



REQUEST FOR QUOTATION

P.R. NO: 2024-05-1075 **MODE OF PROCUREMENT:** Shopping
P.R. DATE: 03 May 2024 **REF. NO.:** RFQ-2024-188
END-USER: Medical Unit **DATE PREPARED:** 28 June 2024
PRN: **CLOSING DATE/TIME:** 02 July 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:

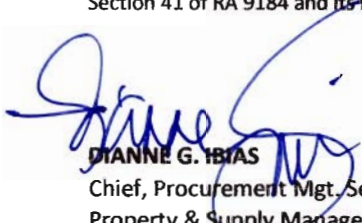

Item No.	Description	Qty	Unit	TOTAL ABC (P) (VAT Inclusive)
1	Supply and Delivery of Hypertension and Diabetes Maintenance	1	Lot	464,000.00

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 2023 OR application for Business/Mayor's Permit with attached Official Receipt (OR) of payment of Licensing and Regulatory fees and 2022 Business/Mayor's permit
Note: Bidder/s who previously submitted an updated Eligibility Documents are no longer required to re-submit.	
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 issued by Food and Drug Administration (FDA)
✓	Certification of good manufacturing practice issued by FDA
✓	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.
✓	Batch and/or 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 based on the Product Description as of 28 June 2024

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), 2nd 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-2024-188.**
 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


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
 426-0465 • 426-0001 • 426-0347 • 426-0480 • 426-0491
 Voice-Over-Internet-Protocol (VOIP) Trunkline (632) 755-3338 • 755-3300



**PRODUCT DESCRIPTION
 HYPERTENSION AND DIABETES MAINTENANCE**

TERMS AND CONDITIONS:

- Batch Certificate of the Food and Drug Administration (FDA) as per DOH AO No. 103, s. 2002 dated as April 2002.
- Certificate of Product Registration issued by the Food and Drug Administration (FDA) for the product;
- At least one (1) year from the date of delivery for medicines with a shelf life of more than two to three (3) years;
- Certification that the shelf of delivered medicine should not be less than twelve (12) months from delivery.

DESCRIPTION	PRODUCT
<p>1. AMLODIPINE 5mg - used for management of hypertension and prevention of angina pectoris. It is used to lower hypertension both in adults and children.</p>	
<p>2. AMLODIPINE 10mg - used for management of hypertension and prevention of angina pectoris. It is used to lower hypertension both in adults and children.</p>	
<p>3. LOSARTAN POTASSIUM 50mg - Management of hypertension (HTN), particularly in patients who develop cough with ACE inhibitors and to reduce the risk of stroke in patients with left ventricular hypertrophy; treatment of diabetic nephropathy.</p>	

TECHNICAL PROPOSAL FORM

<p>4. LOSARTAN POTASSIUM + HYDROCHLOROTHIAZIDE 50MG/12.5MG - Treatment of essential hypertension in patients whose BP is not adequately controlled on losartan or hydrochlorothiazide alone.</p>	
<p>5. AMLODIPINE BESILATE + LOSARTAN POTASSIUM 5MG/50MG - Treatment of the mild to moderate hypertension (HTN). HTN not responding to monotherapy with CCBs or ARBs.</p>	
<p>6. ATORVASTATIN CALCIUM 20MG - used together with diet, weight loss, and exercise to reduce the risk of heart attack and stroke and to decrease the chance that heart surgery will be needed in people who have heart disease or who are at risk of developing heart disease</p>	
<p>7. GLIMEPERIDE 2MG - It is used as adjunct to proper dietary management, physical exercise and weight reduction to improve glycemic control in adults with type 2 diabetes mellitus whose hyperglycemia cannot be controlled by diet and exercise alone and may be used as monotherapy or in combination with metformin or insulin.</p>	

TECHNICAL PROPOSAL FORM

8. METFORMIN HYDROCHLORIDE 500MG

- used to treat high blood sugar levels that are caused by a type of diabetes mellitus or sugar diabetes called type 2 diabetes.



Prepared by:

[Handwritten signature]

ARIES OSHUA M. ALVAREZ

Medical Unit

Approved by:

[Handwritten signature]

PALMA R. GUNDRAN, MD
SEMS/MEDICAL UNIT

Please specify the brand being offered in the space provided:

- 1. Amlodipine 5mg : _____
- 2. Amlodipine 10mg : _____
- 3. Losartan Potassium 50mg : _____
- 4. Losartan Potassium + Hydrochlorothiazide 50mg/12.5mg : _____
- 5. Amlodipine Besilate + Losartan Potassium 5mg/50mg : _____
- 6. Atorvastatin Calcium 20mg : _____
- 7. Glimepiride 2mg : _____
- 8. Metformin Hydrochloride 500mg : _____

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.

PLEASE USE THIS FORM. DO NOT RETYPE OR ALTER

Annex A (Page 3 of 3)

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	Amlodipine 5mg	150 pack of 100's	850.00	127,500.00		
2	Amlodipine 10mg	8 pack of 100's	1,100.00	8,800.00		
3	Losartan Potassium 50mg	400 pack of 30's	450.00	180,000.00		
4	Losartan Potassium + Hydrochlorothiazide 50mg/12.5mg	20 pack of 30's	580.00	11,600.00		
5	Amlodipine Besilate + Losartan Potassium 5mg/50mg	60 pack of 30's	870.00	52,500.00		
6	Atorvastatin Calcium 20mg	20 pack of 30's	750.00	15,000.00		
7	Glimepiride 2mg	1 pack of 100's	1,400.00	1,400.00		
8	Metformin Hydrochloride 500mg	150 pack of 100's	450.00	67,500.00		
				464,000.00		

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: _____