



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IV-B
XentroMall Batangas City, Diversion Road, Brgy. Alangilan,
Batangas City, Batangas 4200
(043) 723-8822 www.philhealth.gov.ph
PhilHealthRegionalOfficeIVB teamphilhealth

REQUEST FOR QUOTATION

Date: May 17, 2025
RFQ No. PRO-PROC-2025-070

The **PhilHealth Regional Office IV-B (PRO IV-B)** intends to procure **Procurement of Training Package on Conflict Management** through **Small Value Procurement** of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184, with an Approved Budget to Contract amounting to **One Hundred Five Thousand Pesos (P105,000.00)**. **Price Quotations received in excess of the ABC shall be automatically rejected.**

Please quote your **LOWEST PRICE** on the item/s listed on the next page and submit the quotation not later than **June 3, 2025; 9:00 AM** through e-mail address : **proc.pro4b@philhealth.gov.ph**, or personally at **PhilHealth Regional Office IV-B, XentroMall Batangas City, Diversion Road, Brgy. Alangilan, Batangas City, Batangas.**

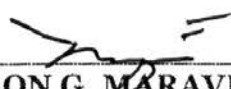
Supplier/Service Provider who will submit a proposal/offer with the lowest calculated quotation shall be selected. **ONLY the Supplier/Service Provider that has been selected with the Lowest Price Quotation shall submit a copy of the following documentary requirements within three (3) working days upon receipt of the notification.**

1. Valid Mayor's/Business Permit;
2. BIR Certificate of Registration;
3. PhilGEPs Registration Number/Certificate;
4. Valid DTI/SEC Registration;
5. Secretary's Certificate, Board/Partnership Resolution or Notarized Special Power of Attorney, whichever is applicable;
6. Notarized Omnibus Sworn Statement (P50,000 above)

The following documents are additional requirements for payment transaction, which may be submitted upon the signing of the contract, PO/JO:

1. Latest (last 3 months) proof of PhilHealth contribution;
2. Income/Business Tax Return (for ABCs above 500K) and
3. Non Disclosure Agreement (NDA) – PhilHealth template

For further inquiry, please contact telephone number (043) 7238822 local 5218 or send us an e-mail to **proc.pro4b@philhealth.gov.ph**.


MARLON G. MARAVILLA
Planning Officer III, Head, Procurement Unit



TERMS AND CONDITIONS:

1. Suppliers/bidders shall provide correct and accurate information required in this form.
2. Price quotation/s must be valid until ~~December 31, 2025~~.
3. Price quotation/s should be denominated in Philippine Peso (Php) and shall include all taxes, duties and/or levies payable.
4. Quotation that exceeds the Approved Budget for the Contract (ABC) shall be rejected.
5. Award of contract shall be made to the **lowest calculated quotation** which complies with the Technical Specifications (Tech Specs) and other terms and conditions stated herein.
6. Any interlineations, erasures or overwriting shall be valid only if they are signed or initiated by Suppliers/bidders or any of his/duly authorized representative/s.
7. The item/s shall be delivered according to the requirements specified in the Tech Specs and at the official address of PhilHealth Regional Office IV-B and/or Local Health Insurance Offices (LHIOs).
8. PRO IV-B shall have the right to inspect and/or to test the goods to check their conformity to the Tech Specs.
9. Defective, incompatible or non-compliant goods/services as to Tech Specs when quoted shall be rejected and returned to the supplier/service provider at the time of the delivery/provision/rendition of goods/services.
10. In case of two or more suppliers are determined to have submitted the **lowest calculated quotation**, PRO IV-B shall adopt and employ "draw lots" as the tie-breaking method to finally determine the single winning supplier in accordance with the GPPB Circular 06-2005.
11. The supplier/service provider shall send Billing Statement (BS)/Statement of Account (SOA) to PRO IV-B after the goods/services agreed upon shall have been completed in satisfactory manner as accepted by PRO IV-B's authorized representative and upon complete submission of the required documents in accordance to existing accounting and auditing rules and regulations.
12. PRO IV-B shall pay its obligation with the supplier/service provider within thirty (30) working days from the date of receipt of the BS/SOA from the latter.
13. 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. PRO IV-B 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.
14. A **1% warranty security** in the form of **retention fee** shall be automatically deducted from the gross amount of the contract for a minimum warranty period of (3) months for expendable goods or (1) year warranty period 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.
15. The contracting parties shall comply with Office Order No. 0018-2015 "Reiteration of PhilHealth No Gift Policy (Revision 2). No PhilHealth personnel shall solicit, demand or accept, directly or indirectly, any gift from any person, group or association or juridical entity, whether from public or private sector, anytime, or off the work premises where such gift is given in the course of official duties or which in connection with any transaction which may affect the functions of their office or influence the actions of directors or employees or create the appearance of a conflict of interest.
16. 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.
17. The individual representing the supplier/service provider as stated in the preliminary consideration of the contract declares and states that he/she had been duly authorized by the entity's board of director/trustees or owners to negotiate, enter and sign the contract. If such representation proves to be false, he/she fully understands that he/she can be held personally liable for any legal consequences that may arise therefrom.
18. Ensure submission of the following necessary attachments. If sole proprietorship: duly notarized Special Power of Attorney for authorized representative. If partnership, corporation, cooperative or joint venture: duly notarized Secretary's Certificate, Board/Partnership Resolution or Special Power of Attorney designating the entity's authorized representative.
19. The parties and all of their representatives who will be involved in the implementation of the contract shall sign a Non-Disclosure Agreement (NDA) and maintain strict confidentiality on any information accessed from PhilHealth. This condition shall apply even after the Contract ends. The supplier/bidder shall not disclose any proprietary or confidential information relating to PhilHealth or to the Contract without prior written consent from the latter.
20. The ***Philippine Health Insurance Corporation IV-B*** reserves the right to reject any and all bids, declare a failure of bidding, or not award the contract at any time prior to contract award in accordance with Section 41 of RA 9184 and its IRR, without thereby incurring any liability to the affected bidder or bidders.



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PRICE QUOTATION

RFQ No. PRO-PROC-2025-070

Procurement of Training Package on Conflict Management

Item/s	Approved Budget for the Contract	Unit	Qty	Unit Price	Total Amount
Procurement of Training Package on Conflict Management	P105,000.00	lot	1		
GROSS Total					

Delivery Period : 2nd Quarter of 2025

Place of Delivery : PhilHealth Regional Office IV-B

After having carefully read and accepted your Terms and Conditions, I/We quote on the item/s at prices and commit to comply with the Terms and Conditions, Technical Specifications, and deliver the item/s above. Price Quotation is valid until **December 31, 2025**.

Company Name/Business Name : _____

Business Address : _____

Contact Number / E-mail address : _____

Signature over Printed Name

Authorized Representative

Position : _____

Date : _____

Received by: _____

Procurement Unit :

Date :

To be filled-out by PhilHealth

