Republic of the Philippines
Philippine Economic Zone Authority

RFQ No.	RFQ No. 2022-10-00001
Date	11/4/2022

REQUEST FOR QUOTATION
Alternative-Small Value Procurement

The Philippine Economic Zone Authority (PEZA) intends to undertake **Negotiated Procurement: Small Value Procurement** in accordance with **Sec. 53.9** of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

Name of Procurement Project	Procurement for the Provision, Supply and Delivery of the CY 2022 Annual Medical and Physical Examination (APE) for PEZA Employees
Description/Specifications	Please refer to the attached Annex B
Approved Budget for the Contract (ABC)	Php 850,000.00
Deadline of Submission of Bid:	**November 11, 2022 5:00PM**

Interested bidders may submit their duly accomplished and filled-up Annex "A" & "B" on or before the deadline of submission of bids to **Bids and Awards Committee, 8hFloor Double Dragon Center, West Building, Macapagal Blvd., Pasay City**.

Bidders must submit sealed quotation/s manually in the address given together with the following documentary requirements:

- ✓ Mayor's/Business Permit **or** PhilGEPS Platinum Membership Certificate
- ✓ Omnibus Sworn Statement (Notarized) for ABCs above 50K
  Note:
  - For sole proprietorship, please attach notarized Special Power of Attorney (SPA) for authorized representative;
  - For partnership, corporation, cooperative, or joint venture, please attach notarized Secretary's Certificate, Board/Partnership Resolution, or SPA, whichever is applicable.
- ✓ PhilGEPS Registration Number (*not required if PhilGEPS Platinum Membership Certificate is submitted)*
- ✓ Annual Income Tax Return
  Note:
  - **Latest Income Tax Return filed via eFPS** (For participants already with an Annual ITR, latest ITR shall refer to the ITR for the preceding Tax Year be it on a calendar or fiscal year. For new establishments which, therefore, have no annual ITR yet, it shall refer to the most recent quarter's ITR) **or**
  - **Latest Business Tax Return filed via eFPS** (Refers to the Value Added Tax (VAT) or Percentage tax returns covering the previous six (6) months. For those with less than six (6) months operations, this refers to the monthly business tax returns filed to date)

Award of contract shall be given to the lowest calculated and responsive bidder which complies with the Price Quotation (Annex A), Technical Specifications/Terms of Reference (Annex B) and Terms and Conditions (Annex C).

For any clarification, you may contact **BAC Secretariat at 8551-3451 loc. 200 or email us at bacsec@peza.gov.ph**

GM ANIDELLE JOY M. ALGUSO
Chairperson
Bids and Awards Committee

RFQ No.	RFQ No. 2022-10-00001

Annex "A"

PRICE QUOTATION FORM

(Financial Bid)

GM ANIDELLE JOY M. ALGUSO
Chairperson
BIDS AND AWARDS COMMITTEE
8th Floor Double Dragon Center, West Building, Macapagal Blvd.Pasay City

Dear Madam:

After having carefully read and accepted the Terms and Conditions of this RFQ and followed Instructions to Bidders, hereunder is our quotation/s (inclusive of VAT) for the following items:

No.	Description	Total Bid Price
1 Lot	Procurement for the Provision, Supply and Delivery of the CY 2022 Annual Medical and Physical Examination (APE) for PEZA Employees Total No. of Employess: **440 Pax** Required Services: a) Complete blood count (all employees) b) Urinalysis (all employees) c) Stool examination (all employees) d) Chest x-ray (all employees) e) Electrocardiogram (for 35 years old and above or if prescribed) – (224 employees) f) Pap smear (for female, 35 years old and above or if prescribed) – (106 employees) g) Fasting blood sugar (all employees) h) Lipid profile (cholesterol, HDL, LDL, VLDL, triglyceride) (all employees) i) Medical consultation (all employees) j) Visual acuity (all employees) Please refer to Annex B for the complete specifications/ reference *(Bid Price must be inclusive of VAT and other charges)*	
	Total	

COMPANY/CLINIC NAME : _____

ADDRESS : _____

PHILGEPS REG. NO. : _____

BIR TIN No. : _____

AUTHORIZED SIGNATORY: _____

Signature Over Printed Name

DATE : _____

CONTACT NO. : _____

EMAIL ADDRESS: : _____

INSTRUCTIONS:

(1) Accomplish this Form correctly and accurately.
(2) Do not alter the contents of this form in any way.
(3) Failure to comply with any of the mandatory requirements will disqualify your quotation.
(4) Failure to follow these instructions will disqualify your entire quotation.

Annex "B"

Terms of Reference

Procurement for the Provision, Supply and Delivery of the CY 2022 Annual Medical and Physical Examination (APE) for PEZA

		Statement of Compliance (State whether "COMPLY" or "NOT COMPLY")
I	**ACTIVITY**	
	Provision, Supply and Delivery of the CY 2022 Annual Medical and Physical Examination (APE) for PEZA employees	
II	**COVERAGE**	
	Total Female : 239 Total Male : 201 Total No. of Employees : 440	
	The Human Resources Development Department (HRDD) shall provide the list of PEZA employees who are required to undergo the APE. The list will only contain the name, age and sex at birth of the employee.	
III	**APPROVED BUDGET FOR THE CONTRACT (ABC)** Total Approved Budget for the Contract (ABC): Php 850,000.00	
IV	**SCOPE OF SERVICES**	
	a) Complete blood count (all employees) b) Urinalysis (all employees) c) Stool examination (all employees) d) Chest x-ray (all employees) e) Electrocardiogram (for 35 years old and above or if prescribed) – (224 employees) f) Pap smear (for female, 35 years old and above or if prescribed) – (106 employees) g) Fasting blood sugar (all employees) h) Lipid profile (cholesterol, HDL, LDL, VLDL, triglyceride) (all employees) i) Medical consultation (all employees) j) Visual acuity (all employees)	
V	**TERMS AND CONDITIONS**	
	a. All diagnosis procedures shall be done at the PEZA Head Office at Double Dragon in Pasay and/or at the clinic of the Service Provider for head office, Cluster 1 SEZ, Cluster 3 SEZ employees and at Cavite Economic Zone for CEZ employees.	

	b. The Service Provider shall have the following attributes: i. Valid license to operate issued by the Department of Health (DOH). ii. Has provided APE services to at least ten (10) companies classified as large enterprises (employing at least 200 personnel) in the last five (5) years. iii. Fully functional equipment (i.e. X-ray, ECG machine, blood chemistry analyzer) iv. Courteous and well-trained personnel composed of at least three (3) blood extractors, one (1) optometrist (during past APE's one is enough), two (2) physicians (male and female), one (1) radio-technologist and one (1) manager to oversee their staff. v. The APE service will be available for two (2) consecutive weekdays at PEZA Head Office for the diagnostic procedure from 7:00 am to 5:00 PM at a common agreed schedule. Another day will be set for CEZ employees at Cavite Economic Zone. vi. One-on-one medical consultation at PEZA Head Office for one (1) day with at least two (2) medical doctors on the day of the release of the official results c. A consolidated report of the APE providing the physician's findings, patient's history and laboratory results must be submitted by the Service Provider in soft and printed copy to the HRDD. The Service Provider must utilize computerized systems for client database build-up. d. The Service Provider shall have measures in place in compliance with the Data Privacy Act to protect the rights of PEZA employees this shall include: i. Securing of written consent to collect personal information relevant to the APE ii. Safeguarding the privacy and security of personal data collected e. The Service Provider is required to submit the following to the HRDD within ten (10) working days from the date of APE: i. Schedule of prices per procedure or examination conducted; ii. Recommendations from the examining / evaluating physicians for employees with abnormal findings in their APE;	

	iii. Hard copies of the APE result and the consolidated report of results and findings; iv. Written report of employees who failed to undergo and / or complete the APE	
VI	**TERMS OF PAYMENT**	
	a. Payment shall be based on the actual cost and actual quantity of the procedures availed of by the employee. b. The Service Provider shall forward the Statement of Account (SOA) and other pertinent documents especially the consolidated report for the services rendered within ten (10) working days from the last scheduled testing/screening date. c. The HRDD shall review and validate the above-mentioned documents within three (3) working days after the receipt of the said documents for queries and/or clarifications. In case of errors (e.g., double billing, erroneous entries, etc.) the documents shall be endorsed and returned to the Service Provider for appropriate action. d. The end-user shall have a period of fifteen (15) working days to process payment that shall commence after completion of the review and validation of the following documents submitted by the Service Provider: i. Statement of Account ii. Transmittal list that shall contain the following information-name of employee, date of examination/procedures, types of procedures /examination and payment due for each employee. e. All payments shall be subject to existing government accounting and auditing rules.	
VII	**PROJECT DURATION**	
	a. The duration of the project shall not exceed one (1) month upon issuance of a Notice to Proceed to the Service Provider but in no case shall go beyond 30 December 2022 b. Notwithstanding any provisions to the contrary, PEZA shall have the right, power and privilege to terminate the services of the Service Provider pursuant to Annex "I" of the 2016 revised implementing rules and regulations (IRR) of RA 9184 and related issuances.	
VIII	**PENALTY CLAUSES**	

	a. In case the Service Provider fails to render the APE procedure and/or examinations as scheduled for any reason whatsoever, the Service Provider shall be liable for damages pursuant to Section 68 of the 2016 revised IRR of RA 9184 and associated issuances. b. The Service Provider shall not assign or sub-contract the services or any portion thereof without the prior written approval of PEZA. Violation of this condition may be a ground for the cancellation of the Contract by PEZA.	

AUTHORIZED SIGNATORY: _____

Signature Over Printed Name

DATE : _____

Annex "C"

Terms and Conditions

TERMS AND CONDITIONS

- Bidder shall type or write in "Ink" the following on the Price Quotation Form:
  - Name of Store
  - Address
  - PhilGEPS Registration No. / Organization No.
  - TIN
  - Authorized Signatory
  - Date
  - Contact Nos.
  - Email Address

- Submit the filled-up Forms (Annexes A and B) manually or thru email at the following address;

  Manually : BAC Secretariat, 8th floor Double Dragon Center, West Building, DD Meridian Park , Macapagal Avenue, Pasay City

- Delivery Period: 3 calendar days upon receipt of NOA/ Contract/ PO/ WO
- Terms of Payment: Through Cheque / 15 working days upon receipt of Original Sales Invoice / Billing Statement.

- Winning Bidder must deliver the items/services to the following address:
  - 9th floor DoubleDragon Center, West Building, DD Meridian Park, Macapagal Avenue, Pasay City
  - Cavite Economic Zone, Rosario, Cavite