



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF BUDGET AND MANAGEMENT
GENERAL SOLANO STREET, SAN MIGUEL, MANILA

REQUEST FOR QUOTATION

The Department of Budget and Management (DBM), through its Administrative Service (AS), will undertake a Small Value Procurement for the "*Pest Control Services*" in accordance with Section 53.9 of the Implementing Rules and Regulations of Republic Act No. 9184.

- Name of Project** : "*Pest Control Services*"
- Approved Budget for the Contract** : Five Hundred Ninety Four Thousand Pesos (Php594,000.00)
- Specifications** : See the attached Annex "A" for specifications
- Location** : G/F DBM Building III, Gen. Solano St., San Miguel, Manila
- Delivery Term** : See the attached Schedule of Requirements
- Contract Duration** : One (1) year

Interested suppliers are required to submit their valid and current Mayor's Permit, Income/Business Tax Return, PhilGEPS Registration Certificate, Statement of Compliance, Schedule of Requirements, Omnibus Sworn Statement, and price quotation form (Annex "A").

Award of contract shall be made to the lowest quotation, which complies with the minimum description as stated above and other terms and conditions stated in the price quotation form.

Any interlineations, erasures or overwriting shall be valid only if they are signed or initialled by the bidder or his/her duly authorized representative/s.

Submission of quotation and eligibility documents is on or before 3:00 p.m. of **February 24, 2017** at the Administrative Service, Ground Floor, DBM Bldg. III, Gen. Solano St., San Miguel, Manila. Open submission may be submitted, manually or through facsimile at fax no. 735-1957.

For inquiry, you may contact us at tel. nos. 735-4902 or 791-2000 local 3115.

Very truly yours,


ATTY. ANDREA CELENO M. MAGTALAS
Director IV, Administrative Service

PRICE QUOTATION FORM

Date: _____

The Administrative Service
 Department of Budget and Management
 Ground Floor, DBM Bldg. III, Gen. Solano St.,
 San Miguel, Manila

Sir/Madam:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our quotation/s for the item/s as follows:

Description	Specification	Quantity	Unit Price	Total Price
Pest Control Services	Pest Control Preventive Maintenance for one (1) year (Please see attached Technical Specifications)	1 lot		
Total (inclusive of VAT)				

(Amount in Words) _____

The above-quoted prices are inclusive of all costs and applicable taxes.

Very truly yours,

 Name/Signature of Representative

 Name of Company

 Contact No.

TECHNICAL SPECIFICATIONS

ITEM	TECHNICAL SPECIFICATIONS	STATEMENT OF COMPLIANCE
1.	<p>Pest Control Preventive Maintenance in the internal premises of all DBM buildings (frequency in accordance with the Schedule of Requirements), as follows: Building I, II, III and Gym.</p> <p>I. Pest Control Services</p> <p>1.1 Pest control treatment of cockroach, mosquitoes, flies and other crawling and flying insect; rat and mice control.</p> <p>1.2 Residual Insecticidal Spraying (Thermal Fogging/Misting) weekly spray all floor drains at kitchen area, bathrooms, store rooms, conference rooms, ornamental plants and other areas where drain pose a potential harborage. Must be odorless and non-staining.</p> <p>1.3 Application of insecticide in places and areas where insects/pest congregate, crawl and hide including cracks and crevices where they enter as well as undersides of furniture and appliances.</p> <p>1.4 Application of insecticidal bait/gel near harborage and aggregation areas, such as corners of movement, electrical wirings, telephone apparatus, etc. using advanced and delivery system gel abatement.</p> <p>1.5 General survey and thorough inspection of the entire premises to determine the location of other unforeseen breeding sites of flying insects.</p> <p>1.6 Spraying/misting of larvicides areas</p>	

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	<p>where mosquitoes including adult flies and other small flying insects take refuge, and immediate cleaning of office furniture and equipment that were affected by the chemical/solutions used in spraying/misting.</p> <p>1.7 Inspection of the entire area most particularly the kitchen area, storerooms, ceilings and other potential harborage to determine the species of pest, their feeding habits and harborage. To check signs of infestation, including dropping, damages, urine, runs, foot prints, smear and nests.</p> <p>1.8 Regular inspection of all baits trays and baits stations installed at regular intervals as indicated on the rodents. location map. This is aimed to determine the "bait total intake" and to replenish baits.</p> <p>1.9 Set up rodentical bait preparation inside the building and susceptible harborage for rats/mice. Use anti-coagulant poison to avoid bait-shyness and outsmart the sharp instinct of rats and mice through its slow kill effect.</p> <p>1.10 Install mechanical rat and mouse traps and glue boards around the perimeter area of the building where poison baits are not appropriate.</p>	
2.	<p>Safety Measures in the use of Pesticide Chemicals/Solutions</p> <ol style="list-style-type: none"> 1. Chemicals/solutions to be used by the Supplier must be approved by the Food and Drug Administration (FDA). 2. The Supplier shall ensure that all chemicals/solutions to be used shall not pose as a health hazard to the occupants of the building. 	

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	<p>3. The Supplier shall follow all safety precautions in the application and handling of all pesticide and termiticide chemicals/solutions.</p> <p>4. The Supplier shall ensure that all office areas, including floorings, walls, office furniture and fixtures, etc., will have no stain marks or droplets of chemicals/solutions used.</p>	
3.	<p>Inspection of Chemicals/Solutions to be Used</p> <p>In every treatment to be conducted by the Supplier, the chemicals/solutions to be used shall be subject to prior inspection and approval of the AS-GSD.</p>	
4.	<p>Reports</p> <p>Submission of a monthly accomplishment report/checklist to AS-GSD indicating therein the areas that were treated and monitored, duly confirmed/acknowledged by the DBM representative present during the treatment.</p>	

I hereby certify to comply with all the above Technical Specifications.

Name of Company/Bidder

Signature over Printed Name of Representative

Date

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SCHEDULE OF REQUIREMENTS

ITEM	SCHEDULE OF REQUIREMENTS	DELIVERY DATE (DBM Buildings 1, 2, 3 and Multi Purpose Building)
1.	<p>A. Pest Control Preventive Maintenance</p> <p>1. Flying and Crawling Insects/Pests:</p> <p>1.1 Residual insect control pesticide services to eradicate nuisance insect pests.</p> <p>1.2 Spray treatment for cracks and crevices, undersides of furniture and appliances.</p> <p>1.3 Misting of hallways, ornamental plants and other facilities.</p> <p>1.4 Thermal fogging of hallways, ornamental plants and other facilities.</p> <p>1.5 Placement of insecticidal bait/gel in all pantry, DBM Canteen and Executive Lounge area, all comfort room/stockroom and electrical room areas.</p> <p>2. Rodents (rats and mice)</p> <p>2.1 Install rodent glue and trip cage traps in locations that serve as entry point/access for rodents.</p> <p>2.2 Install of mapped and numbered pitch-fiber baiting stations.</p>	<p>Twice a month</p> <p>Twice a month</p> <p>Weekly</p> <p>Monthly</p> <p>Monthly</p> <p>Twice a month</p> <p>Twice a month</p>
2.	<p>Inspection of Chemicals/Solutions to be Used</p> <p>In every treatment to be conducted by the Supplier, the chemicals/solutions to be used shall be subject to prior inspection and approval of the AS-GSD.</p>	<p>As necessary</p>

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3.	Reports Submission of a monthly accomplishment report to AS-GSD indicating therein the areas that were treated and monitored, duly confirmed/ acknowledged by the DBM representative present during the treatment	Monthly
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I hereby certify to comply and deliver all the above requirements.

Name of Company/Bidder

Signature over Printed Name of Representative

Date

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Omnibus Sworn Statement

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF _____) S.S.

AFFIDAVIT

I, [Name of Affiant], of legal age, [Civil Status], [Nationality], and residing at [Address of Affiant], after having been duly sworn in accordance with law, do hereby depose and state that:

1. **Select one, delete the other:**

If a sole proprietorship: I am the sole proprietor of [Name of Bidder] with office address at [address of Bidder];

If a partnership, corporation, cooperative, or joint venture: I am the duly authorized and designated representative of [Name of Bidder] with office address at [address of Bidder];

2. **Select one, delete the other:**

If a sole proprietorship: As the owner and sole proprietor of [Name of Bidder], I have full power and authority to do, execute and perform any and all acts necessary to represent it in the bidding for [Name of the Project] of the [Name of the Procuring Entity];

If a partnership, corporation, cooperative, or joint venture: I am granted full power and authority to do, execute and perform any and all acts necessary and/or to represent the [Name of Bidder] in the bidding as shown in the attached [state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate issued by the corporation or the members of the joint venture)];

3. [Name of Bidder] is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board;
4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;
5. [Name of Bidder] is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. **Select one, delete the rest:**

If a sole proprietorship: I am not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

If a partnership or cooperative: None of the officers and members of [Name of Bidder] is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

If a corporation or joint venture: None of the officers, directors, and controlling stockholders of [Name of Bidder] is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. [Name of Bidder] complies with existing labor laws and standards; and

8. [Name of Bidder] is aware of and has undertaken the following responsibilities as a Bidder:

- a) Carefully examine all of the Bidding Documents;
- b) Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
- c) Made an estimate of the facilities available and needed for the contract to be bid, if any; and
- d) Inquire or secure Supplemental/Bid Bulletin(s) issued for the [Name of the Project].

9. [Name of Bidder] did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.

IN WITNESS WHEREOF, I have hereunto set my hand this ___ day of ___, 20__ at _____, Philippines.

Bidder's Representative/Authorized Signatory

SUBSCRIBED AND SWORN to before me this ___ day of [month] [year] at [place of

execution], Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No.02-8-13-SC). Affiant/s exhibited to me his/her *[insert type of government identification card used]*, with his/her photograph and signature appearing thereon, with no. _____ and his/her _____ No. _____ issued on _____ at _____.

Witness my hand and seal this ____ day of *[month]* *[year]*.

NAME OF NOTARY PUBLIC

Serial No. of Commission _____

Notary Public for _____ until _____

Roll of Attorneys No. _____

PTR No. __, *[date issued]*, *[place issued]*

IBP No. __, *[date issued]*, *[place issued]*

Doc. No. _____

Page No. _____

Book No. _____

Series of _____