



Republic of the Philippines **PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office IV-A Q** Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City **(**042) 373-7554 **(**www.philhealth.gov.ph **B** PhilHealthRegion4A X teamphilhealth

REQUEST FOR QUOTATION

Date: <u>April 24, 2025</u> RFO No. 2025-10-107

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

Procurement of Internet Fiber Connection for PhilHealth Regional Office IVA

Approved Budget
Purchase Request No/s
Mode of Procurement
Period of Submission
Delivery Period

:	<u>Php 293,000.00</u>
:	2025-01-101
:	NP-Small Value Procurement
:	April 26 – 29, 2025
:	8 months

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

Apti Mi
KELDY VINCENT L. CABANGON
Canvasser

Orm TERESITA R. OCADO 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 NPSV (Sec 53.9) shall be submitted <u>within three (3) working days upon notification</u>.

- 1. Mayor's /Business Permit for CY2025;
- 2. PhilGEPs Registration Number;
- 3. Proof of PhilHealth Contribution (latest)
- 4. Omnibus Sworn Statement (50K and above)
- 5. ITR/Business Tax Return (ABC above 500K)

*<u>*INSTRUCTION TO SUPPLIERS**</u>

- 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 <u>accomplished prescribed/standard</u> <u>Quotation Form</u> and <u>Documentary Requirements</u> as stated above <u>within the</u> <u>prescribed deadline</u> shall automatically be disqualified.



"ANNEX A" QUOTATION FORM

Name of Company:	
Address:	
Contact Person:	
Contact Number:	
Official Email Addres	S:

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:

Ite m No.	QTY	Approved Bu Contrac Unit Price		ITEM Description and Technical Specifications		STATE MENT OF COMP LIANC E ("Compl y" or "Not Comply ")	Do not fill th	r's Offer his out if you ply with the <u>Specs</u> Total Price
1	8 month s	6,700.00	293,000.00	Health	 et Fiber Connection for Local Insurance Offices: 1. LHIO Lucena City 2. LHIO San Pablo City 3. LHIO Calamba City 4. LHIO Dasmariñas City 5. LHIO Trece Martires City 			
		+P 5,000.00 One- Time installation Fee		Speed Public IP Address Internet Service Provider Delivera bles	At least 200 Mbps 1 Static IP with CIR Must have a solid record of ten (10) years in the industry. Installation of cable for Internet connection of PhilHealth Regional Office IV-A including all materials needed for the project.			
				Warranty	The vendor shall ensure continuous inventory of all the hardware that handles the connectivity for the internet subscription. The following must be provided by the vendor FREE OF CHARGE for the duration of the subscription period: *Firmware updates and software			
					upgrades of router *Parts replacement *Preventive maintenance at least twice a year *Assistance on service reconfiguration (on-site)			

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		After-	During the warranty period, the			
		sales	vendor shall provide highly			
		Support	technical personnel to service the			
		and	internet connectivity and all of its			
		Maintena	components/peripherals whenever			
		nce	hardware and/or any related			
		subscript	problem should occur.			
		ion period:	On call and on site support. 24			
		period.	On-call and on-site support: 24 hours a day x 7 days a week and			
			must have a response time of at			
			least one (1) hour for on-call			
			support and four (4) hours for on-			
			site support.			
			Should the equipment need to			
			undergo repair the costs for labor,			
			parts and courier (pull-out for			
			repair and on-site delivery upon			
			repair) shall be charged to the			
			proponent.			
			All components beyond repair			
			shall be replaced at no cost during			
			the subscription period.			
			To monitor the actual bandwidth			
			usage/utilization of the Internet, an			
			online or web-based bandwidth			
			usage monitoring tool must be			
			provided. The tool should display			
			the daily, weekly, monthly and			
			yearly Internet traffic utilization.			
			This must be viewable using a			
			Tablet PC that can be viewed			
			anytime and anywhere using the			
			Internet.			
			Service units should be available			
			for the hardware and its peripherals			
			within the day after testing and diagnosis for temporary			
			replacement of the defective			
			unit(s). The service unit will			
			remain until such time that the			
			defective unit has been repaired or			
			replaced.			
		Delivery	Phil Health Local Health Insurance			
		Address	Offices:			
			1. LHIO Lucena City			
			2. LHIO San Pablo City			
			3. LHIO Calamba City			
			4. LHIO Dasmariñas City			
			5. LHIO Trece Martires City			
					TOTAL:	
					IUIAL;	

COMPLIANCE TO THE DELIVERY PERIOD UPON RECEIPT OF THE P.O / J.O.	Statement of Compliance ("Comply" or "Not Comply")
**Date of delivery period: -8 months	

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

Signature over Printed Name

Position / Designation

Date

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.

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

Signature over Printed Name

Position / Designation

Date