



Republic of the Philippines  
Department of Environment and Natural Resources

Visayas Avenue, Diliman Quezon City, 1100  
Tel. Nos. (632) 929-66-26 (632) 929-62-52  
929-66-20 929-66-33 to 35  
929-70-41 to 43

### REQUEST FOR QUOTATION

**P.R. NO:** 2024-03-0576 **MODE OF PROCUREMENT:** Shopping  
**P.R. DATE:** 06 March 2024 **REF. NO.:** RFQ-2024-086  
**END-USER:** Medical Unit **DATE PREPARED:** 22 March 2024  
**PRN:** **CLOSING DATE/TIME:** 26 March 2024 **8:00 AM**

1. The DENR-Central Office, through its Bids and Awards Committee for Regular Operations, invites eligible bidder/s to submit duly signed proposal/quotation not later than the closing date and time for the procurement project stated below:

Item No.	Description	Qty	Unit	TOTAL ABC (P) (VAT Inclusive)
1	Supply and Delivery of Influenza (Flu) Vaccine	1	Lot	360,000.00

2. Proposal/quotation received in excess of the ABC shall automatically be rejected.  
3. Interested bidder/s must submit the following documents with check (✓) mark:

A. ELIGIBILITY DOCUMENTS	
✓	Valid and current Certificate of PhilGEPS Registration (Platinum Membership) (all pages) in accordance with Section 8.5.2 of the IRR (pursuant to GPPB Resolution No. 15-2021, dated 14 October 2021); Or PhilGEPS Registration Number
✓	Valid and Current Mayor's/Business Permit for CY 2024, in case bidder submitted its PhilGEPS Registration Number only
<i>Note: Bidder/s who previously submitted an updated Eligibility Documents are no longer required to re-submit.</i>	
B. TECHNICAL AND FINANCIAL DOCUMENTS	
✓	Completely filled Technical and Financial Quotation Form (Annex "A")
✓	Valid and current Certificate of Product Registration (CPR) for the brand being offered
✓	Valid and current Certificate of Distributorship/Dealership/Ressellership of the brand being offered, issued by the principal or manufacturer of the product (if the Bidder is not the manufacturer). If not issued by the manufacturer, must also submit certification/document linking bidder to the manufacturer.
✓	Lot Release Certificate issued by the Bureau of Food and Drugs (BFAD/FDA) in accordance with the latest BFAD Circular
✓	Certification that the expiry dates of the brand being offered must be at least 6-12 months from the date of delivery
✓	Vaccine Transportation Methodology

**Failure to submit all documents as required above shall be automatically disqualified.**

4. Price must be inclusive of VAT and must be valid for Sixty (60) calendar days upon submission of proposal/quotation.  
5. Award of Contract shall be made to the lowest calculated and responsive quotation which complies with the minimum technical specifications and other terms and conditions stated herein.  
6. Refusal to sign and accept the Award or enter into contract without justifiable reason, maybe a ground for imposition of administrative sanctions under Rule XXIII of the Revised IRR of RA 9184.  
7. Sealed proposal/quotation may be submitted at Procurement Management Section-Property and Supply Management Division (PrMS-PSMD), 2<sup>nd</sup> Floor Warehouse Building, DENR-CO Compound. For further inquiries, you may coordinate with Ms. Dianne G. Ibias/Ms. Gianina P. Agir at telephone number (02) 8926-2675.  
8. Kindly indicate in the marking: **ATTENTION: ANN JOANNA B. VILLARAMA-RFQ-2024-086.**  
9. DENR reserves the right to reject any and all proposals, declare failure, or not award the contract at any time in accordance with Section 41 of RA 9184 and its IRR without thereby incurring liability to the affected supplier.

  
**DIANNE G. IBIAS**  
Chief, Procurement Mgt. Section  
Property & Supply Management Division

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

**Annex A (Page 2 of 2)**

**TECHNICAL PROPOSAL FORM**

**Please specify the brand being offered in the space provided:**

**Influenza (FLU) Vaccine** : \_\_\_\_\_

**Project Requirements/Terms and Conditions:**

- 1) **Delivery/completion period:** within **seven (7) calendar days** from date of conformance to PO/Contract.
- 2) **Delivery Site:** Supply Management Section, Basement, DENR Main Building, Visayas Ave., Diliman, Quezon City
- 3) **Price quotation/s,** to be denominated in Philippine Peso shall include all taxes, duties and/or levies payable subjected to deduction of applicable Government Tax
- 4) DENR shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
- 5) **Replacement of Defective Items:** Within **ten (10) Calendar Days** upon receipt of Notice of Defects from DENR.
- 6) **Warranty:** Three (3) months in case of Expendable Supplies and One (1) Year in the case of Non-expendable Supplies from issuance of Certificate of Inspection and Acceptance. Warranty Certificate must be submitted during delivery.
- 7) **Amendment to Order** may be issued subject to the conditions set forth under Annex D of the 2016 Revised IRR of RA 9184.
- 8) **Payment** shall be made in accordance with the Government Terms
- 9) **Liquidated Damages (LD)** equivalent to one tenth of one percent (0.1%) of the value of contract not delivered within the prescribed period shall be imposed per day of delay. The DENR may rescind the Contract once the cumulative amount of LD reaches 10% of the amount of the Contract, without prejudice to other courses of action and remedies open to it
- 10) **Bidder has no overdue deliveries or unperformed services intended for DENR-CO.**

**FINANCIAL QUOTATION FORM  
(PRICE MUST BE VAT INCLUSIVE)**

Item No.	DESCRIPTION	QTY/ UNIT	ABC PRICE (P)		TOTAL BIDDER'S PRICE QUOTATION (P)	
			Unit Cost (P)	Total Cost (P)	Unit Cost (P)	Total Cost (P)
1	Supply and Delivery of Influenza Flu Vaccine	360 pcs	1,000.00	360,000.00		

**BIDDER'S UNDERTAKING**

I/We, the undersigned Supplier, after having examined the Technical Specifications/ Project Requirements, hereby OFFER to supply/deliver/perform the above described items.

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

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

\_\_\_\_\_  
**NAME OF COMPANY (IN PRINT)**

\_\_\_\_\_  
**SIGNATURE OVER PRINTED NAME OF THE AUTHORIZED REPRESENTATIVE**

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Designation:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Telefax No.:** \_\_\_\_\_  
**Mobile Number:** \_\_\_\_\_