 1 Tweezers- 2 ice pack- 10pieces gloves- 1 big plastic of Cotton Swab- 20pieces Disposable Sterile Gloves <p>BP Apparatus, aneroid type, with standard stethoscope.</p> <p>Baumanometer Blood Pressure Gauge, wall mounted.</p> <p>Ambu bag with resuscitator, Adult and Pedia combination.</p> <p>Minor surgical kit, with bag.</p> <ul style="list-style-type: none">- 1 Kelly Forceps Str.- 1 Kelly Forceps Cur.- 1 Needle Holder- 1 Mosquito Forceps Str.- 1 Mosquito Forceps Cur.- 1 Iris Scissors Str.- 1 Blade Handle #4- 1 Blade Handle #3- 1 Thumb Forceps- 1 Tissue Forceps- 1 Stitch Scissors- 1 Surgical Scissors Str.- 1 Bandage Scissors- 1 Probe with Eye- 1 Groove Director- 1 Probe <p>IV bottle holder, ceiling mounted, Stainless steel shafting.</p> <p>Lettering of Word "Ambulance" front and rear portion of van.</p> <p>Stickers include company logo as specified by the client.</p> <p>Fluorescent light</p> <p>Partition Acrylic divider (driver and patient)</p>				
--	--	--	--	--

Digital Clock				
Grab Rail - Decals Ambulance and Entity Logo				
Warranty - 100,000kms or three (3) years whichever comes first, three (3) years LTO registration.				
One (1) year Comprehensive Insurance.				
TOTAL				

Amount in Words: _____

Delivery Period : Ninety (90) Calendar Days
Warranty : _____

OTHER REQUIREMENTS:
<ul style="list-style-type: none">• Copy of Authority to Sell from the Manufacturer/Distributor/ Dealer of the Vehicle being offered which includes guarantee on after-sales services and availability of parts.• List of after-sales/maintenance services facilities located within Metro Manila.• Statement of Warranty - 100,000 kms or three (3) years whichever comes first.• 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

Cost Derivation

PROJECT NAME: PROCUREMENT OF AMBULANCE
PROJECT NO. OCM(POPS)-23-VEHICLES-0867B

Item No.	Description	Unit of Issue	QTY	Unit Cost	Total price
1.	Vehicle	unit	1		
2	Dismount all van rear passenger seat assembly and re-install one collapsible original (jump seat) at the rear portion of the driver and passenger side to serve as a doctor's seat; Fabricated nurse and aide seat at the right side of the van (made of plywood with carpet with cushion and leatherette seats).	lot	1		
3	Install 1/2 thick plywood and cover floor with rubber vinyl matting.	lot	1		
4	Ambulance stretcher (4 wheels) Collapsible type, with wheels, S/S side rails, foam cushion 2 inches thick, with patient safety belt.	unit	1		
5	Install Ambulance stretcher looking assembly, Oxygen tank holder stainless steel locally assembled.	lot	1		
6	BEACON type warning light, Red/Blue lens combination, strobe type with holder bracket, (option to green/all red).	set	1		
7	Siren and Speaker with public address system including handheld microphone.	set	1		
8	Fire Extinguisher, portable 5 lbs. capacity with holder, wall mounted.	set	1		
9	Portable flashlight, 2 batteries, Dry cell size D.	unit	1		
10	One portable medical oxygen tank with content and holder 20 lbs. capacity.	unit	1		
11	Window curtain cotton fabric, LH/RH side and rear medical green color and TINT rear windshield and side windows door side of van - One-way green scratch proof & non-fading.	lot	1		
12	Wall to wall medicine cabinet, with front cover (flexi glass).	lot	1		
13	Oxygen tank gauge regulator and de-humidifier, with nasal cannula.	set	1		
14	Minor first aid kit including bag or box, local.	kit	1		
15	BP Apparatus, aneroid type, with standard stethoscope.	set	1		
16	Baumanometer Blood Pressure Gauge, wall mounted.	unit	1		
17	Ambu bag with resuscitator, Adult and Pedia combination.	unit	1		
18	Minor surgical kit, with bag.	kit	1		
19	IV bottle holder, ceiling mounted, Stainless steel shafting.	unit	1		
20	Lettering of Word "Ambulance" front and rear portion of van.	lot	1		
21	Stickers includes company logo as specified by the client.	lot	1		
22	Fluorescent light	unit	1		
23	Partition Acrylic divider (driver and patient).	lot	1		
24	Digital Clock	unit	1		
25	Grab Rail - Decals Ambulance and Entity Logo.	lot	1		
Total quote amount					

Name: _____

Legal Capacity: _____

Signature: _____

Duly authorized to sign the Bid for and behalf of: _____

Handwritten signature