



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

REQUEST FOR QUOTATION

Date: September 15, 2023

Quotation No.: RO- 2023 09 219

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 HEALTHKIT for Medical & Dental Health Mission on September 28, 2023 in PDI 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 September 19, 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
1	CFIDP HEALTHKIT for Medical and Dental health Mission in San Jose, Dinagat Island on September 28, 2023 i. Inclusions : A. CFIDP POUCH B. OVER -THE COUNTER MEDICINE: * Ibuprofen/ 200 mg caps (10 capsules) * Carbocistine / 500 caps910 capsules) * Cetirizine / 10 mg tabs (10 capsules) * Loperamide / 2 mg caps(10 capsules) * Ointment / 30 g C. VITAMINS AND SUPPLEMENTS: * Vitamin B Complex / 100mg/5mg/50 mg (10 tablets) * Ascorbic Acid/ Vitamin C Tablet/500mg 910 tablets) D. DENTAL CARE * Adulth Toothbrush * Toothpaste / 193 grams	1		

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 and Dental health Mission on September 28, 2023 in Dinagat Island	1	Before September 26, 2023

FINANCIAL OFFER

Item	Quantity	Approved Budget for the Contract	Your Total Offered Quotation
1	1	Php 400,000.00	

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