



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 **“MEDICAL ALLOWANCE OF DEPED REGION IV-A CALABARZON REGIONAL OFFICE EMPLOYEE CY 2025”** 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 **SIX HUNDRED FIFTY-EIGHT THOUSAND PESOS (Php658,000.00).**

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 SEPTEMBER 1, 2025 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.**

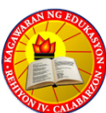
A copy of your 2025 **Business/Mayor’s Permit, PhilGEPS Registration Number and Latest Income/Business Tax Return** are required to be submitted along with your signed quotation/proposal. A valid Certificate of PhilGEPS Registration (Platinum Membership) may be submitted in lieu of the Business/Mayor’s 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

08F/ROA/MJS



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	Bidder's Statement of Compliance ("Comply" or "Not Comply")	Unit Cost (VAT Inclusive)	Total Cost (VAT Inclusive)
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1.	MEDICAL ALLOWANCE Php7,000.00/pax	94 pax			
TOTAL COST:					
Specifications from End-User					Bidder's Statement of Compliance ("Comply" or "Not Comply")
<p>I. In-Patient Benefit</p> <ul style="list-style-type: none"> • Annual Benefit Limit - Php280,000.00 • Maximum Benefit Limit (Per illness per year) - Php70,000.00 • Room Type - SEMI-PRIVATE • Standard Nursing Services • Medicines when in Confinement • Laboratory and necessary diagnostic services <p>II. Out-Patient Benefit</p> <ul style="list-style-type: none"> • Affiliated Hospitals/Clinics • Doctor's Services for Emergency Treatment • X-Ray, Laboratory, and Diagnostic Exams <p>III. Emergency Care Benefit</p> <ul style="list-style-type: none"> • Emergency Medicines for Immediate Relief and Treatment • Doctor's Services for Emergency Treatment <p>IV. Annual Physical Exam.</p> <p>PROCEDURES:</p> <ul style="list-style-type: none"> • Physical Check-up Consultation • Chest X-ray • Fasting Blood Sugar (FBS) • Urinalysis • Fecalalysis • Complete Blood Count (CBC) • Visual acuity testing (for glasses/eye health) <p>V. Dental Benefit</p> <ul style="list-style-type: none"> • Regular dental check-up • Oral prophylaxis (teeth cleaning) - usually once per year • Simple tooth extraction (excluding wisdom tooth surgeries) • One or two-surface fillings (often amalgam or light cure) • Denture adjustments, emergency dental pain relief, and hypersensitivity desensitization. • Dental consultations, including orthodontic and aesthetic advice. • Up to 30%-50% discount on other dental services beyond member's coverage (Dentist discretion); <ul style="list-style-type: none"> ✓ Braces ✓ Dentures ✓ Root Canal and Other <p>Other Inclusions:</p> <ul style="list-style-type: none"> • Reimbursement for emergency treatment of illness and/or injury in affiliated and non-affiliated hospitals/clinics. • Pre-existing conditions (PECs) will be covered after 1 month of continuous membership 					
TOTAL COST:					

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

<p><u>SCHEDULE OF REQUIREMENTS</u></p> <p>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.</p>	<p><u>BIDDER’S STATEMENT OF COMPLIANCE</u></p> <p>(“Comply” or “Not Comply”)</p>
<p>7 Calendar Days upon Receipt of the P.O.</p>	

<u>FINANCIAL OFFER</u>	
Approved Budget for the Contract	Your Total Offered Quotation
Php658,000.00	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 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.

Signature over Printed Name

Position/Designation

Office Telephone Number

Fax/Mobile Number

E-mail Address/es