

Republika ng Pilipinas Lungsod Quezon

BIDS AND AWARDS COMMITTEE - GOODS & SERVICES







REQUEST FOR QUOTATION NEGOTIATED PROCUREMENT SECTION 53.1

		DATE : _	NOVEMBER 25, 2024					
		PROJECT NO. : _	HEALTH-24-HMES-1640B					
Name of Company	: .							
Address	:							
Contact No.	:							
Project Title	:	REPAIR AND MAINTENANCE OF 4 MAIN CHILLER UNITS AND 4 ANTEROOM CHILLER UNITS						
Approved Budget of the Contract	: _	Php595,712.32						
End-User / Implementing Office	:	QUEZON CITY HEALTH DEPARTMENT						

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 **NOVEMBER 28, 2024, 10:00 AM** 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 2023) (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.

(SGD) MA. MARGARITA 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:

		UNIT			
ITEM	ITEM & DESCRIPTION	OF	QTY.	UNIT PRICE	ITEM
NO.	22212 6 2 20 6212 2261	ISSUE	2-1-	011111102	TOTAL
	MAINTENANCE AND OPERATION OF COLD				
	CHAIN MANAGEMENT AND PHARMACY				
	PROGRAM				
1	ANTEROOM 1	lot	1		
	1. Repair leak and recharge Freon at anteroom 1,				
	Optimized and initiated start-up				
	2. Leak testing and isolation				
	3. Overall system check-up				
	4. Electrical control check-up				
2	4 MAIN CHILLER UNITS FOR CLEANING,	set	4		
	PREVENTIVE MAINTENANCE AND REPAIRS				
	1. Chiller unit 1 SN# 2106525				
	2. Chiller unit 2 SN# 2106522				
	3. Chiller unit 3 SN# 2106531				
	4. Chiller unit 4 SN# 2106526				
	Check the evaporator fan ice build-up, cleanliness				
	Check the defrost heater functionality, cleanliness				
	Check the evaporator temperature				
	Check the evaporator bracket functionality,				
	cleanliness				
	Check the condenser fan functionality, cleanliness				
	Check the condenser temperature				
	Check the condenser vibration				
	Check the compressor temperature				
	Check the compressor noise				
	Check the compressor oil				
	Check the compressor ampere rating				
	Check the expansion valve				
	Check the temperature controller				
	Check the selector switch				
	Check the miniature circuit breaker				
	Check the magnetic contractor				
	Check the terminals and wirings				
	Check the LED lamp indicator				

HEALTH-24-HMES-1640B QCG.PD.TSD.F.07

	4 ANTEROOM CHILLER UNITS FOR	set	4		
	CLEANING, PREVENTIVE MAINTENANCE				
	AND REPAIRS				
	1. Anteroom unit 1 PL# XK06-015001241				
	2. Anteroom unit 2 SN# 2106524				
	3. Anteroom unit 3 SN# 2106538				
	4. Anteroom unit 4 SN# 2106537				
	Check the evaporator fan ice build-up, cleanliness				
	Check the defrost heater functionality, cleanliness				
	Check the evaporator temperature				
	Check the evaporator bracket functionality,				
	cleanliness				
	Check the condenser fan functionality, cleanliness				
	Check the condenser temperature				
	Check the condenser vibration				
	Check the compressor temperature				
	Check the compressor noise				
	Check the compressor oil				
	Check the compressor ampere rating				
	Check the expansion valve				
	Check the temperature controller				
	Check the selector switch				
	Check the miniature circuit breaker				
	Check the magnetic contractor				
	Check the terminals and wirings				
	Check the LED lamp indicator				
	MOBILIZATION / DEMOBILIZATION	lot	1		
4					
4	tools and equipment and consumables				
4	tools and equipment and consumables				
4	tools and equipment and consumables			TOTAL	
				TOTAL	
	nount in Words:			TOTAL	
				TOTAL	
				TOTAL	
An	nount in Words:			TOTAL	
An	nount in Words: THER REQUIREMENTS:	vith projec	t title and		
An	mount in Words: THER REQUIREMENTS:	vith projec	t title and		
An	nount in Words: THER REQUIREMENTS:	vith projec	t title and		
An	mount in Words: THER REQUIREMENTS: Statement of Warranty – Minimum of Six (6) Months w				024
An	THER REQUIREMENTS: • Statement of Warranty – Minimum of Six (6) Months w	ry Period		l project number.	024
An	mount in Words: THER REQUIREMENTS: Statement of Warranty – Minimum of Six (6) Months w	ry Period		l project number.	024
An	THER REQUIREMENTS: • Statement of Warranty – Minimum of Six (6) Months w	ry Period		l project number.	024
	THER REQUIREMENTS: • Statement of Warranty – Minimum of Six (6) Months w	ry Period	: <u>Unt</u>	l project number.	
An	THER REQUIREMENTS: • Statement of Warranty – Minimum of Six (6) Months w	ry Period nty	: <u>Unt</u> :	l project number. il December 31, 20	e

HEALTH-24-HMES-1640B QCG.PD.TSD.F.07

Date

Email Address