## ZAMBOANGA CITY WATER DISTRICT

## **REQUEST QUOTATION FORM**

Zamboanga City Tel. No. (062) 991-1556-57

## Date prepared : 05/15/2024

PR No.: 24-0105 Dated: 04/23/2024

| SUPPLIER:       |  |
|-----------------|--|
| ADDRESS:        |  |
| CONTACT PERSON: |  |
| CONTACT NUMBER  |  |

Please submit your quotation to the Zamboanga City Water District on or before **2:00 P.M.** <u>May 21, 2024</u>

| Pasona<br>beyond | receipt of the Purchase Order, you are requested to de<br>anca or to the delivery point specified in the Purchase C<br>d the delivery period and your company may be exclude<br>CHED "INSTRUCTION TO BIDDERS" for your guidance.   | Drder. P  | enalties ma | ay be imposed for a   | delays in the delivery |
|------------------|--|-----------|-------------|-----------------------|------------------------|
| ITEM             | DESCRIPTION/SPECIFICATION  | QTY       | UNIT        | UNIT COST             | BRAND & MODEL          |
| NO.<br>1         | Professional Services for Retainer Physician   | 1         | lot         |                       | OFFERED                |
|                  | <ul> <li>Render services twice a week with two (2) hours per day</li> <li>Render prompt treatment of illnesses/injuries not<br/>requiring hospital admission or emergency room<br/>management to regular workers &amp; Job Order Workers at<br/>ZCWD's clinic.</li> <li>Conduct periodic examinations of all regular &amp; Job Order<br/>workers.</li> <li>Conduct online consultations, if necessary.</li> <li>Certify the medical capacity of an employee to render<br/>services and/or declares an employee to be medically<br/>unfit by reason of communicable disease or of the same<br/>nature which endangers the work place;</li> <li>Assess a regular employee's ability to return to work<br/>following an illness or injury and recommend to<br/>management on the employee's work or work<br/>assignment.</li> <li>Organize, administer and maintain an occupational<br/>health and safety program based on the employee's<br/>needs. Conduct a health and wellness program at least<br/>twice a year.</li> <li>Assist management on the selection of medicines,<br/>medical supplies and equipment consistent with the<br/>needs of the establishment and its employees with the<br/>consideration for cost and control;</li> <li>Coordinate with other healthcare professionals and/or<br/>agencies such as the City Health Office for reportable<br/>disease and other medical cases that require further<br/>referral of regular workers such healthcare professionals<br/>and/or agencies.</li> </ul> |           |             |                       |                        |
|                  | TOTAL CONTRACT PRICE =   |           |             |                       |                        |
| I have t         | he honor to submit our quotation for the above-specified iten  | n of whic | h we have o | n stock except as spe | cified.                |

SUPPLIER/REPRESENTATIVE (Printed Name & Signature) DATED

## NOTE:

- 1. Register your bids to the BAC Secretariat before dropping the bid in the bidding box.
- 2. Contract Period: June 01, 2024 to December 31, 2024.
- 3. Warranty Period: <u>3 months for Expendable supplies after acceptance by the procuring entity.</u>
- 4. Price Validity: 120 C.D.
- 5. If applicable, the BAC may require the bidder to submit un-amended sales literature, brochure, shop drawing or samples. Non-submission of which may be a ground for disqualification. In case the bidder failed to submit the aforementioned requirements, then the product being offered by the winning bidder shall be subjected to inspection pursuant to RA 9184 and its IRR and Government Procurement Manual (GPM Vol. 2) and pertinent COA regulations on technical inspection and acceptance procedures by the procuring entity's authorized inspectors.
- 6. Payment Terms: NO COD
- 7. All erasure must be initialed to avoid disqualification.
- 8. Delivery Point: ZCWD Main Office, Pilar St., Zamboanga City
- 9. Approved Budget Cost (ABC): P 115,500.00
- 10. The bidder is required to submit within 3 calendar days from the date of the bid opening the following requirements: <u>Mayor's Permit/BIR Cert. of Registration, Philgeps Registration and Omnibus Sworn Statement.</u> Failure to submit

the required documents within the time frame may be a ground for disqualification. The bidder may also submit these documents together with its Request for Quotation (RFQ).

- 11. In case where an occurrence of a tie among bidders, BAC shall conduct drawing of lots in accordance with GPPB Circular 06-2005 dated August 05, 2005 and Appendix 11 of the 2016 RIRR of R.A. 9184.
- All items must be quoted otherwise the bid shall be incomplete and non-complying.
- For Bidding Results, please call BAC Secretariat at this number 991-1556 local 8127 and look Mr. Aaron O. Mas a day after the scheduled Bid Opening. You may also send us an e-mail at this address: <u>bac@zcwd.gov.ph</u>. Failure on your part to communicate with us will be taken as a waiver to be informed of the result.
- 14. Open quotations may be submitted, manually or through facsimile or email at the following: Fax nos. (062) 9550754/9927831 or Email Address: <u>bac@zcwd.gov.ph</u>
- 15. For NEGOTIATED PROCUREMENT-SMALL VALUE PROCUREMENT requiring Omnibus Sworn Statement, please submit original copy.

**REMARKS/ ADDITIONAL INFORMATION** 

Prepared by:

Distributed by:

**ATTY. VINCENT F. FERNANDEZ** 

CHAIRPERSON BIDS AND AWARDS COMMITTEE