

TECHNICAL PROPOSAL FORM



Republic of the Philippines
Department of Environment and Natural Resources
Visayas Avenue, Diliman, Quezon City, 1100
Trunkline (632) 929-6626 • 929-6628 • 929-6635 • 929-4028 • 929-3618
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PRODUCT DESCRIPTION
TETANUS, DIPHTHERIA, PERTUSSIS VACCINE

I. PROJECT DESCRIPTION

The project entails the procurement of the following vaccines:

- a. Tetanus and Diphtheria Toxoids Adsorbed combined with component Acellular Pertussis Vaccine;

II. RESPONSIBILITIES/DELIVERABLES OF THE SUPPLIER

Deliver the vaccines listed below with the following Technical Specifications:

- a. Tetanus, Diphtheria and Pertussis Vaccine - Each 0.5 mL single dose vial.
- b. Vaccines should be packed in a pre-filled sterile syringe with attached sterile needle
- c. Must deliver in a cold chain storage;
- d. Should include vaccination card, band-aid, and alcohol cotton swab;
- e. Suspension for injection is clear and slightly opalescent in color; and
- f. Expiration date of at least Twelve (12) to Twenty-Four (24) months
- g. Submit the following requirements,
 - 1. Copy of current and valid Certificate of Product Registration (CPR) for the items;
 - 2. DOH Accreditation as Supplier, Distributor, or Manufacturer for Drugs and Medicines;
 - 3. Lot Release Certificate issued by the Bureau of Food and Drugs (BFAD/FDA) in accordance with latest BFAD Circular;
 - 4. Statement of the bidder specifying that the expiry dates of the medicines must be at least Twelve (12) to Twenty-Four (24) months from the date of delivery



Prepared by:

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Approved by:

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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:

Tetanus, Diphtheria, and Pertussis Vaccine : _____

Project Requirements/Terms and Conditions:

- 1) **Delivery/completion period:** within fifteen (15) 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 Tetanus, Diphtheria and Pertussis Vaccine	94 pcs	1,800.00	169,200.00		

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:

