



Republic of the Philippines  
**PHILIPPINE COCONUT AUTHORITY REGION XIII**  
Regional Office, 2F South Boulevard Square., South Montilla Blvd., Butuan City

**REQUEST FOR QUOTATION**

Date: August 22, 2023

Quotation No.: RO- 2023 08 189

\_\_\_\_\_  
Registered Name of Supplier as written in Official Receipt  
\_\_\_\_\_  
Business Address of Supplier  
\_\_\_\_\_  
Tax Identification Number (TIN); indicate whether VAT or Non-VAT  
\_\_\_\_\_  
PhilGEPS Registration Number (required)

Philippine Coconut Authority Region XIII through its Bids and Awards Committee (BAC), intends to procure the  
**CFIDP Health Kit for Medical Mission on September 11, 2023** in accordance with  
**Sec. 53.9 (Negotiated Procurement - Small Value Procurement) of the Revised IRR of R.A. No. 9184.**

Please quote your **best offer** for the item/s described below, subject to the Terms and Conditions provided at the last page of this RFQ. Submit your quotation duly signed by you or your duly authorized representative **not later than August 28, 2023 at 5:00 PM**. A copy of your latest Mayor's/Business Permit and PhilGEPS Registration may be required to be submitted along with your quotation/proposal.

Open quotations may be submitted manually at the address indicated above or through facsimile at (085)341-4372 or email at regionxiii@pca.gov.ph.

**ERNALYN E. COLON**

Canvasser

**MANOLITO L. CASAPAO**

BAC Chairperson

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows:

**TECHNICAL SPECIFICATIONS**

1. Please quote your **best offer** for the item/s below. Please do not leave any items blank. Indicate "0" if 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 Price
	<b>CFIDP Health Kit for Medical Mission on September 11, 2023</b>  Inclusions: <b>a. CFIDP Pouch</b> <b>b. Over-the-counter medicines;</b> Ibuprofen 200mg caps (10 capsules) Carbocisteine 500mg caps (10 capsules) Cetirizine 200mg tabs (10 tablets) Ointment 30g <b>c. Vitamins and Supplements;</b> Vitamin B complex 100mg/5mg/50mcg (10 tablets) Ascorbic Acid/ Vitamin C tablet/ 500mg (10 tablets) <b>d. Dental Care;</b> Adult Toothbrush Toothpaste 193g	550		

**SCHEDULE OF REQUIREMENTS**

The delivery schedule expressed as weeks/months stipulates hereafter the delivery date to the project site.

Item	Description	Total Quantity	Delivery
1	CFIDP Health Kit for Medical Mission on September 11, 2023	550	before September 11, 2023

**FINANCIAL OFFER**

Item	Quantity	Approved Budget for the Contract	Your Total Offered Quotation
1	550	₱690,250.00	

**TERMS AND CONDITIONS**

1. ALL ENTRIES MUST BE HAND WRITTEN/TYPEWRITTEN;
2. SUPPLIERS SHALL PROVIDE CORRECT AND ACCURATE INFORMATION REQUIRED IN THIS FORM;
3. ANY INTERLINEATIONS, ERASURES OR OVERWRITING SHALL BE VALID ONLY IF THEY ARE SIGNED OR INITIALED BY THE SUPPLIER OR THE SUPPLIER'S AUTHORIZED REPRESENTATIVE;
4. PRICE QUOTATION(S) SHALL BE DENOMINATED IN PHILIPPINE PESO AND SHALL BE INCLUSIVE OF TAXES;
5. QUOTATIONS EXCEEDING THE ABC SHALL BE REJECTED INSTANTANEOUSLY;
6. PRICE VALIDITY SHALL BE FOR A PERIOD OF THIRTY (30) CALENDAR DAYS FROM DATE OF SUBMISSION;
7. SUPPLIER SHALL SUBMIT THE FOLLOWING DOCUMENTS PRIOR TO AWARD OR UPON REQUEST:
  - a. BUSINESS PERMIT/BIR REGISTRATION
  - b. LATEST INCOME/BUSINESS TAX RETURN
  - c. PHILGEPS REGISTRATION CERTIFICATE
  - d. NOTARIZED OMNIBUS SWORN STATEMENT
8. PURCHASE ORDER/CONTRACT SHALL BE AWARDED TO THE LOWEST 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;
9. IN CASE OF TWO OR MORE BIDDERS ARE DETERMINED TO HAVE SUBMITTED THE LOWEST CALCULATED QUOTATION/LOWEST CALCULATED AND RESPONSIVE QUOTATION, PCA 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. PCA SHALL HAVE THE RIGHT TO INSPECT AND/OR TEST THE GOODS TO CONFIRM THEIR CONFORMITY TO THE TECHNICAL SPECIFICATIONS;
11. WARRANTY SHALL BE FOR A PERIOD OF THREE (3) MONTHS FOR SUPPLIES AND MATERIALS, AND ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THIS OFFICE;
12. PAYMENT SHALL BE MADE THROUGH MDS CHECK AFTER DELIVERY AND UPON SUBMISSION OF THE REQUIRED SUPPORTING DOCUMENTS (SALES INVOICE OR BILLING STATEMENT) BY THE SUPPLIER. TERMS OF PAYMENT IS WITHIN THIRTY (30) CALENDAR DAYS FROM THE DATE OF ACCEPTANCE; AND
13. LIQUIDATED DAMAGES EQUIVALENT TO ONE TENTH OF ONE PERCENT OF THE VALUE OF THE GOODS NOT DELIVERED WITHIN THE PRESCRIBED DELIVERY PERIOD SHALL BE IMPOSED PER DAY OF DELAY.

\_\_\_\_\_  
Signature over Printed Name of Supplier or  
Supplier's Representative

\_\_\_\_\_  
Telephone/Mobile No.

\_\_\_\_\_  
Date