

REQUEST FOR QUOTATION

Date: April 16, 2024
RFQ No. 2024-10-069


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

Conduct of Multi- Sectoral AlaGa Ka & Konsulta Registration with FPE with various LGUs in Laguna

Approved Budget : Php 400, 000.00
Purchase Request No/s : 2024-01-067
Mode of Procurement : Small Value Procurement
Period of Submission : April 17 to 22, 2024
Delivery Period/Contract Duration : April 24, 25, 2024 and May 23, 24, 2024

Interested bidders/ suppliers of known qualifications are hereby invited to submit quotation signed by its authorized representative at the address below and/or thru email to the following addresses:

Secretariat or the Bids and Awards Committee (SBAC)/ Procurement Unit
PhilHealth Regional Office IVA
Brgy Ilayang Dupay Lucena City
Telephone: 02-84417444 local 5116
procurement.pro4a@gmail.com
bac.pro4a@philhealth.gov.ph


MARIVETH A. ALCALA
Canvasser


GRACE D. RAMILO
Head of Procurement Unit/ End-User

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 Small Value Procurement (Sec. 53.9) shall be submitted **within three (3) working days upon notification**.

1. Mayor's /Business Permit for CY 2024;
2. PhilGEPs Registration Number;
3. Proof of PhilHealth Contribution (latest);
4. Omnibus Sworn Statement (50K and above); and
5. ITR/Business Tax Return (ABC above 500K)

****INSTRUCTION TO SUPPLIERS****

- Submit your quotation using the prescribed **Quotation Form** (Annex A of the RFQ).
- Accomplish the **Quotation 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

Name of Company: _____
Address: _____
Contact Person: _____
Contact Number: _____
Official 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 as follows:

Item No.	QTY & Unit	Approved Budget for the Contract (ABC)		ITEM Description and Technical Specifications	STATEMENT OF COMPLIANCE ("Comply" or "Not Comply")	Supplier's Offer	
		Unit Price	Total Price			Unit Price	Total Price
1	800 pax	500.00	400,000.00	AM snacks - bread, noodles and canned fruit drinks Lunch - rice, vegetables, viand (minimum 3: chicken, fish and beef), dessert and canned drinks PM snacks - bread, pasta and canned fruit drinks			
						TOTAL:	

COMPLIANCE TO THE DELIVERY PERIOD UPON RECEIPT OF THE P.O / J.O.	Statement of Compliance ("Comply" or "Not Comply")
**Date of Delivery Period: April 24, 25, 2024; Pila, Laguna - 400 pax May 23, 24, 2024; Nagcarlan, Laguna - 400 pax	

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

Signature over Printed Name

Postion/ Designation

Date

"ANNEX B"

TERMS AND CONDITION:

1. Suppliers/Bidders shall provide correct and accurate information required in this form.
2. **Suppliers/Bidders shall quote on Item.**
3. Price quotation/s must 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 to 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 impose per day of delay. PhilHealth shall rescind the contract once the cumulative amount of 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 an 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 al statements and information provided therein are true and correct.

Signature over Printed Name

Postion/ Designation

Date



HOME



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IV-A

📍 Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
☎ (042) 373-7554 🌐 www.philhealth.gov.ph
📘 PhilHealthRegion4A ✉ teamphilhealth





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