

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Annex A

Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph and register for free."

RFQ No. 23- 0578 -NP-SVP

Date: 04-Apr-23

Company Name: _____
 Company Address: _____
 Contact Person: _____
 Contact No.: _____
 PhilGEPS Reg. No.: _____
 Company TIN: _____

Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
	3	box	Aluminum Magnesium 200 mg, 100 tablets			
	5	box	Ambroxol 35mg, 100 tablets			
	3	box	Ascorbic Acid 500mg, 100 tablets			
	3	box	Blumea balsamifera Sambong leaf 500 mg, 100 tablets			
	4	box	Carbocisteine 500mg, 100 tablets			
	4	box	Cefalexin 500mg, 100 tablets			
	3	box	Calcium Carbonate 500mg, 100 tablets			
	3	box	Zinc Oxide + Calamine, 20 sachets			
	3	box	Celecoxib 200mg, 100 tablets			
	3	box	Cetirizine 10mg, 100 tablets			
	4	box	Co-amoxiclav 625 mg			
	3	box	Diphenhydramine 50mg, 100 tablets			
	3	box	Domperidone 10mg, 100 tablets			
	3	box	Hyoscine N Butylbromide 10mg, 100 tablets			
	3	box	Ibuprofen 200mg, 100 tablets			
	4	box	Mefenamic Acid 500mg, 100 tablets			
	3	box	Multivitamins + Iron, 100 tablets			
	3	box	Multivitamins B1+B6+B12, 100 tablets			
	3	box	Omeprazole 20mg, 100 tablets			
	3	box	Oresol flavored 4.1g, 20 sachets			
	5	box	Paracetamol 500mg, 100 tablets			
	4	box	Phenylpropranolamine HCl 25 mg/2 mg/325 mg, 100 tablets			
	2	box	Prednisone 20mg, 100 tablets			
	3	box	Salbutamol Guaifenesin, 100 tablets			
	3	box	Sodium Ascorbate, 100 tablets			
	2	box	Vitamin B1+B6+B12, 100 tablets			
	6	bottle	Aluminum Magnesium syrup 200 mg/100 mg, 60ml			
	7	bottle	Ambroxol syrup 30mg/5ml, 60ml			
	7	bottle	Ambroxol drops 6mg/ml 15ml			
	7	bottle	Amoxicillin 250 mg/5ml 60ml			
	6	bottle	Ascorbic Acid drops 100mg/ml			
	40	bottle	Carbocisteine syrup 250 mg/5 mL			
	8	bottle	Carbocisteine drops 50mg/mL 15 mL			
	6	bottle	Cefalexin 250 syrup mg/5mL 60mL			
	6	bottle	Cefalexin drops 100 mg/mL			
	8	bottle	Cetirizine syrup 5 mg/5 mL 60ml			
	8	bottle	Cetirizine drops 5 mg/5 mL 10mL			
	8	bottle	Co-amoxiclav 457 mg/5 mL			
	4	bottle	Domperidone 1mg/mL 60mL			
	4	bottle	Bacillus 2 billion/5mL (10botts of 5mL)			
	4	bottle	Ibuprofen syrup 200mg/5 mL 60mL			
	6	bottle	Mefenamic Acid Syrup 50mg/5ml, 60 mL			

	6	bottle	Paracetamol syrup 250 mg/5mL 60 mL			
	10	bottle	Paracetamol drops 100 mg/mL 15 mL			
	40	bottle	Phenylpropanolamine syrup 6.25 mg/mL, 60 mL			
	10	bottle	Phenylpropanolamine syrup 6.26 mg/ml, 15 mL			
	3	bottle	Prednisone 10mg/5mL, 60ml			
	6	bottle	Vitamins + Iron 250 mL			
	6	bottle	Vitamins + Zinc 250 mL			
	5	bottle	Vitex negundo L. Lagundi Leaf 120 mL			
	5	bottle	Zinc Sulfate drops 27.5 mg/ml 15ml			
			*****NOTHING FOLLOWS*****			
			Approved Budget for the Contract			
			(ABC): Php 59,296.36			

PURPOSE: Regional Haven for Women - RHW Drugs and Medicines Supplies (Continuing-CMF)

PR No. 2023-03-0578

IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O) upon receipt of the P.O.

FAILURE to sign the original P.O means that the bidder

is not interested and will be a ground for suspension or blacklisting in DSWD's future biddings.

ARNEL V. RADAZA
Procurement Officer

Supplier

Signature over Printed Name

Company Name: _____
Company Address: _____
Contact Person: _____
Contact No. : _____
Philgeps Reg. No. : _____
Company TIN: _____

RFQ No.: 23- 0578 -NP-SVP
Date: 04-Apr-23

Sir/Madam:

Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in **Annex A**. Failure to indicate information could be basis for non – compliance. Also, furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are the exclusive manufacturer, distributor or agent in the Philippines for the goods listed in **Annex A** please attach in your quotation a duly notarized certification to this effect.

As a condition for award, you will be required to submit the following documentary requirements:

- * Accomplished Quotation (for goods or infra)/Proposal (for consulting)
- * Mayor's Permit
- * PhilGEPS Registration No.
- * PCAB license (for infra)
- * Income/Bussines Tax Returns for Contract with an ABC amounting above Php. 500k
- *Notarized Omnibus Sworn Statement for contracts with an ABC amounting to above Php. 50,000.00

Note:Submission of PhilGEPS Platinum Certificate of Registration and Membership is acceptable in lieu of the Mayor's Permit and PhilGEPS Reg. No.

Please accomplish and submit this form together with Annex A and all the required documents to DSWD – Procurement Unit, DSWD Field Office 10, Masterson Avenue, Upper Carmen, Cagayan de Oro City or email it to procurement.dswd.fo10@gmail.com not later than _____ of _____ . Quotations submitted to different email address as stated above shall not be considered for evaluation.

Very Truly Yours,

ARNEL V. RADAZA

DSWD 10 Procurement Officer

Terms and Conditions:

1. Award shall be made on per: Item Basis Total Quoted Price Lot Basis
2. Quotation validity shall be 6 Months
3. Goods/Services shall be delivered/conducted within 15-30 working days upon receipt of PO
4. Place of Delivery DSWD Field Office 10
5. Terms of Payment: 15-30 days after the inspections
Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable-Advice to Debit Account).
Account Name: _____ Account Number: _____
Bank Name _____
- *Note: Non Land Bank of the Philippines accounts shall be charged a service fee.
6. Liquidated Damages/Penalty: *In case of failure to make full delivery within the time specified above, the amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay. Once the cumulative amount of liquidated damages reaches ten (10%) of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.*
7. For goods, please indicate brand, model and country of origin.
8. In case of discrepancy between unit cost and total cost, unit cost shall prevail.
9. Please indicate Warranty _____
10. In case of a tie, the contract shall be awarded to the supplier or service provider who first submitted its quotation.
website at www.philgeps.gov.ph and register for free."

ARNEL V. RADAZA
Procurement Officer

Signature over Printed Name

Republic of the Philippines
Department of Social Welfare and Development
Field Office No. 10
Cagayan de Oro City

PROOF OF RECEIPT

Quotation No: 23- 0578 -NP-SVP
Items: Aluminum Magnesium 200 mg, 100 tablets
Purpose: Regional Haven for Women - RHW Drugs and Medicines Supplies (Continuing-CMF)

Company Name	Representative	Position / Designation	Date	Signature

Canvasser