



REQUEST FOR QUOTATION
NEGOTIATED PROCUREMENT
SECTION 53.1

DATE : MARCH 14, 2024

PROJECT NO. : OCM-23-VEHICLES-1693

Name of Company : _____
Address : _____
Contact No. : _____
Project Title : **PROCUREMENT OF PATIENT TRANSPORT VEHICLE**
Approved Budget of the Contract : **Php12,500,000.00**
End-User / Implementing Office : **OFFICE OF THE CITY MAYOR**

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 **MARCH 19, 2024 | 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 (2024);
- 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.

NOTE: Submission of a Document Request List (DRL) is required prior to the issuance of the Long Brown Envelope.

(SGD.) 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
1	Patient Transport Vehicle D4CC Engine Euro 4 Wheelbase: At least 3,300mm Turbo Charger Intercooler 4 Stroke Cycle, Water Cooled, Direct-Injection Diesel Engine 2,800cc-3,000cc Displacement Maximum Power (PS/RP4 160/3,000) Maximum Torque (KGM/RPM) 40/1,250-2,800 5-Speed Manual Transmission Final reduction gear 5.375 Hydraulic double acting telescopic type on front and rear axle Exhaust Brake: Vacuum-operated, butterfly valve type Anti-lock Braking System with Auto adjuster GVW 4,490 Overall Length 5,910mm Overall Width: 2,025mm Overall Height: 2,330mm Air-conditioned Power Window and Central door lock Standard vehicle lamps: Headlamps, tail lamps, stop lamps, signal lamps, license plate lamps, fog lamps and step lamps Vehicle body color: White Floor Material: Metal with anti-static floor matting. Each entry point of the patient compartment must be fitted with a diamond tread plate flooring. Standard dashboard instrumentations: Speedometer, odometer, fuel gauge, digital clock, warning lamps for low oil pressure, cooling water level, overheating, low battery charge, indicator lamps for parking brake and head light high-beam, engine check, door open. Dashboard Camera: Resolution of a least 1,920x1,080@30fps, angle of view at least 120	Unit	5		

	<p>degrees diagonal, at least 2 inches LED display, minimum storage capacity of 64Gb, with must be permanently installed on the dashboard or windshield. The power supply be form the vehicle battery.</p> <p>Standard driver’s cabin accessories: AM/FM radio with speakers, USB connector, front personal lamp for driver and passenger, rearview mirror, sun visor and assist grips for the driver and passenger.</p> <p>Vehicle glass windows: The vehicle glass windows (except the windshield must be installed with medium shade (35% Visible light Transmitted) black color glass tint</p> <p>Windshield Wipers: With at least two (2) speed intermittent with washer. Air-Conditioning system: Dual type; at the driver’s cabin and at the patient compartment with independent controls.</p> <p>Seat belts: 3-point Emergency Locking Retractor (ELR) seatbelts for the driver and front passenger.</p> <p>Airbags: Supplemental Restraint System (SRS) airbags for the driver and for the front passenger</p> <p>Driver and passenger side mirrors: Standard convex type, manual or power adjustment</p> <p>Vehicle interior trim: Moulded trim. The ceiling must provide with insulation.</p> <p>Stainless steel plate on the rear bumper to protect the bumper when the Ambulance Stretcher is being loaded to the Ambulance 3</p> <p>Set of tools: hydraulic jack, tire wrench, flat and Philips screw drivers, set of pliers, adjustable wrench, early warning device and spare wheel and tire.</p> <p>ACCESSORIES EMERGENCY LIGHT, SIRENS AND PUBLIC ADDRESS SYSTEM COMMUNICATION EQUIPMENT</p> <p>Ambulance Stretcher Automatic External Defibrillator (AED) Nebulizer Portable Suction Machine Examining light (Mounted on the head side of the patient) Aneroid Sphygmomanometer (Mounted on the ambulance wall on the head side of the patient). Folding Stretcher Scoop Stretcher Heavy duty. Stethoscope (1 pediatric and 1 adult) Non-contact Thermometer Blood Glucose meter with strips Manual resuscitators for adult, pediatric, and infant Oxygen cylinder with oxygen therapy set Laryngoscopes set Immobilization Devices.</p>				
TOTAL					

Amount in Words:

OTHER REQUIREMENTS:
<ul style="list-style-type: none">• Copy of Authority to Sell from the Manufacturer/Distributor/ Dealer of the Vehicle being offered.• List of after-sales/maintenance services facilities located within Metro Manila.• Original Copy of Certification from the Manufacturer / Distributor / Dealer on after-sales services and availability of parts (for locally manufactured vehicle).• Statement of Warranty<ul style="list-style-type: none">-for vehicle - 100,000 kms or three (3) years whichever comes first.-for medical equipment – minimum of one (1) year.• Copy of valid, current License to Operate for Medical Supplies/Devices from DOH Accreditation as Supplier, Distributor or Manufacturer.

Delivery Period : **Ninety (90) calendar days**

Warranty :

Signature over printed name

Office Telephone No./Fax/Mobile No.

Date

Email Address