

## Republic of the Philippines QUEZON CITY GOVERNMENT

BAC – Goods and Services 2<sup>nd</sup> floor, Procurement Department, Finance Building, Quezon City Hall Compound



## REQUEST FOR QUOTATION SECTION 53.9/ SMALL VALUE PROCUREMENT

|                                   |     |   | DATE         | : _  | APRIL 02, 2024     |  |  |  |
|-----------------------------------|-----|---|--------------|------|--------------------|--|--|--|
|                                   |     | , , , , , , , , , , , , , , , , , , ,   | PROJECT NO.  | : _  | QCCCD-24-MSLI-0594 |  |  |  |
|                                   |     |   |              |      |                    |  |  |  |
| Name of Company                   | : _ |   |              |      |                    |  |  |  |
| Address                           | : _ |   |              |      |                    |  |  |  |
| Contact No.                       | : _ |   |              |      |                    |  |  |  |
| Project Title                     | : _ | VARIOUS MEDICAL SUPPLIES (EAR SILICONE IMPRESSION MATERIAL, EAR IMPRESSION SYRINGE, AND OTHERS) |              |      |                    |  |  |  |
| Approved Budget of the Contract   | : _ | P 85,719.00   |              |      |                    |  |  |  |
| End-User /<br>Implementing Office | :   | QUEZON CITY CENTER FOR CHILDRI  | EN WITH DISA | BILI | TIES               |  |  |  |

| BREAKDOWN OF THE APPROVED BUDGET FOR THE CONTRACT |               |  |  |
|---|---------------|--|--|
| Item nos. $1-6$                                   | P 46,719.00 / |  |  |
| Item nos. 7 - 8                                   | P 39,000.00 / |  |  |
| TOTAL   | P 85,719.00   |  |  |

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 **APRIL 05, 2024, 10:00 A.M.** Philippine Standard Time, together with the following documents of your company:

- 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 202/2) (For ABCs above P500,000.00)
- 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.

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<br>NO. | ITEM & DESCRIPTION   | UNIT OF<br>ISSUE | QTY. | UNIT PRICE | ITEM TOTAL |  |
|-------------|--|------------------|------|------------|------------|--|
| 1           | Hearing Aid Batteries; Zinc Air; 6pcs/pack   | PACK             | 100  |            |            |  |
| 2           | Hearing Aid Battery Tester Compact keyring design Storage compartment for spare batteries Easy to read bar graph indicator, LCD display Can also be used to test 1.5v button cells with small diameter Mini size: 29 x 63 x 13mm (1.14 x 2.4 x 0.5 inches) Weight: 15g (0.5 oz.) | PIECE            | 2    |            |            |  |
| 3           | Disinfectant Alcohol – ethyl alcohol, 70% solution   | GALLON           | 4    |            |            |  |
| 4           | Cotton Balls (100's pack)  | PACK             | 10   |            |            |  |
| 5           | Hand puppet baby plush stuffed toy finger puppets for kids<br>Material: short plush + PP cotton<br>Size: 6 x 3 x 1.8 inches (LxWxH)<br>Weight: 4-6g/ piece<br>Color: multicolor  | PIECE            | 5    |            |            |  |
| 6           | Children's Toys for Listen and Drop Activities   | PIECE            | 5    |            |            |  |
| 7           | Ear Impression Syringe (Pediatric)<br>Material: soft, easy-flex vinyl<br>Capacity: 1oz (29ml)<br>Size: 1EA   | PIECE            | 2    |            |            |  |
| 8           | Two Component Silicone Ear Impression Material Two part impression material, each tub 18.5oz (525gms) Makes up to 70 ear mold impressions High viscosity Shore a value of 24-30  | PACK             | 5    |            |            |  |
|             | TOTAL  |                  |      |            |            |  |

| Other | Requirements:   |                        |                                     |                         |     |
|-------|---|------------------------|-------------------------------------|-------------------------|-----|
| >     | Copy of valid, current License to Operate for Medical Supplies/Device Supplier, Distributor or Manufacturer | es from DO             | OH Ac                               | creditation as          |     |
|       |   | ery Period<br>Warranty | : -                                 | Thirty (30) Calendar Da | ıys |
|       |   |                        | _                                   |                         |     |
|       |   |                        | Sign                                | ature over printed name |     |
|       |   | Off                    | Office Telephone No./Fax/Mobile No. |                         |     |
|       |   |                        | Date                                |                         |     |
|       |   |                        |                                     | Email Address           |     |

QCG.PD.TSD.F.07

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Amount in Words: