



Republic of the Philippines
Department of Education
REGION IV-A CALABARZON

REQUEST FOR QUOTATION

The **Department of Education Region IV-A (CALABARZON)** through its **Bids and Awards Committee**, intends to procure **“MEDICINES, SUPPLIES AND EQUIPMENT FOR THE SCHOOL HEALTH UNIT CLINIC AT THE DEPED CALABARZON REGIONAL OFFICE”** in accordance with Alternative Method of Procurement under 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 **NINETY-NINE THOUSAND NINE HUNDRED SIXTY-TWO PESOS AND FIFTY CENTAVOS (Php99,962.50).**

The Project shall be awarded as one Project having several items that shall be awarded as one contract.

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 JANUARY 16, 2024 at 9:00 A.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.**

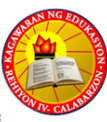
A copy of your 2024 **Business/Mayor's Permit, PhilGEPS Registration Number and Latest Income/Business Tax Return** are required to be submitted along with your signed quotation/proposal. A valid Certificate of PhilGEPS Registration (Platinum Membership) may be submitted in lieu of the Business/Mayor's Permit.

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) 8682-2114** or by email at **bac.calabarzon@deped.gov.ph**.


LOIDA N. NIDEA
BAC Chairperson

ROA/Pro3



Address: Gate 2, Karangalan Village, Cainta, Rizal
Telephone No.: 02-8682-2114
Email Address: region4a@deped.gov.ph
Website: depedcalabarzon.ph



RO-ASD-F119

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Certificate No. PHP QMS
22 93 0085

Date: _____

Name of Company:	
Address:	
Name of Store/Shop (if applicable):	
TIN:	
PhilGEPS Registration Number:	

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	Brand Name/ Origin	Bidder's Statement of Compliance ("Comply" or "Not Comply")	Unit Cost (VAT Inclusive)	Total Cost (VAT Inclusive)
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1.	Amlodipine 5mg Php6.50/pc	500 pcs				
2.	Aluminum Hydroxide Magnesium Hydroxide Simeticone Php9.00/pc	200 pcs				
3.	Hydrogen Peroxide 500 ml Php57.50/bottle	1 bottle				
4.	Carbocisteine 500 mg Php14.00/pc	300 pcs				
5.	Hypromellose 3mg/ml 7.5ml Eye Drops Php104.00/bottle	10 bottle s				
6.	Ibuprofen 235 + Paracetamol 325mg Tablet Php8.50/pc	70 pcs				
7.	Levocetirizine 5mg Php24.00/pc	400 pcs				
8.	Lithium Battery AA, Pack of 2 Php340.00/pack	3 packs				
9.	Losartan 100 mg Php20.00/pc	500 pcs				
10.	Hydrocortisone 10mg/g cream, 15g Php230.00/tube	2 tubes				
11.	Mupirocin 20g/g Ointment 5g Php225.00/tube	3 tubes				
12.	Omeprazole 20mg Php27.00/tablet	300 tablet s				
13.	Oral Rehydration Solution Php17.00/sachet	500 sachet s				

14.	Paracetamol 500mg Php4.25/pc	500 pcs				
15.	Phenylephrine and Paracetamol Tab Php7.00/pc	500 pcs				
16.	Retinol Palmitate (Vit. A) 5000IU DL- Alpha Tocopheryl Acetate (Vit. E) 100 IU Ascorbic Acid (Vit. C) 500mg Zinc Sulfate 25mg Php12.50/capsule	500 capsul es				
17.	Amoxicillin 500mg Php8.00/capsule	105 capsul es				
18.	Co Amoxiclav 625mg Php37.00/capsule	252 capsul es				
19.	Accucheck Instant Blood Glucose Meter with 50 Strips (Accucheck) Php3,350.00/pc	1 pc				
20.	Accucheck Instant Test Strips, 50 Strips per pack Php1,500.00/pack	1 pack				
21.	Accucheck Softclix Lancets 25s per pack Php200.00/pack	1 pack				
22.	Azithromycin 500mg Php106.00/capsule	60 capsul es				
23.	Lagundi Capsules 20s per pack, 600mg Php140.00/pack	10 packs				
24.	Petroleum Jelly 200g Php250.00/bottle	2 bottle s				

25.	COVID 19 Nasal Self Test Kit, 5's per pack Php400.00/pack	3 packs				
26.	Alkaline Battery Size C, 2s per pack Php250.00/pack	3 packs				
27.	Povidone Iodine Dry Powder Spray, 55g Php254.00/unit	4 units				
28.	Celecoxib 200mg Php23.50/tablet	100 tablets				
29.	Upper Arm Automatic Blood Pressure Monitor HEM-7156T-A (With Adapter) Php5,000.00/unit	2 units				
Specifications from End-User						Bidder's Statement of Compliance ("Comply" or "Not Comply")
* Expiration Date should be at least 2 years from date of delivery * PREFERABLY NOT GENERIC						
TOTAL COST:						

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

<u>SCHEDULE OF REQUIREMENTS</u>	<u>BIDDER'S STATEMENT OF COMPLIANCE</u> ("Comply" or "Not Comply")
Bidders must state "Comply" or any equivalent term in the column "Bidder's Statement of Compliance" against each of the individual parameters of each SCHEDULE.	

<u>FINANCIAL OFFER</u>	
Approved Budget for the Contract	Your Total Offered Quotation
Php99,962.50	In words:
	In figures:
<u>Payment Details:</u>	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 fulfilment 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.

Signature over Printed Name

Position/Designation

Office Telephone Number

Fax/Mobile Number

E-mail Address/es