



Republika ng Pilipinas

Lungsod Quezon

BIDS AND AWARDS COMMITTEE – GOODS & SERVICES

Second Floor, Civic Center Building F, Quezon City Hall Complex, Elliptical Road, Quezon City

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BAGONG PILIPINAS

REQUEST FOR QUOTATION
NEGOTIATED PROCUREMENT
SECTION 53.1

DATE : AUGUST 08, 2024 ✓

PROJECT NO. : QCDTRC(TAHANAN)-24-
HME-0731D ✓

Name of Company : _____
Address : _____
Contact No. : _____
Project Title : **PROCUREMENT OF DENTAL UNIT AND CHAIR** ✓
Approved Budget of the Contract : **Php235,400.00** ✓
End-User / Implementing Office : **QUEZON CITY DRUG TREATMENT AND REHABILITATION CENTER (TAHANAN)** ✓

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 **AUGUST 13, 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 2023) (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.


MA. MARGARETA S. MEJIA, 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. | <p>DENTAL UNIT AND CHAIR</p> <p>Minimum Specifications: must provide ISO or EC certification, must provide certificate of warranty of Two (2) years parts/service and Five (5) years service warranty, delivery and installation on site, intelligent touched controlled system 12 memories, large comfortable backrest with lumber support (580mm to 600mm), double articulating headrest, injection molded seamless upholstery, full functional foot controller, electronic work programming, return automatically to zero position, dual armrest with right movable adjustable armrest to accommodate patients on wheelchair.</p> <p>Delivery System: swivel/arm/tray with pneumatic lock, clean water system large operating tray, two (2) 3-way syringe, two (2) terminals for high speed, one (1) terminal for low speed hand piece, removable and autoclave stainless water spout saliva ejector with built-in motor pump for independent operation high suction (air venture/air driven)</p> <p>X-ray film reviewer ceramic spittoon-can be remove, can be sterilized, 260-degree rotation, built-in dirty cap set can be better separation on mercury and silver</p> <p>Dual Light Five (5) LED light bulb, removable handle for disinfectant cold and white light, two (2) system light activation by sensor dual light intensity, rectangular reflector, bilateral insulated handle,</p> | unit | 1 | | |

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| | | | | |
|---|--|--|--|--|
| safety shield made of resistant and transparent material head with swivel system | | | | |
| Accessories | | | | |
| One (1) unit 1 HP compressor silent type and oil free | | | | |
| One (1) piece original wide and sturdy operators chair saddle type | | | | |
| One (1) high speed hand piece | | | | |
| One (1) high speed hand piece with LED light | | | | |
| One (1) low speed hand piece with straight hand piece and contra-angle, two (2) piece 3-way syringe | | | | |
| LED light cure unit, ultrasonic scaler with LED light and five (5) working tips, intra-oral camera with monitor | | | | |
| TOTAL | | | | |

Amount in Words:

| |
|---|
| OTHER REQUIREMENTS: |
| <ul style="list-style-type: none">Copy of valid, current License to Operate for Medical and Dental Equipment from DOH Accreditation as Supplier, Distributor or Manufacturer.Statement of Warranty: Two (2) years warranty on parts/service and Five (5) years service warranty with project number and project title. |

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

Warranty :

Signature over printed name

Office Telephone No./Fax/Mobile No.

Date

Email Address

Handwritten initials/signature