



## PHILIPPINE INTERNATIONAL TRADING CORPORATION

5/F NDC Building, 116 Tordesillas Street, Salcedo Village, Makati City

### Request for Quotation RFQ Reference No. GPG-EP-2020-031 (EMERGENCY PROCUREMENT)

### SUPPLY AND DELIVERY OF ONE MILLION (1,000,000) SURGICAL MASK FOR THE DEPARTMENT OF HEALTH (DOH)

The **Philippine International Trading Corporation (PITC)** and the **Department of Health (DOH)** intend to apply the sum of **PESOS: TWELVE MILLION AND 00/100 (P12,000,000.00)** being the Approved Budget for the Contract (ABC) to payment under the contract for the **SUPPLY AND DELIVERY OF ONE MILLION (1,000,000) SURGICAL MASK FOR THE DEPARTMENT OF HEALTH (DOH)**, more particularly described as follows:

Item Description	Qty.	Approved Budget for the Contract (PhP) (VAT Inclusive)	
		Unit Price	Total Price
Surgical Masks	1,000,000 pcs.	12.00	12,000,000.00

In view of this, may we request Suppliers to submit quotation with the following requirements, terms and conditions for compliance:

#### **For submission:**

#### **1. Minimum Eligibility Requirements:**

- DTI or SEC Registration;
- Business/Mayor's Permit for 2020 issued by the city or municipality where the principal place of business of the prospective supplier is located or equivalent;
- Latest Business/Income Tax Return.

#### **2. Technical Requirements:**

- Completely filled out PITC Technical Quotation Forms, **Annex I**;
- Product Brochure / Technical Data Sheet and Instructions to use in Hard Copies (English Language) of the item being offered **showing compliance** to the technical specifications.
- Submit prototype sample of the item being offered;
- For Manufacturers:** Certification that the manufacturer is in the business of manufacturing the item being offered;

**OR**

**For Local Distributors / Dealers:** Copy of Valid and Current Certificate of Distributorship / Dealership issued by the principal manufacturer authorizing the bidder to sell/distribute the item.

**Note: If not directly issued by the manufacturer to the bidder, bidder must submit the certificate of distributorship / dealership that will link bidder to the manufacturer.**



- e. Bidder's valid and current License to Operate (LTO) as a Medical Device Importer / Distributor issued by the Philippine Food and Drug Administration (PFDA). Provided, that the application for renewal was made timely as per PFDA Circular No. 2011-004

In case of expired LTO, the following copies shall be submitted:

- (i) Expired LTO
  - (ii) Application for renewal; and
  - (iii) Official Receipt as proof of payment of renewal of LTO
- f. Valid and current Certificate of Product Registration (CPR) issued by the Philippine Food and Drug Administration for the following:

**OR**

Letter Certification of Renewal issued by Philippine Food and Drug Administration (PFDA). Provided, that the application for renewal was made timely as per PFDA Circular No. 2011-004.

In case of expired CPR, the following copies shall be submitted:

- a) Expired CPR;
  - b) Document Tracking Number;
  - c) Application for Renewal; and
  - d) Official Receipt as proof of payment of renewal of CPR
- g. Omnibus Sworn Statement, **Annex II**;
- i. Authority of the designated representative with corresponding proof of authorization;
  - ii. Non-inclusion in blacklist or under suspension status;
  - iii. Authenticity of Submitted Documents;
  - iv. Authority to validate Submitted Documents;
  - v. Disclosure of Relations;
  - vi. Compliance with existing labor laws and standards;
  - vii. Bidders Responsibilities;
  - viii. Did not pay any form of consideration.

**3. Financial Requirements:**

- a. Completely filled out PITC Financial Quotation Forms - Supplier's price proposal must not be more than the ceiling price per item and must be inclusive of VAT, **Annex III**.
- b. Price must be valid for One Hundred Twenty (120) calendar days upon submission of quotation.

Should your company be interested, you may personally submit your **open quotation** on or before **Thursday, 12 March 2020** not later than **4:00pm** at the 5<sup>th</sup> Floor, NDC Building, 116 Tordesillas St., Salcedo Village, Makati City, or thru email at [eleaelima@pitc.gov.ph](mailto:eleaelima@pitc.gov.ph), [jojo.morillo@pitc.gov.ph](mailto:jojo.morillo@pitc.gov.ph) or [kat.alba@pitc.gov.ph](mailto:kat.alba@pitc.gov.ph) or thru fax at 8818-9801 loc. 499. For further queries, you may call at Tel. No. 8818-9801 local 433, 303 or 309 and look for **Ms. Elena E. Romero, Mr. Jojo Morillo or Ms. Katrina B. Alba**.

Thank you.



*Christabelle P. Ebriega*  
**CHRISTABELLE P. EBRIEGA**  
Vice President  
Government Procurement Group

After having carefully read and accepted the Terms and Conditions, I/we submit our quotation for the Supply and Delivery of One Million (1,000,000) Surgical Mask for the Department of Health (DOH).

\_\_\_\_\_  
Name of Company (in print)

\_\_\_\_\_  
Signature of Company Authorized Representative

\_\_\_\_\_  
Name & Designation of Company Authorized Representative (in print)

\_\_\_\_\_  
Contact Details (Tel. No. , Fax No. & Email Address)

\_\_\_\_\_  
Date



**PLEASE USE THIS BID FORM. DO NOT RETYPE OR ALTER.**

**Annex I (Page 1 of 2)**

**PHILIPPINE INTERNATIONAL TRADING CORPORATION  
TECHNICAL QUOTATION FORM**

**SUPPLY AND DELIVERY OF ONE MILLION (1,000,000) SURGICAL MASK  
FOR THE DEPARTMENT OF HEALTH (DOH)**

**RFQ Reference No. GPG-EP-2020-031**

**EMERGENCY PROCUREMENT**

PHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATION

**INSTRUCTIONS TO THE SUPPLIER:** Indicate “COMPLY” if Supplier’s Statement of Compliance meets the technical specifications as indicated. Do not leave any blank. A “YES” or “NO” entry will not be accepted. Failure to comply will result to rejection of the Supplier’s proposal.

<b>Line No.</b>	<b>TECHNICAL SPECIFICATIONS</b>	<b>Supplier’s Statement of Compliance</b>
1)	<b>Surgical Mask</b> - Surgical, Disposable, Ear Loop, 3ply, Wired	
<b>REQUIREMENTS IF AWARDED THE CONTRACT</b>		
2)	<b>Delivery Period:</b> Within fifteen (15) calendar days upon receipt of Notice to Proceed (NTP).	
3)	<b>Delivery Place:</b> Department of Health – Central Office Warehouse	
4)	<b>Delivery Conditions:</b> <ul style="list-style-type: none"><li>• All deliveries must be done in the presence of Inspection Team consisting of one PITC representative and one authorized representative of the DOH-CO;</li><li>• During delivery, the Supplier shall be responsible in unloading the items from the container/truck to the designated delivery center. In the absence of materials handling equipment at the site, the Supplier at his expense shall provide the necessary equipment such as but not limited to: forklifts, hand pallet truck, etc.;</li><li>• All costs during the delivery, handling, including transportation and other related expenses shall be borne by the Supplier.</li></ul>	

I/We, the undersigned Manufacturer/Supplier, having examined the Technical Documents for this project hereby OFFER to (supply/deliver/perform) the herein described items.

I/We undertake, if our proposal is accepted, to deliver the items in accordance with the terms and conditions contained in the Request for Quotation.

Until a formal Contract is prepared and signed, this proposal is binding on us.

\_\_\_\_\_  
**Name of Company (in print)**

\_\_\_\_\_  
**Signature of Company Authorized Representative**

\_\_\_\_\_  
**Name & Designation (in print)**

\_\_\_\_\_  
**Date**



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**Annex I (Page 2 of 2)**

**PHILIPPINE INTERNATIONAL TRADING CORPORATION  
TECHNICAL QUOTATION FORM**

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**INSTRUCTIONS TO THE SUPPLIER:** Indicate "COMPLY" if Supplier's Statement of Compliance meets the technical specifications as indicated. Do not leave any blank. A "YES" or "NO" entry will not be accepted. Failure to comply will result to rejection of the Supplier's proposal.

Line No.	REQUIREMENTS IF AWARDED THE CONTRACT	Supplier's Statement of Compliance
5)	<b>Shelf-Life:</b> 24-36 months upon delivery	
6)	<b>Packaging:</b> Standard Packaging of the manufacturer	
7)	<b>Labelling Instruction:</b> Each corrugated carton the following shall be imprinted or stickered with non-removable or permanent sticker or label that is binding, and with residue and tearing, if removed: <b>Philippine Government Property-Department of Health – NOT FOR SALE</b> Date of Manufacture: _____ Date of Expiry: _____	
8)	<b>Acceptance Parameters:</b> The items shall be subjected to visual inspection as to quantity.	
9)	Valid and current PhilGEPS Registration	
10)	Valid and current Tax Clearance	
11)	As one of documentary requirements for payment (as applicable), submit certified true copies of pertinent tax receipts and duties paid on the imported parts/equipment pursuant to COA Memo No. 90-684 dated Dec. 5, 1990/Administrative Order No. 200 dated November 20, 1990. For locally purchased materials, the BIR registered sales invoice of the seller is acceptable.	

I/We, the undersigned Manufacturer/Supplier, having examined the Technical Documents for this project hereby OFFER to (supply/deliver/perform) the herein described items.

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Name of Company (in print)

\_\_\_\_\_  
Signature of Company Authorized Representative

\_\_\_\_\_  
Name & Designation (in print)

\_\_\_\_\_  
Date



**SUPPLY AND DELIVERY OF ONE MILLION (1,000,000) SURGICAL MASK FOR THE DEPARTMENT OF HEALTH (DOH)**

RFQ Reference No. GPG-EP-2020-031

Approved Budget for the Contract: ₱12,000,000.00

**OMNIBUS SWORN STATEMENTS**

REPUBLIC OF THE PHILIPPINES )  
CITY/MUNICIPALITY OF \_\_\_\_\_ ) SS.

**AFFIDAVIT**

I/We, \_\_\_\_\_, of legal age, with residence at \_\_\_\_\_, after having been duly sworn to in accordance with law do hereby certify under oath as follows:

(a)

**AUTHORITY OF THE DESIGNATED REPRESENTATIVE**

*(Please check appropriate box and fill up blanks)*

**Sole Proprietorship**

That I am the sole proprietor of <company name/name of supplier> with business address at \_\_\_\_\_, Telephone No. \_\_\_\_\_, with Fax No. \_\_\_\_\_ and e-mail address \_\_\_\_\_ and as owner and sole proprietor, I have the full power and authority to do, execute and perform any and all acts necessary to represent it in the shopping/small value procurement.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Specimen Signature: \_\_\_\_\_

- OR -

That I am the duly authorized representative of the owner/sole proprietor of company name/name of supplier with business address at \_\_\_\_\_, Telephone No. \_\_\_\_\_, with Fax No. \_\_\_\_\_ and e-mail address \_\_\_\_\_ as shown in the attached Special Power of Attorney, and granted full power and authority to do, execute and perform any and all acts necessary to represent it in the shopping/small value procurement.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Specimen Signature: \_\_\_\_\_

**Note: Please attach a Special Power of Attorney, if not the Sole Proprietor/Owner.**



**Corporation, Partnership, Cooperative**

That I/we am/are the duly authorized representative/s of company name, located at \_\_\_\_\_, with Telephone No. \_\_\_\_\_, Fax No. \_\_\_\_\_ and e-mail address, \_\_\_\_\_, as shown in the attached Secretary's Certificate issued by the corporation or the members of the joint venture, and granted full power and authority to execute and perform any and all acts necessary and/or to represent our company, including signing all documents and other related documents such as the contracts:

1) Name: \_\_\_\_\_ 2) Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Specimen Signature: \_\_\_\_\_ Specimen Signature: \_\_\_\_\_

**Note: Please attach duly executed Secretary's Certificate.**

**(b)**

**NON-INCLUSION IN THE BLACKLIST NOR UNDER SUSPENSION STATUS BY ANY AGENCY OR GOVERNMENT INSTRUMENTALITY**

That the firm I/we represent is not blacklisted or barred/suspended from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financial institution whose blacklisting rules have been recognized by the Government Procurement Policy Board.

**(c)**

**AUTHENTICITY OF SUBMITTED DOCUMENTS**

That each of the documents submitted by our company in satisfaction of the requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct.

**(d)**

**AUTHORITY TO VALIDATE SUBMITTED DOCUMENTS**

The undersigned duly authorized representative of the Applicant, for and in behalf of the Applicant, hereby Authorizes the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted.

**(e)**

**DISCLOSURE OF RELATIONS**

That for and in behalf of the Bidder, I/we hereby declare that the sole proprietor or proprietress/all officers and members of the partnership or cooperative/all officers, directors, and controlling stockholders of the corporation/all partners and members of the Joint Venture are not related by consanguinity or affinity up to the third civil degree with the **Head of the Procuring Entity**, members of the **Board of Directors**, the **President**, **Officers** or **Employees** having direct access to information that may substantially affect the result of the bidding such as, but not limited to, the **members of the PITC BAC**, the **members of the TWG of PITC**, the **PITC BAC Secretariat**, the **head of the end-user unit**, and the **project consultants**. It is fully understood that the existence of the aforesaid relation by consanguinity or affinity of the Bidder with the aforementioned Officers of the Corporation shall automatically disqualify the Bid.



(f)  
**COMPLIANCE WITH EXISTING LABOR LAWS AND STANDARDS**

That our company diligently abides and complies with existing labor laws and standards.

(g)  
**BIDDER'S RESPONSIBILITIES**

1. That I/we have taken steps to carefully examine all of the bidding documents;
2. That I/we acknowledge all conditions, local or otherwise affecting the implementation of the contract;
3. That I/we made an estimate of the facilities available and needed for the contract to be bid, if any;
4. That the submission of all bidding requirements shall be regarded as acceptance of all conditions of bidding and all requirements of authorities responsible for certifying compliance of the contract;
5. That I have complied with our responsibility as provided for in the bidding documents and all its attachments;
6. That failure to observe any of the above responsibilities shall be at my own risk; and
7. That I agree to be bound by the terms and conditions stated in the Conditions of the Contract for this project.

(h)  
**DID NOT PAY ANY FORM OF CONSIDERATION**

That I/we did not give or pay directly or indirectly, any commission, amount, fee or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government project or activity.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_ day of \_\_\_\_\_, 2020  
at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
**Bidder's Authorized Representative  
Signature over Printed Name**

**SUBSCRIBED AND SWORN TO BEFORE ME** this \_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_, Philippines. Affiant exhibited to me his/her competent Evidence of Identity (as defined by the 2004 Rules on Notarial Practice) \_\_\_\_\_ issued \_\_\_\_\_ at \_\_\_\_\_, Philippines.

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of 2020

*\*mgcg/rev/07-11-2016*





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**Annex III**

**PHILIPPINE INTERNATIONAL TRADING CORPORATION  
FINANCIAL QUOTATION FORM**

**SUPPLY AND DELIVERY OF ONE MILLION (1,000,000) SURGICAL MASK FOR  
THE DEPARTMENT OF HEALTH (DOH)**

**RFQ Reference No. GPG-EP-2020-031**

**EMERGENCY PROCUREMENT**

**PRICE MUST BE INCLUSIVE OF VAT**

PHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATIONPHILIPPINEINTERNATIONALTRADINGCORPORATION

**NOTE: Supplier's price proposal/quotation must not exceed the ABC/Ceiling Price per item. The Supplier shall shoulder all transportation costs and bears all risk until the goods have been delivered to the site.**

Description	Qty.	ABC (Php)		Supplier's Price Proposal (Php)	
		Unit Price	Total Price	Unit Price	Total Price
Surgical Mask	1,000,000 pcs	12.00	12,000,000.00		

**Amount in Words:**

**Note:**

- I. Price must be valid for One Hundred Twenty (120) days upon submission of quotation;
- II. The Supplier shall shoulder all transportation costs and bears all risk until the goods have been delivered to the site. If delivery is outside Metro Manila, all expenses (airfare, hotel accommodation, per diem, etc.) relative to delivery shall be borne by the Supplier.
- III. Payment to Supplier of the Contract Price, net of applicable withholding tax shall be made within fifteen (15) days after full delivery, and submission of the required documents as follows:
  1. Original and duplicate **BIR VAT registered Supplier's Invoice** issued under the name of the Department of Health (DOH) indicating DOH **TIN: 794-464-000**. Entries must be typewritten or computer printed and must be duly acknowledged and received by DOH's authorized representative;
  2. Original and duplicate Delivery Receipt issued under the name of the DOH duly acknowledged and received by DOH's authorized representative and countersigned by PITC QAIT representative; and
  3. Original Joint Certificate of Acceptance issued by authorized representatives of DOH and PITC.

**SUPPLIER'S UNDERTAKING**

I/We, the undersigned Manufacturer/Supplier, having examined the Technical Documents for this project hereby OFFER to (supply/deliver/perform) the herein described items.

I/We undertake, if our proposal is accepted, to deliver the items in accordance with the terms and conditions contained in the Request for Quotation.

Until a formal Contract is prepared and signed, this proposal is binding on us.

\_\_\_\_\_  
Name of Company (in print)

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Signature of Company Authorized Representative

\_\_\_\_\_  
Name & Designation (in print)

\_\_\_\_\_  
Date