



Republic of the Philippines  
 Province of Antique  
**PROVINCIAL BIDS AND AWARDS COMMITTEE FOR HEALTH**  
 San Jose de Buenavista

**NEGOTIATED PROCUREMENT  
 (SMALL VALUE PROCUREMENT)**

Standard Form No. SF-GOOD-60  
 Revised on May 24, 2004

Date: April 07, 2021  
 RFQ No. MM-2021-04-026(m)

Various Suppliers/Contractors  
 San Jose, Antique/Iloilo City

Please quote your lowest price on the item/s listed below, subject to the General Conditions stated herein the shortest time of delivery and submit your quotation duly signed by your representative not later than April 14, 2021 at the Room 2, Second Floor, Provincial Health Office Atabay, San Jose, Antique at 2: 00 o' clock p.m. in the return envelope attached herewith.

Sealed canvass papers must be supported with Eligibility documents, *current approved License to Operate and List of Sources with original copy of Certificate of Product Registration* issued by the BFAD-DOH are required under DOH Memorandum Circular No. 9 S 1991 as implemented by COA Memorandum 91-705 dated March 14, 1991. An application for product registration and expired certificate shall not be considered.

**RIC NOELA A. NACIONGAYO, MD, MPA, FPSMS**  
 Provincial Health Officer II/BAC Chairman  
 (Procurement Officer)

ITEM NO	QTY	UNIT	DESCRIPTION	UNIT COST	TOTAL ABC/UNIT	BRAND OFFERED	BID PRICE/UNIT	TOTAL BID PRICE
			<b>COMMUNITY OUTREACH/HOSPITAL OPERATIONS</b>					
1	5	roll	Absorbent Cotton 400g	120.00	600.00			
2	10	tube	Adhesive Plaster, pre cut, 12 x 10 yds	400.00	4,000.00			
3	5	box	Disposable Surgical Cap, 100's	250.00	1,250.00			
4	10	box	Disposable Syringe with Needle G23, 5cc, 100's	270.00	2,700.00			
5	10	box	Disposable Syringe with Needle G23, 3cc, 100's	270.00	2,700.00			
6	10	box	Disposable Syringe with Needle G26, 1cc, 100's	270.00	2,700.00			
7	15	box	Examination Gloves, Non Sterile, Small	190.00	2,850.00			
8	15	box	Examination Gloves, Non Sterile, Medium	190.00	2,850.00			
9	15	box	Examination Gloves, Non Sterile, Large	190.00	2,850.00			
10	15	box	Face Mask with Loop, Disposable, 50's	300.00	4,500.00			
11	12	galloon	Glutaraldehyde Solution, long life 28 days	1,100.00	13,200.00			
12	51	bottle	Isopropyl Alcohol, 70% 500ml	99.75	5,087.25			
13	10	galloon	Povidone Iodine 10%	853.00	8,530.00			
14	8	roll	Rolled Gauze, 36 x 100 yards	1,350.00	10,800.00			
15	8	box	Sterile Surgical Gloves S-6.5, 50'S	500.00	4,000.00			
16	8	box	Sterile Surgical Gloves S-7.0, 50'S	500.00	4,000.00			
17	8	box	Sterile Surgical Gloves S-7.5, 50'S	500.00	4,000.00			
			<b>GRAND TOTAL ABC:</b>		<b>#####</b>			
<b>TOTAL AMOUNT IN WORDS:</b>								
								<b>GRAND TOTAL BID</b>
								<b>P</b>

**TERMS/CONDITIONS AND REQUIREMENTS:**

1. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES AND MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY
2. MAYOR'S PERMIT.
3. PhilGEPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION.
4. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATION OF THE PRODUCT BEING OFFERED
5. OMNIBUS SWORN STATEMENT (COA Circular No. 2012-001 (9.2))
6. BRAND NAME SHOULD BE REFLECTED IN THE BID OFFERED, IN CASE NOT AVAILABLE THE MANUFACTURER'S NAME SHOULD BE STATED.
7. BRING SAMPLE ONCE REQUIRED DURING POST QUALIFICATION/EVALUATION.
8. PARTIAL BID IS NOT ALLOWED.
9. INCOME TAX RETURN (ITR)
10. CERTIFICATE OF GOOD MANUFACTURING PRACTICE FROM FDA (IF APPLICABLE)
11. BATCH RELEASE CERTIFICATE FROM FDA (IF APPLICABLE)

12. IF THE SUPPLIER IS NOT THE MANUFACTURER, CERTIFICATION FROM THE MANUFACTURER THAT THE SUPPLIER IS AN AUTHORIZED DISTRIBUTOR/DEALER OF THE PRODUCTS/ITEMS (IF APPLICABLE)

After having carefully read and accepted your Terms/Conditions and Requirements, I/We quote you on the item prices noted above.

Place of Inspection: **PGSO, San Jose, Antique**  
Place of Delivery: **PHO, San Jose, Antique (to be delivered by the winning supplier)**  
Delivery Period: **within 7 calendar days after receipt of Purchase Order (PO)**

\_\_\_\_\_  
**Printed Name/Signature**

\_\_\_\_\_  
**Company's Name**

\_\_\_\_\_  
**Tel. No./Cellphone/E-mail Add.**

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