



REQUEST FOR PROPOSAL

Date: 18 June 2024

Reference: RFP CO-24-027SVP

1. The **Philippine Institute of Traditional and Alternative Health Care (PITAHC)** through its **Bids and Awards Committee (BAC)** invites interested bidders to submit a proposal for the procurement of the item stated below with the total Approved Budget for the Contract (ABC) amounting to **One Hundred Four Thousand Nine Hundred Twenty-Five Pesos and 15/100 (PhP104,925.15) inclusive of all costs, applicable taxes, and service charges:**

2.

PITAHC 2024 APP Ref	PR Number	Item Description
5029999099	24-06-0128	SERVICES FOR THE ANNUAL HEALTH EXAMINATION (AHE) FOR PITAHC EMPLOYEES <i>(See Terms and Conditions for detailed requirements)</i>

3. Procurement shall be conducted through Small Value Procurement under Section 53.9 - Negotiated Procurement as prescribed under Rule XVI- Alternative Methods of Procurement of the 2016 Revised Implementing Rules and Regulations (IRR) of Republic Act (R.A.) No. 9184, otherwise known as the “*Government Procurement Reform Act*”.
4. The proposal must be duly signed by the bidder and must be submitted to the BAC Secretariat, PITAHC Building, Matapang St., East Avenue Medical Center Compound, Barangay Central, Quezon City or sent thru fax at (02) 8376-3067 or email at bac@pitahc.gov.ph. The proposal shall be received until **27 June 2024, 11:59PM.**
5. The bidder must **submit a copy** of the following documents, **together with the proposal**, to ensure that the said bidder is technically, legally and financially capable to undertake the proposed project:
- a. Valid and current Mayor’s/Business Permit
 - b. Notarized Omnibus Sworn Statement by the prospective bidder in the new prescribed form as per GPPB Resolution No. 16-2020
 - c. PHILGEPS Registration Number *(to be indicated in the Price Proposal Form)*
6. PITAHC reserves the right to waive any formality in the responses to the eligibility requirements and to this invitation. PITAHC further reserves the right to reject all proposals, or declare a failure of small value procurement, or not award the contract, and makes no assurance that the contract shall be entered into as a result of this invitation without thereby incurring any liability to the affected bidder or bidders in accordance with R.A. No. 9184 and its Implementing Rules and Regulations.
7. For any clarification, you may contact Mr. **Louie C. Sibug** at telephone no. (02) 8282-8194 loc 542.

(Sgd.)
ATTY. KEENTH N. ALMEÑE
Chairperson, PITAHC BAC



OTHER TERMS AND CONDITIONS

1. Bidders shall provide the **correct and accurate information** required in this form.
2. Delivery Schedule: To be determined and scheduled by the PITAHC Administrative Division within June to July 2024.
3. Delivery Site: On-site (mobile laboratory service at PITAHC Central Office Building, East Avenue Medical Center Compound, Matapang St., Brgy. Central, Quezon City). However, tests not completed on-site during the scheduled APE shall be completed by the concerned employee/s at the supplier's laboratory address. Hence, the location of the laboratory must be within a 5-km radius from the PITAHC Central Office Building to preserve specimen.
4. Payment Term: Batch billing for a minimum number of 5 (five) employees with complete diagnostic procedures (except for the last billing wherein the minimum number of employees is waived); to be paid within 30 (thirty) calendar days from the date of receipt of billing/invoice
5. Price proposal must be valid for a period of **thirty (30) calendar days** from the date of submission.
6. Price proposal to be denominated in **Philippine Peso (PhP)**, include all taxes and duties and/or levies payable.
7. Proposals exceeding the ABC shall be automatically rejected.
8. As part of the submission aside from Item No. 5 of the RFP and the Price Proposal Form, **bidder shall submit a Certificate of Satisfactory Completion/Performance for those who have previous contracts with PITAHC**, if applicable.
9. The **award of contract** shall be made to the single or lowest calculated and responsive proposal, which complied with the minimum technical specifications and other terms and conditions stated herein.
10. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by the bidder or any of his/her duly authorized representative/s.
11. Liquidated damages equivalent to one tenth of one percent (0.001%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. PITAHC shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open.



PRICE PROPOSAL FORM

Date: _____

The Bids and Awards Committee
PITAHC Building, Matapang Street, East Avenue Medical Center Compound,
Barangay Central Quezon City

Sir/Madam:

After having carefully read and accepted the Terms and Conditions, I/we submit our proposal for the item as follows:

Item Description	Total Price (Exclusive of all costs, applicable taxes, and service charges)	Total Price (Inclusive of all costs, applicable taxes, and service charges)
SERVICES FOR THE ANNUAL HEALTH EXAMINATION (AHE) FOR PITAHC EMPLOYEES		

Amount in Words:_____

The above-quoted price is inclusive of **all costs** and applicable taxes.

Very truly yours,

Signature : _____

Printed Name : _____

Date : _____

Company Name : _____

Contact Number : _____

PHILGEPS Registration Number: _____



PRICE BREAKDOWN FORM

ITEM DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
SERVICES FOR THE ANNUAL HEALTH EXAMINATION (AHE) FOR PITAHC EMPLOYEES			
<u>Inclusions:</u>			
Complete Blood Count with Platelet Count	45 pax		
Routine Urinalysis	45 pax		
Clinical Chemistry (FBS, Creatinine, BUA, BUN, SGOT, SGPT)	45 pax		
Lipid Profile (Total Cholesterol, HDL, LDL, VLDL, Triglyceride)	45 pax		
Chest X-ray	45 pax		
ECG	45 pax		
Drug Test (Methamphetamine, Tetrahydrocannabinol (THC))	45 pax		
Stool Exam	45 pax		
TOTAL	45 pax		

Conforme:

Name and Signature of the
Authorized Representative

Company Name

Date



TERMS AND CONDITIONS COMPLIANCE

Technical Specifications	Compliance to Technical Specification (Check the corresponding box)		
	Compliant	Non-Compliant	Remarks: (Counter Specs Offer)
SERVICES FOR THE ANNUAL HEALTH EXAMINATION (AHE) FOR PITAHC EMPLOYEES Quantity: 45 pax	Yes () Yes ()	No () No ()	
<u>Inclusions:</u>			
Complete Blood Count with Platelet Count	Yes ()	No ()	
Routine Urinalysis	Yes ()	No ()	
Clinical Chemistry (FBS, Creatinine, BUA, BUN, SGOT, SGPT)	Yes ()	No ()	
Lipid Profile (Total Cholesterol, HDL, LDL, VLDL, Triglyceride)	Yes ()	No ()	
Chest X-ray	Yes ()	No ()	
ECG	Yes ()	No ()	
Drug Test (Methamphetamine, Tetrahydrocannabinol (THC))	Yes ()	No ()	
Stool Exam	Yes ()	No ()	
OTHER TERMS AND CONDITIONS			
Delivery Schedule: To be determined and scheduled by the PITAHC Administrative Division within June to July 2024.	Yes ()	No ()	
Place of Delivery: On-site (mobile laboratory service at PITAHC Central Office Building, East Avenue Medical Center Compound, Matapang St., Brgy. Central, Quezon City). However, tests not completed on-site during the scheduled APE shall be completed by the concerned employee/s at the supplier's laboratory address. Hence, the location of the laboratory must be within a 5-km radius from the PITAHC Central Office Building to preserve specimen.	Yes ()	No ()	
Release of Results: Individual results are expected to be released within 10 (ten) working days from the completion of all diagnostic procedures per employee.	Yes ()	No ()	
Payment Term: Batch billing for a minimum number of 5 (five) employees with complete diagnostic procedures (except for the last billing wherein the	Yes ()	No ()	



minimum number of employees is waived); to be paid within 30 (thirty) calendar days from the date of receipt of billing/invoice			
As part of the submission aside from Item No. 5 of the RFP and the Price Proposal Form, bidder shall submit a Certificate of Satisfactory Completion/Performance for those who have previous contracts with PITAHC, if applicable.	Yes ()	No ()	N/A ()

Conforme:

Name of the Authorized Representative
And signature

Name of Company

Date