

Republic of the Philippines  
Department of National Defense  
**OFFICE OF CIVIL DEFENSE**  
Camp General Emilio Aguinaldo, Quezon City

**REQUEST FOR QUOTATION (RFQ) No. AFMS-1020-006**

Company Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
PhilGEPS Registration No. : \_\_\_\_\_

The Office of Civil Defense (OCD), through its Bids and Awards Committee (BAC), will undertake a **Procurement** in accordance with **Section 53.9 (Small Value Procurement)** of the Revised Implementing Rules and Regulations of Republic Act. No. 9184

The OCD hereinafter referred to as "the Purchaser", now requests submission of a price quotation for the subject below:

<b>Name of Project</b>	: <b>Provision of On-Site Drug Testing for OCD Personnel Annual Drug Test 2020</b>
<b>Testing Period</b>	: <b>Within 4<sup>th</sup> Quarter, CT 2020</b>
<b>Address</b>	: <b>Office of Civil Defense, Camp General Emilio Aguinaldo, Quezon City</b>
<b>Mode of Payment</b>	: <b>Send Bill Policy</b>
<b>ABC (Approved Budget for the Contract)</b>	: <b>PhP 90,750.00</b>
<b>Fund Source</b>	: <b>HRMDD APB CY 2020</b>

Award of contract shall be made to the bidder with the lowest quotation for the subject goods which comply with the minimum technical specifications and other terms and conditions stated herein. **All bids higher than ABC shall automatically be disqualified.**

Prospective bidders shall accomplish and submit the duly signed "**Annex A (Technical Specifications) & Annex "B" Price Quotation Form (PQF)**" (under prescribed form).

Submission of **SEALED QUOTATION** is until **12:00 NN on 28 October 2020**, at the OCD BAC Secretariat Office, 2<sup>nd</sup> Floor, OCD Annex Building, Camp General Emilio Aguinaldo, Quezon City. Submit your **quotation (indicate the project name)** duly signed by your authorized representative.


For any clarifications, you may contact the **BAC Secretariat Office** at telephone no. **(02) 8912-2964** or email address at **ocdbacsec@gmail.com**. **Use of forms other than the attached OCD prescribed format is not acceptable.**

Interested supplier/service provider is required to submit the following documents together with the duly accomplished and signed RFQ:

1. Valid/Current Mayor's Permit/Business Permit
2. PhilGEPS Registration Number
3. Omnibus Sworn Statement (For ABC above PhP50,000.00)

Any alterations, erasures, or overwriting shall be valid only if they are signed or initialed by the bidder or his/her duly authorized representative. The penalty for late deliveries is one tenth (1/10) of one (1) percent of the cost of the unperformed portion for everyday of delay. The maximum deduction shall be ten percent (10%) of the contract price. Once the cumulative amount of liquidated damage reaches ten percent (10%) of the contract price, the procuring entity shall rescind the contract without prejudice to other courses of action and remedies open to it.

The OCD reserves the right to accept or reject any or all bids, waive any defect or informality therein, accept the bid and award the contract to the most advantageous offer, for and in behalf of the project.

  
\_\_\_\_\_  
**ASEC CASIANO C. MONILLA**  
Chairperson  
OCD Bids and Awards Committee

**ANNEX "A"**  
**Technical Specifications**

**Provision of On-Site Drug Testing for OCD Personnel Annual Drug Test 2020**

Bidders must state either "**Comply**" or "**Not Comply**" or any equivalent term in the column "Statement of Compliance" against each of the individual parameters of each "Specification."

**Legend:** \*MANDATORY REQUIREMENTS. Failure to comply with any of the mandatory requirements will disqualify your quotation.

Item No.	Agency Specifications	Statement of Compliance
I.	<p><b>Provision of On-Site Drug Testing for OCD Personnel Annual Drug Test 2020</b></p> <p><b>Onsite Drug Testing (363 pax)</b></p> <p><b>Service provider must:</b></p> <ul style="list-style-type: none"> <li>-Provide drug test kit per person</li> <li>-Provide the medical supplies and equipment to conduct the test</li> <li>-Provide well-trained medical professionals for the conduct of test</li> <li>-Cover all other expenses associated with the conduct of test</li> <li>-Cover all expenses associated with the evaluation of result</li> <li>-Follow COVID-19 safety protocols and guidelines in conducting the test</li> </ul> <p><b>Other Requirements:</b></p> <ul style="list-style-type: none"> <li>-Must be a DOH-accredited clinic/hospital</li> <li>-Must be able to submit to OCD the result 15 days after the test</li> </ul>	
II.	<p><b>Terms and Conditions:</b></p> <ul style="list-style-type: none"> <li>- <b>Testing Period:</b> within 4<sup>th</sup> Quarter, CY 2020</li> <li>- <b>Testing Site:</b> Office of Civil Defense, Camp General Emilio Aguinaldo, Quezon City</li> <li>- <b>Payment Terms:</b> Send Bill Policy</li> <li>- <b>Chargeability:</b> HRMDD APB CY 2020</li> </ul>	

I hereby certify to comply and deliver all the above requirements.

Company Name : \_\_\_\_\_  
Address : \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE**

Signature : \_\_\_\_\_  
Complete Name : \_\_\_\_\_  
Date : \_\_\_\_\_



**ANNEX "B"**  
**Price Quotation Form**

**Provision of On-Site Drug Testing for OCD Personnel Annual Drug Test 2020**

**The Bids and Awards Committee**  
OFFICE OF CIVIL DEFENSE  
Camp Gen. Emilio Aguinaldo, Quezon City

Sir/Madam:

1. After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder are our financial proposal for the items identified below:

Quantity	Item	Estimated Cost	Total Price
363 pax	Provision of On-Site Drug Testing for OCD Personnel Annual Drug Test 2020		
	<b>TOTAL PRICE</b>		PHP

**AMOUNT IN WORDS:** \_\_\_\_\_

Note: The above quoted prices are VAT Inclusive.

2. We agree to abide by the Quotation/bid for a period of sixty (60) days after the dated deadline of submission specified in your RFQ.
3. We understand that payment for items will be made to the winning supplier after the inspection and acceptance of good(s) delivered.
4. The above-quoted price is inclusive of all costs and applicable taxes.

Company Name : \_\_\_\_\_

Address : \_\_\_\_\_

Email Address : \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE**

Signature : \_\_\_\_\_

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