



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**, intends to procure "**SUPPLY AND DELIVERY OF VARIOUS MEDICAL EQUIPMENT**" for CY 2020 in accordance with **Section 53.9** (Negotiated Procurement – Small Value Procurement) of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184. The Approved Budget for the Contract (ABC) is **Three Hundred Thousand Pesos only (Php 300,000.00)**.

Please quote your **best offer** for the item/s described herein, **subject to the Terms and Conditions** provided at the last page of this Request for Quotation (RFQ). Submit your quotation duly signed by your authorized representative **not later than OCT 07 2020, 2:00 p.m.** at the Administrative Service – Procurement Management Division, Ground Floor, DBM Bldg. III, General Solano St., San Miguel, Manila. Quotations may also be submitted through facsimile or email at the address and contact numbers indicated below.

A copy of your 2020 **Business/Mayor's Permit¹** and **PhilGEPS Registration Number** is also required to be submitted along with your signed quotation/proposal. A valid Certificate of PhilGEPS Registration (Platinum Membership) may be submitted in lieu of the Mayor's/Business Permit.

The **Omnibus Sworn Statement² (GPPB-prescribed forms), Income/Business Tax Return³ (for ABC's above Php 500k)** will also be required to be submitted *prior to award*.

For any clarification, you may contact us at telephone no. **(02) 8657-3300 local 3115** or email address at estipona@dbm.gov.ph.

JOYCE D. LABAO
OIC-Chief Administrative Officer

¹In case of recently expired Mayor's/Business permit, it shall be accepted together with its official receipt as proof that the bidder has applied for renewal within the period prescribed by the concerned local government unit, provided that the renewed permit shall be submitted after award of contract but before payment in accordance with item 6.2 of Government Procurement Policy Board (GPPB) Resolution No. 09-2020.

²In case of Unnotarized Omnibus Sworn Statement, it shall be accepted, provided that the notarized Omnibus Sworn Statement shall be submitted after award of contract but before payment in accordance with item 6.3 of GPPB Resolution No. 09-2020.

³Manually filed tax returns or filed through the EFPS

Date: _____

Name of Company: _____

Address: _____

Name of Store/Shop: _____

Address: _____

TIN: _____

PhilGEPS Registration Number: _____

INSTRUCTIONS:

- (1) Accomplish this RFQ correctly and accurately.
- (2) Do not alter the contents of this form in any way.
- (3) All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- (4) Failure to follow these instructions will disqualify your entire quotation.

Sir/Madam:

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

TECHNICAL SPECIFICATION

1. Please quote your **best offer** for the item/s below. Please do not leave any blank items. Indicate "0" if the item being offered is for free.
2. Bidders must state "Comply" or any equivalent term in the column "Bidder's Statement of Compliance" against each of the individual parameters of each Specification.

Item	Description	Total Quantity	Bidder's Statement of Compliance	Unit Cost (Vat Inclusive)	Total Cost (Vat Inclusive)
	<i>SEE ATTACHED FILE FOR THE TECHNICAL SPECIFICATIONS</i>				
A.	Blood Pressure Aneroid with Wheels	1 unit			
B.	Medicine Cabinet	1 unit			
C.	Medicine Box	3 sets			
D.	Revolving Stool	3 pcs			
E.	Weighing Scale (Heavy Duty)	1 unit			
F.	Oxygen Tank (50 lbs)	2 sets			

G.	Oxygen Tank (5 lbs)	2 sets			
H.	Nebulizing Kit	2 sets			
I.	Hospital Bed with Mattress	2 units			
J.	White Mattress/Bed Cover	12 pcs			
K.	Stethoscope	3 pcs			
L.	Folding Stretcher	2 pcs			
M.	Thermometer	3 pcs			
N.	Diabetic Glucometer	3 sets			
O.	Fingertip Pulse Oximeter	3 sets			

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

SCHEDULE OF REQUIREMENTS

A.	Delivery within fifteen (15) working days after issuance of Notice to Proceed (NTP).
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FINANCIAL OFFER

Approved Budget for the Contract	Total Offered Quotation
Three Hundred Thousand Pesos only (Php 300,000.00)	In words: _____ _____ _____ _____ In figures: _____ _____ _____ _____

Technical Specifications

Item	Specification													
	<p>Blood Pressure Aneroid with Wheels</p> <table border="1" style="width: 100%;"> <tr> <td>Measurement Range</td> <td>0-300mmHg</td> </tr> <tr> <td>Inflation Method</td> <td>Inflation and Air Release by Manual</td> </tr> <tr> <td>Display</td> <td>Square Aneroid Scale (0300mmHg)</td> </tr> <tr> <td>Cuff size</td> <td>511 x 145 mm (Self Measurement Type or Nurse type</td> </tr> <tr> <td>Cuff Material</td> <td>Deluxe Nylon or Cotton Fabric</td> </tr> <tr> <td>Specialize</td> <td>Fits All Sickbed, Dialysis Room, Operating Room and Any Other Medical Specialization Room</td> </tr> </table>	Measurement Range	0-300mmHg	Inflation Method	Inflation and Air Release by Manual	Display	Square Aneroid Scale (0300mmHg)	Cuff size	511 x 145 mm (Self Measurement Type or Nurse type	Cuff Material	Deluxe Nylon or Cotton Fabric	Specialize	Fits All Sickbed, Dialysis Room, Operating Room and Any Other Medical Specialization Room	
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Cuff Material	Deluxe Nylon or Cotton Fabric													
Specialize	Fits All Sickbed, Dialysis Room, Operating Room and Any Other Medical Specialization Room													
	<p>Medicine Cabinet</p> <p>Single Glass Door with Lock Three (3) Glass Shelves Metal side cover One (1) Center Drawer Lower Metal Shelves without drawer Four (4) Wheels Dimension: 31" x 60" x 16" Stainless Steel</p>													
	<p>Medicine Box</p> <p>Plastic (Material) Large Portable Three (3) Layer Dimension: 31cm x 18cm x 16cm</p>													
	<p>Revolving Stool</p> <p>Color : Black Seat Material/cover: Leather Seat Diameter : 33cm Height: 43 cm -57 cm</p>													
	<p>Weighing Scale (Heavy Duty)</p> <p>Superior Accuracy Heavy duty understructure (can be used for a long period of time, yet getting the measurement is still accurate and readable) Die cast beam, and aluminum on black insert Easily read from either side Factory assembled Capacity: 400 lb x 4 oz (180 kg x 100 g) Platform Size: 10-1/2 x 14-1/2 inches (267 x 368 mm) Height Rod: Measures 30-78 inches (76-198 cm) Scale height: 59 inches (1.5 m) Cartoon size: Height: 57" x Width: 19 1/2" x Length: 5 1/2" 20kg</p>													
	<p>Oxygen Tank (50lbs) 50 pounds</p>													
	<p>Oxygen Tank (5lbs) w/ sling</p> <p>Cylinders are cleaned for medical oxygen service. Safety paint protects cylinder sidewall & provides heat detection</p>													

	<p>Cylinder finish is easy to clean and maintain Straight thread design eliminates thread damage</p>	
	<p>Nebulizer</p> <p>Piston Compressor Color: Black Intended Use: All Ages Product Dimensions 5.75" x 4" x 6" Product Weight 2.75 lbs. Max Pressure 30+ PSI Particle Size 5 Microns or Less</p>	
	<p>Hospital Bed with Cranks & Mattress</p> <p>2 Cranks Dimension: 78 x 35 x 21 5 inches casters Double protection screw system P.P head and foot board Punching hole type bed board, high quality steel Aluminium guardrail With I.V.Drip High quality silence castor system</p>	
	<p>Mattress/Bed Cover White For Single Hospital Bed</p>	
	<p>Stethoscope</p> <p>Length: 69 cm Weight: 150g Applications/occupations: EMT/EMS, Medical Assistant, Nurse, Nursing Student Acoustic performance: 7 Special adaptors: Yes</p> <p>CHEST PIECE Construction: Two-sided, adult and pediatric Material: Stainless steel Weight: 82g Diaphragm type: Tunable, single-piece Diaphragm diameter: Adult: 4.3cm, Pediatric: 3.3cm</p> <p>TUBING Construction: Single lumen (single acoustic channel within tube) Material: Not made with natural rubber latex or phthalate plasticisers</p> <p>HEADSET Material: Wide diameter aerospace alloy / anodized aluminum</p> <p>EAR TIPS Ear tip type: Soft Sealing Extra Ear tips: Yes</p>	
	<p>Folding Stretcher</p> <p>High strength AL-alloy material Surface made of nylon mesh Light weight, portable, easy to carry out and safety to use Load capacity: 160 kg Laid flat size: 220 x53 x14cm Load capacity: 160 kg</p>	

Q2

	<p>Thermometer</p> <p>Non-Contact Infrared Forehead Thermometer Power supply : 2pcs AAA Battery Measurement Site: Forehead Measurement Range: 34.0-42.0 Degrees Celsius Measurement Distance: 2-5cm</p>		
	<p>Fingertip Pulse Oximeter</p> <p>Artery Check Technology (ACT) embedded Instant readings of SpO2, heart rate and artery condition in 1 minute Shield Design against ambient light Biocompatibility protection Pulse Strength Indicator Visible & audible alarm Two way, two color OLED display String-attached</p>		

[Handwritten signature]

Payment Details:	Payment shall be made promptly, but in no case later than sixty (60) days, through Land Bank's LDDAP-ADA/Bank Transfer facility after submission of billing statement/invoice and upon fulfillment of other obligations as stipulated in the contract as well as upon inspection and acceptance of the goods by the end user.
Banking Institution	
Account Number	
Account Name	
Branch	

Signature over Printed Name

Position/Designation

Office Telephone No.

Fax/Mobile No.

Email address/es

TERMS AND CONDITIONS

1. Bidders shall provide correct and accurate information required in this form.
2. Price quotation/s must be valid for a period of *sixty (60) calendar days* from the date of submission of quotation.
3. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
4. Quotations exceeding the Approved Budget for the Contract shall be rejected.
5. Award of contract shall be made to the lowest calculated and responsive quotation (for goods and infrastructure) or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
6. 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.
7. The item/s shall be delivered according to the requirements specified in the Technical Specifications.
8. The DBM shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
9. In case two or more bidders are determined to have submitted the Lowest Calculated Quotation/Lowest Calculated and Responsive Quotation, the DBM shall adopt and employ "draw lots" as the tie-breaking method to finally determine the single winning provider in accordance with GPPB Circular 06-2005.
10. **Payment shall be processed after delivery and upon the submission of the required supporting documents, in accordance with existing government accounting rules and regulations. Please note that the corresponding bank transfer fee, if any, shall be chargeable to the contractor's account.**
11. 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. The DBM shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.

Signature over Printed Name

Position/Designation

Office Telephone No.

Fax/Mobile No.

Email address/es

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]*s 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 ____