



Office of the President of the Philippines
OFFICE OF THE PRESIDENTIAL ADVISER ON THE PEACE PROCESS

REQUEST FOR QUOTATION

18 August 2021

The Office of the Presidential Adviser on the Peace Process (OPAPP) through the General Appropriations Act of FY 2020 intends to apply the sum of Four Hundred Sixty-Seven Thousand Six Hundred Sixty Pesos (PhP467,660.00) being the Approved Budget for the Contract (ABC) to be paid for the Small Value Procurement, as defined under Section 53.9 of the IRR of RA 9184 for the Procurement of Vitamins for OPAPP Mindanao listed below:

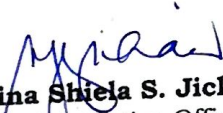
Lot	Goods	Quantity	Specific Technical Requirements
1	Multivitamins	81 boxes	Multivitamins Supplement 100 Softgel Capsules/box Vit A 5000 iu Vit E 100 iu Vit C 500 mg Zinc 25 mg
2	Vitamin C	268 boxes	Vitamin C Non-acidic vitamin C in sodium ascorbate form. 30 capsules/box Certified Halal 568.18 mg
3	Vitamin D	268 boxes	Vitamin D 30 softgel capsules/box 800iu-1000iu of Vit D3

The OPAPP now invites contractors/suppliers to submit price quotations for the above items.

The Contract will be awarded **per lot** to the **lowest quotation** and **responsive** to the specifications and requirements.

For further inquiries, please coordinate with the BAC Secretariat at telephone number (02) 8636 0706 local 871 or at bacsec.opapp@gmail.com

Sincerely,


Nina Shiela S. Jickain
Administrative Officer V
Joint Normalization Division

TERMS AND CONDITIONS

- a) The ABC is inclusive of applicable taxes, fees, and/or levies payable.
- b) The contract shall be awarded to the lowest and responsive bid. Bid amount exceeding the ABC shall be automatically disqualified.
- c) The price quotation must be valid for sixty (60) calendar days from the date of submission of bids.
- d) Bidder shall submit its quotation and the following documents with all its pages on or before 27 August 2021 at 10:00AM on the place specified below:

- 1. Mayor's/Business Permit
- 2. PhilGEPS Registration Number
- 3. Omnibus Sworn Statement (*Original Copy*)

None submission of any or all the document will be declared ineligible to bid and hence, the bid shall be disqualified.

The above documents shall be submitted in a sealed envelope with the name of the sender, complete mailing address, email address, and telephone or mobile number. Without such details, the bid shall not be accepted.

Submit your bidding documents at:

*BAC Secretariat Office
3rd Floor, Agustin I Building
F. Ortigas Jr. Road
Ortigas Center
Pasig City*

- e) Late bids will not be accepted. If you intend to send your bids through a courier, please ensure that we shall receive it before the deadline submission of bids.
- f) OPAPP shall conduct evaluation/inspection of goods to be supplied to OPAPP before an award shall be issued.
- g) Subcontracting is not allowed.
- h) Delivery shall be completed within seven (7) calendar days from receipt of Job/Purchase Order.
- i) Place of Delivery

*OPAPP, c/o DPWH Residence Compound
Brgy. Tamontaka, Mintex, Datu Odin
Sinsuat, Maguindanao*

- j) Payment shall be made to the supplier or distributor within thirty (30) calendar days from complete delivery and submission of pertinent documents for payment as required under existing laws.
- k) Replacement of defective item/s shall be made within seven (7) days from receipt of the supplier or distributor of the formal written notice.
- l) OPAPP reserves the right to reject any and all quotations or bids, declare a failure of bidding or not award the contract in accordance with Section 41 of the IRR of RA 9184.

QUOTATION FORM

OFFICE OF THE PRESIDENTIAL ADVISER ON THE PEACE PROCESS
Agustin I Building
F. Ortigas Jr. Road
Ortigas Center, Pasig City

Dear **Sir/Ma'am**:

After having carefully read and accepted your terms and conditions, we are pleased to quote you for the following items:

Lot	Technical Requirements	Quantity	Statement of Compliance	Unit Cost	Total Cost
1	Multivitamins	81 boxes			
2	Vitamin C	268 boxes			
3	Vitamin D	268 boxes			

Prices in the above offer are certified true and correct.

Sincerely,

(Signature over Printed Name of the Authorized Representative)

Company Name: _____

Contact No: _____

Email Add: _____