



Republic of the Philippines  
**Department of Education**  
REGION IV-A CALABARZON  
GATE 2, KARANGALAN VILLAGE  
1900 CAINTA, RIZAL

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**REQUEST FOR QUOTATION**

The **Department of Education Region IV-A (CALABARZON)** through its **Bids and Awards Committee**, intends to procure **"PHYSICAL EXAMINATION AND LABORATORY FOR THE ANNUAL PHYSICAL EXAMINATION, LABARATORY AND VACCINATION ON SEPTEMBER 8, 2021"** in accordance with Alternative Method of Procurement under ☐ Section 52 (Shopping) or ☒ 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 **TWO HUNDRED THIRTY EIGHT THOUSAND FIVE HUNDRED FIFTY PESOS (PHP238,550.00).**

Please quote your **Best Offer** for the item/s described herein, **subject to the Terms and Conditions** provided at the bottom/last page of this Request for Quotation (RFQ). Submit your proposal/quotation duly signed by your authorized representative **not later than JULY 23, 2021 at 5:00 P.M.** at the BAC Secretariat, DepEd Region IV-A CALABARZON, Gate 2 Karangalan Village, Cainta, Rizal. **Quotations may also be submitted through facsimile or email at the address and contact numbers indicated below.**

A copy of your 2021 **Business/Mayor's Permit**, and **PhilGEPS Registration Number** are required to be submitted along with your signed quotation/proposal. Provided further, that if the ABC is more than P500,000.00, the supplier/contractor/consultant is required to submit its latest Income/Business Tax Return.

Also, please provide a copy of your **Department of Tourism (DOT) Certificate of Authority to Operate** for hotels, including staycation hotels, in areas classified under a Modified General Community Quarantine (MGCQ) and General Community Quarantine (GCQ) pursuant to the latest **IATF-EID Resolution No. 79** issued on October 15, 2020.

Moreover, a **Notarized Omnibus Sworn Statement (GPPB-prescribed forms)** will also be required to be submitted prior to award.

For any clarification, you may contact us at telephone no. **02-8682-5773; 8684-4914; or 8647-7487** or e-mail address at [jocelyn.martin004@deped.gov.ph](mailto:jocelyn.martin004@deped.gov.ph)

  
**JOCELYN L. MARTIN**  
BAC Secretariat



**"EXCELLENCE is a CULTURE and QUALITY is a COMMITMENT"**

**Trunkline:** 02-8682-5773/8684-4914/8647-7487

**Website:** [depedcalabarzon.ph](http://depedcalabarzon.ph)

**Document Inquiry :** <https://r4a-teadoc.com/inquire>

**Facebook:** DepEd R-4A Calabarzon



In case of recently expired Mayor's/Business permit, it shall be accepted together with its Official Receipt 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 the award of contract but before payment in accordance with item 6.2 of Government Procurement Policy Board (GPPB) Resolution No. 09-2020.

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

Date: \_\_\_\_\_

|                                            |  |
|--------------------------------------------|--|
| <b>Name of Company:</b>                    |  |
| <b>Address:</b>                            |  |
| <b>Name of Store/Shop (if applicable):</b> |  |
| <b>TIN:</b>                                |  |
| <b>PhilGEPS Registration Number:</b>       |  |

**INSTRUCTIONS:**

- (1) Accomplish this RFQ correctly, accurately and completely.
- (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 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 QTY | Bidder's Statement of Compliance | Unit Cost (VAT Inclusive) | Total Cost (VAT Inclusive) |
|-------------|----------------------------------|-----------|----------------------------------|---------------------------|----------------------------|
| 1           | Chest X-ray (Php400.00)          | 176       |                                  |                           |                            |
| 2           | Fasting Blood Sugar (Php100.00)  | 176       |                                  |                           |                            |
| 3           | Total Lipid Profile (Php300.00)  | 176       |                                  |                           |                            |
| 4           | Serum Creatinine (Php100.00)     | 176       |                                  |                           |                            |
| 5           | Serum SGPT (Php100.00)           | 176       |                                  |                           |                            |
| 6           | Blood Uric Acid (Php100.00)      | 176       |                                  |                           |                            |
| 7           | Complete Blood Count (Php100.00) | 176       |                                  |                           |                            |
| 8           | Urinalysis (Php100.00)           | 176       |                                  |                           |                            |
| 9           | 12 L ECG (Php250.00)             | 30        |                                  |                           |                            |
| 10          | Pap Smear (Php150.00)            | 15        |                                  |                           |                            |
| TOTAL COST: |                                  |           |                                  |                           |                            |

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

| SCHEDULE OF REQUIREMENTS                                                                                    |             |                |          |
|-------------------------------------------------------------------------------------------------------------|-------------|----------------|----------|
| The delivery schedule expressed as weeks/months stipulates hereafter the delivery date to the project site. |             |                |          |
| Item                                                                                                        | Description | Total Quantity | Delivery |
| I                                                                                                           |             |                |          |
|                                                                                                             |             |                |          |

| FINANCIAL OFFER                  |                              |
|----------------------------------|------------------------------|
| Approved Budget for the Contract | Your Total Offered Quotation |



|                |             |
|----------------|-------------|
| Php 238,550.00 | In words:   |
|                | In figures: |

|                                |                                                                                                                                                                                                                                                                                                                               |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>Payment Details:</u></b> | 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                         |                                                                                                                                                                                                                                                                                                                               |

**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 Department of Education Region 4A 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 Department of Education Region IV-A 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.

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Signature over Printed Name

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Position/Designation

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Office Telephone Number

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Fax/Mobile Number

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E-mail address/es