



Republic of the Philippines

## PHILIPPINE HEALTH INSURANCE CORPORATION

- Ocitystate Centre, 709 Shaw Boulevard, Pasig City
- **७** (02) 8662-2588 ⊕www.philhealth.gov.ph
- PhilHealthOfficial 
   X teamphilhealth

# REQUEST FOR QUOTATION

Date:

March 20, 2025

RFQ No.

2025-037

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

## SERVICE PROVIDER FOR VENUE SET-UP

Approved Budget

: PHP299,111.00

Purchase Request No/s

: 25-0074-SVP

Mode of Procurement

: NP-Small Value Procurement

Period of submission

: March 24, 2025

to March 27, 2025 until 3:00 p.m.

Delivery Period

: April 22, 2025

Interested 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 (PhilHealth)
Rm. 408, 4th Floor, SBAC Office,
709 Citystate Centre, Shaw Blvd.,

Pasig City
Telephone No: (02) 8441-7444 local 7675

Ms. Allen B. Matanguihan

BAC Secretariat/Canvasser matanguihana@philhealth.gov.ph

Ms. Joan R. Lorenzana

Head, Secretariat Services Team lorenzanaj@philhealth.gov.ph

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 Updated 2016 Revised IRR of RA9184 for NP-Small Value Procurement (Sec. 53.9) shall be submitted within **three (3) working days upon NOTIFICATION:** 

- 1. Mayor's /Business Permit for CY2025;
- 2. PhilGEPS Registration Number;
- 3. Notarized Omnibus Sworn Statement (for ABC above 50K);
- 4. Proof of PhilHealth Contribution (4th Quarter of 2024); and
- 5. Valid Tax Clearance.

## \*\*INSTRUCTION TO SUPPLIERS\*\*

- Submit your quotation using the prescribed **Quotation Form, Terms and Conditions** (*Annexes 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.



# "ANNEX A"

| _           |  |                                       |                 | QUOTATION FORM  |  | <del>-</del>                |  |
|-------------|--|---------------------------------------|-----------------|---|--|-----------------------------|--|
| A           | Address<br>Contact<br>Contact<br>Email A<br>fter hav | Person: Number: ddress: ing carefully | y read and ac   | ecepted the Terms and Coron/s for the item/service a  |  | RFQ speci                   | fied in  |
| Item<br>No. | QTY/<br>Unit   | Unit Price                            | Total Price     | ITEM Description and Technical Specifications   | STATEMENT OF COMPLIANCE ("Comply" or "Not Comply") | Do not fill to              | r's Offer<br>his out if you<br>uply with the<br>Specs. |
|             | 121  |                                       |                 |   | Not Comply J                                       | Unit<br>Price               | Total Price  |
| 1           | 1 LOT  | 299,111.00                            | 299,111.00      | Service Provider for Venue Set-up (Including Stage), LED Wall, Lights & Sounds System, with Events Host and Band Performers  Activity: Employees Appreciation Day |  |                             |  |
|             |  |                                       |                 | Technical Specifications is attached as "ANNEX C"   |  |                             |  |
|             |  |                                       |                 |   |  | TOTAL:                      |  |
| THE         | <b>P.O.</b> / J                                      | <b>.o.</b>                            | DELIVERY        | PERIOD UPON RECEIP  |  | nent of Cor<br>oly" or "Not |  |
| April       | 22, 2025   | 5                                     |                 |   |  |                             |  |
|             |  | I hereb                               | y certify to co | omply and deliver all the ab  | oove requireme                                     | nts.                        |  |
|             |  |                                       |                 | Signatu   | ire over Printec                                   | l Name                      |  |
|             |  |                                       |                 | Pos   | ition / Designat                                   | ion                         |  |
|             |  |                                       |                 |   | Date   |                             |  |

#### "ANNEX B"

#### **TERMS AND CONDITIONS:**

- 1. Suppliers shall provide correct and accurate information required in this form.
- 2. Suppliers 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 initialed 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 (2) or more suppliers 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 one percent (1%) of the gross amount (for items with warranty) shall be automatically deducted from the contract for a minimum warranty period of three (3) months for expendable goods or one (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                        |

#### "ANNEX C"

TECHNICAL SPECIFICATIONS FOR THE SERVICE PROVIDER FOR THE VENUE SET-UP (INCLUDING STAGE), LED WALL, LIGHTS & SOUNDS SYSTEM, WITH EVENTS HOST AND BAND PERFORMERS CY 2025 Employees Appreciation Day in the Head Office

## I. REQUIREMENTS

PhilHealth is seeking a service provider for the venue set-up (including stage), LED wall, lights and sounds system, with Event's Host and Band Performers for its CY2025 Employees Appreciation Day in the Head Office.

Activity Date: April 22, 2025 No. of Participants: 1,100 pax

#### II. SPECIFICATIONS

- 1. The Service Provider shall provide complete package for the following:
  - a. One Male Host
    - Must have a track record of live hostings in corporate functions/events.
    - ✓ Must provide a list of recent clients and recorded videos of actual hosting, at least three.
  - b. One Full Band
    - Must have a track record of live performances in corporate functions/events or concerts;
    - ✓ Must provide a list of recent clients and recorded videos of actual performances, at least three;
    - Must submit the list of repertoire at least two (2) days prior to the activity and shall be subject to approval of the End-User;
    - ✓ Must supply the complete set-up of band equipment
  - c. Set-up of venue, stage, LED wall, and lights and sound system
    - ✓ One (1) unit of LED wall (size at least 9ft x 24ft)
    - ✓ With complete stage set-up which can accommodate the LED wall, the band equipment and the band performers;
      - > Includes such as but not limited to sending box, video processor, laptop for playback, CPU with monitor, signal patch cable, riser, video mixer, technicians, etc.
    - ✓ With at least one (unit) stage teleprompter;
    - ✓ With live feed (includes cable), and provide the recording to the end user
    - ✓ With complete set up of lights and sounds system suitable for 1200 pax;
      - > Includes the major components of the sound system, such as but not limited to microphones, mixer, amplifier, speakers, cable, conclusion, etc. to provide a clear audio at all locations of the venue.
    - ✓ With at least 4 wireless microphones;
    - ✓ With at least 4 wireless communication devices to be used by the Organizers;
    - ✓ With spotlight; and
    - ✓ With photo wall set-up (size 8ft x 10ft), including frame installation.

- 2. The service provider must supply and deliver the following services during the program:
  - ✓ Complete set-up of equipment; properly positioned and completely assembled at least two (2) hours before the start of the program;
  - ✓ Corkage fee of the equipment, if applicable, shall be shouldered by the provider;
  - ✓ Ingress of the band and the host is at least two (2) hours before the program proper;
  - ✓ The band shall perform three sets of live full band performances (30 minutes per set).
  - ✓ The host, together with a PhilHealth host, shall provide hosting services during the whole duration of the program.

## III. ELIGIBILITY REQUIREMENTS

- 1. The service provider must have rendered very satisfactory services to reputable private companies and/or government agencies. The End-User may conduct a background check with the previous clients of the service provider.
- 2. The service provider must comply with all the requirements that will be needed by the Secretariat for the Bids and Awards Committee (SBAC) of PhilHealth and PhilHealth Comptrollership Department during the processing of the payee's voucher such as but not limited to the following, if applicable:
  - a. BIR Annual Tax Return
  - b. Tax Clearance
  - c. Latest Proof of PhilHealth Contribution
  - d. PhilGeps Registration
  - e. Sample of Service Invoice
  - f. SEC Certificate of Registration, Updated Mayor's/Business Permit
  - g. Statement of Account/Billing Statement

#### IV. BUDGET

The budget for the service provider for the venue set-up (including stage), LED wall, lights and sounds system, with Event's Host and Band Performers for its CY 2025 Employees Appreciation Day shall be charged against the CY 2025 approved Corporate Operating Budget lodged under the Human Resource Department.

### V. TERMS OF PAYMENT

Full payment shall be made within thirty (30) days upon submission of complete documentary requirements.

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

| Signature over Printed Name |
|-----------------------------|
| Position / Designation      |
| Date                        |