



**REQUEST FOR QUOTATION**

**PURCHASE REQUEST NO. 24-0058**

**CANVASS PERIOD: 06 to 11 September 2024**

**Name of Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Tax ID Number (TIN):** \_\_\_\_\_

**PhilGEPS Registration Number:** \_\_\_\_\_

The Governance Commission for GOCCs (GCG) formally requests a corporate proposal/quotation for the procurement of **ONE (1) LOT SUPPLY AND DELIVERY OF MEDICAL EQUIPMENT FOR GCG MAIN OFFICE CLINIC.**

Attached is Purchase Request No. 24-0058 with an Approved Budget for the Contract (ABC) of **Sixty Thousand Six Hundred Pesos Only (P60,600.00)**. Kindly fill out the attached RFQ Form which will be included with the other documentary requirements indicated therein.

Please be informed that all submissions via email must be sent to [procurement@gcg.gov.ph](mailto:procurement@gcg.gov.ph) with subject name: **“Submission for the procurement of ONE (1) LOT SUPPLY AND DELIVERY OF MEDICAL EQUIPMENT FOR GCG MAIN OFFICE CLINIC.”**

On the other hand, **all physical submissions must be labeled and addressed:**

<b>ATTENTION:</b>	<b>The Bids and Awards Committee, GCG</b>
<b>RE:</b>	Submission for the Procurement of <b>ONE (1) LOT SUPPLY AND DELIVERY OF MEDICAL EQUIPMENT FOR GCG MAIN OFFICE CLINIC.</b>

**THE SUBMISSION MUST LIKEWISE CONTAIN THE FOLLOWING DOCUMENTARY REQUIREMENTS:**

1. Supplier's/Service Provider's 2024 Mayor's/Business Permit
2. PhilGEPS Certificate of Registration or Registration Number;
3. Notarized Omnibus Sworn Statement (See attached Template); **and**



4.

IF THE SUPPLIER/SERVICE PROVIDER IS:	DOCUMENTARY REQUIREMENT
a.) A Corporation	a.1.) Securities and Exchange Commission (SEC) Certificate <b>and,</b> a.2.) <b>Notarized Secretary’s Certificate</b> granting full power and authority for the designated person to do, execute and perform any and all acts necessary <b><u>to participate, submit the bid,</u></b> and <b><u>to sign and execute the ensuing contract</u></b> for the prospective supplier/service provider;
b.) A Sole Proprietorship	b.1.) Department of Trade and Industry (DTI) Certificate; <b>and,</b> b.2.) <b><u>if the authorized representative is not the proprietor himself/herself,</u></b> Notarized Special Power of Attorney (SPA), granting full power and authority for the same to do, execute and perform any and all acts necessary <b><u>to participate, submit the bid,</u></b> and <b><u>to sign and execute the ensuing contract</u></b> for the prospective supplier/service provider,
c.) A Partnership	c.1.) SEC Registration of partnership; <b>and;</b> c.2.) Notarized partnership resolution granting full power and authority for the designated person to do, execute and perform any and all acts necessary <b><u>to participate, submit the bid,</u></b> and <b><u>to sign and execute the ensuing contract</u></b> for the prospective supplier/service provider

5. **If applicable,** documentation **from prospective foreign service providers/suppliers** as required in accordance with item 4.0, Appendix 9 of the 2016 Revised Implementing Rules and Regulations of Republic Act no. 9184.

Failure to submit **ALL** of the required documents with the **Request for Quotation form signed by the bidder’s authorized representative before the deadline on 11 September 2024, 2:00 pm** renders the submission, **NON-COMPLIANT**

For further inquiries, you may reach us at 5328 2030 local 371 or 415 or send an email to: [procurement@gcg.gov.ph](mailto:procurement@gcg.gov.ph).

Thank you.



**QUOTATION FORM**

**INSTRUCTIONS**

- 1) Accomplish this Quotation Form Correctly and Accurately
- 2) Do not alter the contents of this form in any way.
- 3) All technical specifications are mandatory. Failure to comply unconditionally with any of the mandatory requirements will render the quotation, non-compliant.
- 4) In cases involving a tie among bidders, the procuring entity will bring the concerned service providers/suppliers to agree on a method to break the tie which shall be non-discretionary/non-discriminatory and is similarly based on sheer luck or chance.
- 5) Failure to follow these instructions will disqualify your entire quotation.
- 6) **Project has several items grouped into several lots, which shall be awarded as separate contracts per lot.**
- 7) **The bidder may submit/offer a bid proposal in one or more lots.**

**AFTER HAVING CAREFULLY READ AND ACCEPTED THE TERMS AND CONDITIONS, I/WE SUBMIT OUR QUOTATION/S FOR THE ITEMS AS FOLLOWS:**

**ONE (1) LOT SUPPLY AND DELIVERY OF MEDICAL EQUIPMENT FOR GCG MAIN OFFICE CLINIC  
 (PERIOD OF CANVASS: 06 to 11 September 2024)**

**TECHNICAL SPECIFICATIONS**

ITEM DESCRIPTION	QTY	UNIT	YES	NO	COMMENTS
<b>LOT 1: BLOOD GLUCOSE MONITOR/URIC ACID MONITOR AND NEBULIZER</b>					
<b>1. BLOOD GLUCOSE MONITOR/URIC ACID MONITOR</b> <ul style="list-style-type: none"> <li>• Meter identifies strips automatically</li> <li>• Large LCD Display</li> <li>• 200 Test Results Memory (Glucose)</li> <li>• 50 Test Results Memory (Cholesterol)</li> <li>• 50 Test Results Memory (Uric Acid)</li> <li>• 7,14,28 Days Glucose Test Averaging</li> <li>• Auto Power On/Off.</li> </ul>	<b>1</b>	<b>PIECE</b>			
<b>2. NEBULIZER</b> <ul style="list-style-type: none"> <li>• High Nebulization Rate of 0.4ml/min ensures optimized treatment duration</li> <li>• Small Particle Size of MMAD 3um to reach lower airway for effective nebulization</li> <li>• Aerosol Output 0.4 ml</li> <li>• Aerosol Output Rate 0.06 ml/min</li> <li>• 7 ml medication capacity with minimal residual medication</li> </ul>	<b>1</b>	<b>PIECE</b>			

**ONE (1) LOT SUPPLY AND DELIVERY OF MEDICAL EQUIPMENT FOR GCG MAIN OFFICE CLINIC  
(PERIOD OF CANVASS: 06 to 11 September 2024)**

**TECHNICAL SPECIFICATIONS**

ITEM DESCRIPTION	QTY	UNIT	YES	NO	COMMENTS
<b>LOT 2: DIGITAL EAR THERMOMETER, DISPOSABLE EAR THERMOMETER COVER, PENLIGHT WITH OTOSCOPE, SPHYGMOMANOMETER (STANDING), AND SPHYGMOMANOMETER</b>					
<b>1. DIGITAL EAR THERMOMETER:</b> <ul style="list-style-type: none"> <li>• Instant Measurement in 1 second</li> <li>• Measures Temperature in Celsius</li> <li>• LCD displays temperature from 34 to 44 degrees Celsius</li> <li>• Accuracy: ±0.2 degrees</li> <li>• Memory: 10 measurements</li> <li>• Auto shut-off: Yes (1 min after idle)</li> <li>• Battery Included</li> </ul>	1	PIECE			
<b>2. DISPOSABLE EAR THERMOMETER COVER:</b> <ul style="list-style-type: none"> <li>• 20 pieces per box.</li> <li>• Transparent</li> </ul>	4	BOX			
<b>3. PENLIGHT WITH OTOSCOPE:</b> <ul style="list-style-type: none"> <li>• Optic Fiver Illumination provides homogenous and reflex free illumination of ear canal and tympanum</li> <li>• Pupil Dilation gauge on the side to give accurate diagnosis</li> <li>• 4 reusable tips are attached for different ear canal</li> <li>• Battery included</li> </ul>	1	SET			
<b>4. SPHYGMOMANOMETER (STANDING)</b> <ul style="list-style-type: none"> <li>• Measures blood pressure by inflating the cuff to suppress and release the artery in a controlled manner to measure pulse.</li> <li>• 300 mm aneroid meter</li> <li>• Vertical angulation for easy reading</li> <li>• Cotton cuff</li> <li>• 5 wheels with brake</li> <li>• Metal basket</li> </ul>	1	PIECE			

**ONE (1) LOT SUPPLY AND DELIVERY OF MEDICAL EQUIPMENT FOR GCG MAIN OFFICE CLINIC  
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**TECHNICAL SPECIFICATIONS**

ITEM DESCRIPTION	QTY	UNIT	YES	NO	COMMENTS
<b>5. SPHYGMOMANOMETER:</b> <ul style="list-style-type: none"> <li>• Aneroid Sphygmomanometer</li> <li>• Pressure gauge has a rubber bumper casing (shock guard)</li> <li>• Can measure systolic blood pressure ranging from 0-300 mmHg</li> </ul>	1	PIECE			
<b>LOT 3: MEDICAL CABINET</b>					
<b>1. MEDICAL CABINET</b> <ul style="list-style-type: none"> <li>• 2 door glass slide with 3 glass shelves</li> <li>• Metal side</li> <li>• 4 mounted swivel rubber caster wheels</li> <li>• Door lock provided</li> <li>• Dimension: At least 16" (L) x 31" (W) x 60" (H)</li> </ul>	1	PIECE			
<b>LOT 4: PLASTIC CONTAINER, HOSPITAL SLEEPER CHAIR/BED, AND FIRST AID CARDIOPULMONARY RESUSCITATION (CPR) MASK</b>					
<b>1. PLASTIC CONTAINER:</b> <ul style="list-style-type: none"> <li>• Transparent</li> <li>• Dimension: At least 7.5 x 7.5x 2.6 cm</li> <li>• Must fit the Medical Cabinet</li> </ul>	5	PIECE			
<b>2. HOSPITAL SLEEPER CHAIR/BED</b> <ul style="list-style-type: none"> <li>• Multi-functional hospital care bed, medical folding care chair</li> <li>• Stable bearing at least 200kg</li> </ul>	1	PIECE			
<b>3. PROFESSIONAL FIRST AID CARDIOPULMONARY RESUSCITATION (CPR) MASK</b> <ul style="list-style-type: none"> <li>• One-way valve</li> <li>• CPR pocket mask with O2O inlet</li> <li>• With operating instruction</li> <li>• Material: Plastic + Silicone</li> <li>• Mask size: 12.5 x 10 x 8cm (min.)</li> </ul>	1	PIECE			

**ONE (1) LOT SUPPLY AND DELIVERY OF MEDICAL EQUIPMENT FOR GCG MAIN OFFICE CLINIC  
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**TERMS**

ITEM DESCRIPTION	YES	NO	COMMENTS
1. Inclusive of delivery charge.			
2. Replacement of defective item to GCG without additional charge.			
3. All items should be delivered within ten (10) working days upon receipt of the Purchase Order			
4. GCG shall be given twenty (20) working days upon submission of complete billing documents for payment processing.			

**Note:**

*Project has several items grouped into several lots, which shall be awarded as separate contracts per lot.  
The bidder may submit/offer a bid proposal in one or more lots.*

**Terms of Payment:**

Pursuant to DBM Circular No. 2013-16 dated 23 Dec. 2013, the Procuring Entity (GCG) has adopted the Direct Payment Scheme (DPS) via bank debit system through the issuance of the List of Due payables due to creditors/payees.

Section 5.9.2 of the DBM Circular states, "bank charges shall be borne/paid by the creditor/payee concerned if their account is not maintained at Landbank."

**Supplier's/Service Provider's Bank Details:**

Banking Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Branch: \_\_\_\_\_

**FINANCIAL OFFER:** Please indicate your best offer for the items below. Please do not leave any item blank except for the lots you will not be participating. Quotation should be inclusive of Value Added Tax (VAT, if applicable). **The offered quotation should not exceed the ABC of the lot/s you will be participating.**

BREAKDOWN OF OFFER:					
LOT NO.	ITEM	QUANTITY/ UNIT		TOTAL ABC	UNIT PRICE
1	1. BLOOD GLUCOSE MONITOR/URIC ACID MONITOR	1	PIECE	P15,150.00	
	2. NEBULIZER	1	PIECE		
<b>TOTAL</b>					
2	1. DIGITAL EAR THERMOMETER	1	PIECE	P14,600.00	
	2. DISPOSABLE EAR THERMOMETER COVER	4	BOX		
	3. PENLIGHT WITH OTOSCOPE	1	SET		
	4. SPHYGMOMANOMETER (STANDING)	1	PIECE		
	5. SPHYGMOMANOMETER (ANEROID)	1	PIECE		
<b>TOTAL</b>					
3	1. MEDICAL CABINET	1	PIECE	P14,750.00	
4	1. PLASTIC CONTAINER	5	PIECES	P16,100.00	
	2. HOSPITAL SLEEPER CHAIR/BED	1	PIECE		
	3. PROFESSIONAL FIRST AID CARDIOPULMONARY RESUSCITATION (CPR) MASK	1	PIECE		
<b>TOTAL</b>					

**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 thirty (30) calendar days from the date of submission.
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 quotation (for goods and infrastructure) or, the highest rated offer (for consulting services) which complies with the specified 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 GCG shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
9. Payment shall be made after delivery and upon the submission of the required supporting documents, i.e., Order Slip and/or Billing statement, by the supplier, contractor or consultant. Our Government Servicing Bank, i.e., the Land Bank of the Philippines, shall credit the amount due to the identified bank account of the supplier, contractor or consultant not earlier than twenty-four (24) hours, but not later than forty-eight (48) hours, upon receipt of our advice. Please note that the corresponding bank transfer fee, if any, shall be chargeable to the account of the supplier, contractor, or consultant.

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**Signature over Printed Name  
of the Sole Proprietor or  
the Authorized Representative  
(for corporations and partnerships)**

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**Office Telephone /Fax/Mobile Nos**

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**Email address/es**