

REQUEST FOR QUOTATION

Date: April 17, 2024
RFQ No. 2024-033

The **Philippine Health Insurance Corporation (PhilHealth)** through its Secretariat for the Bids and Awards Committees (SBAC), intends to procure:

PROCUREMENT OF NOTE PAD (1 LOT)

Approved Budget : **PHP164,697.20**
Purchase Request No/s : **24-0011-SHP**
Mode of Procurement : Shopping (Sec. 52.1 b)
Period of submission : April 18, 2024 to April 23, 2024 (until 3:00 p.m.)
Delivery Period : 15 calendar days

Interested bidders/suppliers of known qualifications are hereby invited to submit a price quotation/proposal signed by its authorized representative. Quotations may be submitted physically, via email or courier at the addresses below:

SECRETARIAT SERVICES TEAM

Secretariat for the Bids and Awards Committees (SBAC)
Philippine Health Insurance Corporation
Rm. 1003, 10th Floor, SBAC Office
709 Citystate Centre Bldg., Shaw Blvd
Pasig City
Telephone: (02) 8441-7444 local 7675
(02) 8637-4735


Ms. Allen B. Matanguihan
SBAC Secretariat/Canvasser
sbac2020.abm@gmail.com


Mr. Luisito G. Maximo
Head, Secretariat Services
sst.sbac@gmail.com

Supplier who will submit a proposal / offer with the **lowest calculated quotation** shall be **selected**. A copy of the following documentary requirements as prescribed in the IRR of RA9184 for Shopping (Sec. 52.1 b) shall be submitted within three (3) working days upon **NOTIFICATION**:

1. Mayor's /Business Permit for CY2024;
2. PhilGEPS Registration Number;
3. Notarized Omnibus Sworn Statement (for 50k above ABC); *and*
4. Proof of PhilHealth Contribution (4th Quarter of 2023).

****INSTRUCTION TO SUPPLIERS****

- Submit your quotation using the prescribed **Quotation Form, Terms and Conditions** (*Annex A & B of the RFQ*) and the **Technical Specifications** (*if available*).
- Accomplish the **Request for Quotation (RFQ) Form** and do not alter the contents of the form in any way.
- Non-compliance with the submission of the **accomplished prescribed/standard Quotation Form** and **Documentary Requirements** as stated above **within the prescribed deadline** shall automatically be **DISQUALIFIED**.
- **FOR LOT: PARTIAL QUOTE IS NOT ALLOWED.** Suppliers shall submit a quotation on all items which should not exceed the ABC of each item. The lowest total quotation for the LOT and comply with the requirements shall be the basis for award.
- Sample or Demo Unit will be required whenever necessary.

“ANNEX A”

QUOTATION FORM

Name of Company: _____
Address: _____
Contact Person: _____
Contact Number: _____
Email Address: _____

After having carefully read and accepted the Terms and Conditions of this RFQ specified in Annex B, hereunder is our quotation/s for the item/service as follows:

Item No.	QTY/Unit	Unit Price	Total Price	ITEM Description and Technical Specifications	STATEMENT OF COMPLIANCE (Write “Comply” or “Not Comply”)	SUPPLIER’S OFFER <i>Do not fill this out if you did not comply with the Tech Specs.</i>	
						Unit Price	Total Price
1	436 pad	37.06	16,158.16	STICK ON NOTE PAD, 2” x 3” (min.), 50mm x 76mm, 70 gsm (min), 100 sheets per pad, assorted colors			
2	1,328 pad	52.00	69,056.00	STICK ON NOTE PAD, 3” x 3” (min.), 76mm x 76mm, 70 gsm (min), 100 sheets per pad, assorted colors			
3	1,339 pad	59.36	79,483.04	STICK ON NOTE PAD, 3” x 4” (min.), 76mm x 100mm, 70 gsm (min), 100 sheets per pad, assorted colors			
						TOTAL	

COMPLIANCE TO THE DELIVERY PERIOD UPON RECEIPT OF THE P.O. / J.O.	Statement of Compliance (“Comply” or “Not Comply”)
Fifteen (15) Calendar Days	

I hereby certify to comply and deliver all the above requirements.

Signature over Printed Name

Position / Designation

Date

“ANNEX B”

TERMS AND CONDITIONS:

1. Suppliers/Bidders shall provide correct and accurate information required in this form.
2. **Suppliers/Bidders shall quote on the project.**
3. Price quotation/s must be valid for ***thirty (30) calendar days*** from the date of submission.
4. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
5. Quotation exceeding the Approved Budget for the Contract of the item shall be rejected.
6. Award of contract shall be made to the lowest quotation (for goods and infrastructure), passed the technical evaluation or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
7. Any interlineations, erasures or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.
8. The item/s shall be delivered according to the requirements specified in the Technical Specifications and the official address of the corporation.
9. PhilHealth shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
10. In case of the two or more bidders are determined to have submitted the Lowest Calculated Quotation/Lowest calculated and Responsive Quotation, PhilHealth shall adopt and employ “draw lots” as the tie-breaking method to finally determine the single winning provider in accordance with the GPPB Circular 06-2005.
11. **Payment shall be made via check (Land Bank) after delivery and upon the submission of the required supporting documents, inspection and acceptance.**
12. Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. PhilHealth shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount, without prejudice to the other courses of action and remedies open to it.
13. Warranty Security of 1% of the gross amount (for items with warranty) shall be automatically deducted from the contract for a minimum warranty period of (3) months for expendable goods or (1) year warranty for non-expendable goods and shall be returned after the lapse of the warranty period provided however that the goods delivered are free from defects and all the conditions imposed under the contract have been fully met.
14. The contracting parties shall comply with Office Order No. 0018-2015 “Reiteration of PhilHealth No Gift Policy (Revision 1).
15. Each of the documents submitted in satisfaction of the requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct.

I hereby declare that I understand and acknowledge the terms and conditions listed.

Signature over Printed Name

Position / Designation

Date