

8th Floor, One Cyberpod Centris, EDSA cor. Quezon Ave., Brgy. Pinyahan, Quezon Ci<sup>t</sup> Tel. No. 8709-4146 / 8929-39-71 (Telefax); website: <u>www.ppp.gov.ph</u>

### **REQUEST FOR QUOTATION**

### **Conduct of Onsite Annual Physical Examination**

RFQ NO.:

2020-07-018 July 17, 2020

### To All Eligible Bidders:

The Public-Private Partnership Center of the Philippines invites eligible bidders to quote their lowest price/s for the item/s listed on the attached Request for Quotation (RFQ) form including the total amount in legible style (preferably typewritten).

The quotation may be submitted manually in a sealed envelope labeled with the PR and RFQ numbers to the PPPCP, BAC Secretariat, c/o Ms. Mildred A. Castillo, of the above address or through electronic mail at procurement@ppp.gov.ph on or before 5:00pm on July 24, 2020, subject to the following terms and conditions:

The electronic submission procedure shall be as follows:

Quotations shall be sent to the email account/address indicated above. Quotations addressed to
 any email account/address other than the one indicated above will be deemed "not submitted" by
the bidder and will not be considered by the PPP Center.

Bidders shall ensure that the eligibility and technical requirements/documents as well as the price quotation are received at the email account/address indicated above on or before the prescribed

- $\sqrt{}$  deadline. If only the eligibility and technical requirements/documents are received from the bidder on the prescribed deadline, while the price quotation is received beyond the deadline, the submission will not be accepted.
- Bidders shall avoid sending multiple emails. However, in case of receipt of multiple emails, ONLY the latest email containing the eligibility and technical requirements/documents and price quotation received on or before the deadline shall be considered.
- The mode of procurement is Small Value Procurement. Quotation should not exceed the Approved Budget for the Contract (ABC) in the amount of PhP291,000.00.

 $\sqrt{10}$  Quotation must be inclusive of all applicable government taxes and subject to 5% R-VAT and 1% (PO) or 2% (JO) deductions.

Quotation must be submitted using the attached prescribed form duly signed by the bidder's authorized representative. Supplemental information using your company stationery shall be

attached to reflect the complete specification of bid e.g., brand name, model, pictures/brochures/ literature, etc.

 $\sqrt{1}$  Quotation must be accompanied with the following documents:

✓ DTI/SEC Certificate of Registration;
 ✓ Valid Mayor's/Business Permit or in its absence, expired Business or Mayor's permit with Official Receipt of renewal application, subject to submission of Business or Mayor's permit after award of contract but before payment;
 ✓ PhilGEPS Certificate of Registration under Platinum Membership or PhilGEPS Registration Number (can be submitted by the bidder as condition for award);
 ✓ Signed and Conformed Terms of Reference;
 ✓ Proposed Implementation Plan for the Conduct of the Onsite APE, including measures and safety protocols to manage the threat of COVID 19 pandemic; and

	Duly notarized Omnibus Sworn Statement (OSS). Unnotarized OSS may be submitted subject to
$\checkmark$	compliance with the submission of duly notarized OSS after award of contract but before
	payment as provided for under GPPB Resolution No. 09-2020.
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The bidder with the Lowest and/or Single Calculated Quotation shall submit the following during postqualification:

 $_{\rm V}$  List of personnel who will conduct the APE with photocopies of their valid Professional Regulation Commission (PRC) license numbers or valid PRC License IDs;

 $_{\rm V}$  List of equipment and supplies to be deployed and used to manage the thread of COVID 19 pandemic;

 $\sqrt{}$  Proof of accreditation or valid license to operate issued by the Department of Health (DOH);

 $\sqrt{}$  Certificate of Satisfactory Completion issued by a previous Client for the past 5 years; and

 $\sqrt{}$  Certification by the Service Provider that the staff and physicians to be deployed during the onsite APE are free from COVID-19 symptoms and/or disease.

Award shall be made to the Lowest Calculated and Responsive Quotation or Single Calculated and Responsive Quotation.

 $\sqrt{1}$  Bids should be valid for a minimum of one (1) month from deadline of submission of bids.

 $\sqrt{1}$  Procured items must be served/provided to PPP Center.

 $\sqrt{|}$  Payment shall be made seven (7) working days after receipt of billing statement.

The payment will be through Expanded Modified Direct Payment Scheme (Ex-MDPS) either by direct credit to the winning bidder's bank account maintained at Land Bank of the Philippines (LBP), or bank transfer in non LBP accounts where corresponding bank charges shall be borne/paid by the payee.

In case you do not receive any communication from PPPCP one (1) month from the deadline indicated above, it will mean that the award was not made in your favor. PPPCP reserves the right to accept any or all quotation/bid and to annul bidding process and reject all quotations/bids at any time prior to contract award without thereby incurring any liability to the affected bidder or bidders.

For clarifications, please contact the BAC Secretariat c/o Ms. Mildred A. Castillo in the above address/telephone number or email at procurement@ppp.gov.ph.

Very truly yours,

### MARIA THERESA L. LARANANG

Chairperson, Bids and Awards Committee



Republic of the Philippines

# PUBLIC-PRIVATE PARTNERSHIP CENTER

8th Floor, One Cyberpod Centris, EDSA cor. Quezon Ave., Brgy. Pinyahan, Quezon Ci<sup>†</sup> Tel. No. 709-4146 / 929-39-71 (Telefax); website: <u>www.ppp.gov.ph</u>

## **REQUEST FOR QUOTATION**

### 17 July 2020

Item No.	Qty.	Unit	ITEM/DESCRIPTION	UNIT Price	Total (PhP)
1	1	lot	Provision of Physical/Medical Examination and Laboratory Services to 110 personnel of PPP Center		
			<ul> <li>&gt; Urinalysis</li> <li>&gt; Fecalysis</li> <li>&gt; Chest X-Ray</li> <li>&gt; PE with Eye and Dental Screening</li> <li>&gt; Complete Blood Count</li> </ul>		
			<ul> <li>&gt; Blood Chemistry Package (Fasting Blood Sugar, BUN, Creatinine, Uric Acid)</li> <li>&gt; Lipid Profile</li> <li>&gt; ECG</li> <li>&gt; Drug Test</li> <li>&gt; Optional: Papsmear for female employees</li> </ul>		
			<ul> <li>Inclusive of parking fee and electricity for the mobile van for X-Ray</li> </ul>		
			Please see attached Terms of Reference		
			TOTAL		
Form	ed-out:		(Bidders, Please Provide com Signature:	plete information	n below)
<u>Retrie</u>	eved on:	:	Name/Designation: Name of Company:		
			Address:		
			Telephone/Fax:		
			TIN:		

# **TERMS OF REFERENCE**

	Conduct of Onsite Annual Physical Examination	
I.	RATIONALE	
	The one-day Annual Physical Examination (APE) is being conducted pursuant to Administrative Order No. 102 dated June 2, 1998, Establishment of a Medical Check-Up for Government Personnel; Civil Service Commission (CSC) Memorandum Circular No. 33, s. 19997, Policy on Working Conditions at the Workplace; and CSC MC No. 13, s. 2017, Guidelines on the Mandatory Random Drug Test for Public Officials and Employees and For Other Purposes.	
II.	SCOPE OF WORK AND JOB SPECIFICATION	
	The service provider should be able to provide the following onsite medical/examination packages to the 110 personnel of the PPP Center (list of employees attached):	
	A. Physical/Medical Examination and Laboratory Services	
	<ul> <li>&gt; Urinalysis</li> <li>&gt; Fecalysis</li> <li>&gt; Chest X-Ray</li> <li>&gt; PE with Eye and Dental Screening</li> <li>&gt; Complete Blood Count</li> <li>&gt; Blood Chemistry Package (Fasting Blood Sugar, Bun, Creatinine, Uric Acid)</li> <li>&gt; Lipid Profile</li> <li>&gt; ECG</li> <li>&gt; Drug Test</li> <li>&gt; Optional: Papsmear for female employees – 35 years old and above (billing shall be based on actual availment)</li> <li>&gt; Inclusive of parking fee and electricity for the mobile van for X-Ray</li> </ul>	
	B. Other Requirements:	
	The Service Provider shall:	
	<ul> <li>Conduct meeting with the officers and staff of the Human Resource Division (HRD) of PPPC prior to the scheduled onsite APE to discuss the proposal for the conduct of the onsite APE. Inputs of the PPP Center shall be considered and incorporated in the Final Implementation Plan.</li> <li>Provide, supply and deliver a professional unit who shall conduct onsite physical annual medical/physical examination and drug screening for one day (7:00 a.m. to 4:00 p.m.) on August 28, 2020. This shall consist of personnel (healthcare professionals, technicians, staff assistants, etc.), equipment, supplies and signage.</li> <li>In case the agency still adopts the alternative work arrangement by August 2020, the conduct of the onsite APE shall be moved to a later date within the year, with the issuance of new guidelines allowing full operational capacity. In the absence of a new guidelines, the APE shall be cancelled.</li> </ul>	

	Supervise collection of drug testing specimens
	<ul> <li>&gt; Supervise collection of drug testing specimens.</li> <li>&gt; Provide DOH-prescribed specimen bottles with sticker labels, security seals, thermal scanner and drug testing custody and control forms.</li> <li>&gt; Staff and physicians to be deployed shall wear Personal Protective Equipment.</li> <li>&gt; Ensure compliance to the minimum health standards issued by the Department of health related to COVID-19 such as observance of physical distancing, installing of physical barriers to minimize contact of employees and medical staff; disinfection of the area, materials and equipment to be used; ensuring availability of hand hygiene/sanitizer in the area; and posting signs directing patients to the designated areas.</li> <li>&gt; Provide a physician for consultation/interpretation of the result of the APE after its release.</li> <li>&gt; Provide the result of the examination seven (7) working days after the conduct of APE in a sealed envelope per employee in compliance with Republic Act 10173, also known as the Data Privacy Act of 2012.</li> <li>&gt; Cater to PPPC employees who will not be able to undergo onsite APE medical/physical examination due to conflict of schedule for a duration of six (6) months from date of onsite APE in their Metro Manila Clinics.</li> <li>&gt; In excess of the guaranteed 110 pax, the billing shall be based on the actual availment of the PPPC employees.</li> <li>&gt; Report (written or email) on employees who failed to undergo and/or complete the APE on the scheduled date of the onsite APE.</li> <li>&gt; All documents, records, reports, receipts and information about the APE shall be the property of the PPPC.</li> </ul>
III.	MINIMUM QUALIFICATION REQUIREMENTS
	1. Must be an established Clinical/Medical Diagnostic Facility for the past five (5) years;
	2. Must be accredited or licensed by the Department of Health; and
	<ol> <li>Must be manned by physicians and staff to assist in the conduct of the APE;</li> <li>Must submit sudantials of physician. Padialasist and Madical Taskaslasist, and</li> </ol>
	<b>4.</b> Must submit credentials of physician, Radiologist and Medical Technologist; and
	5. The Clinical/Medical Diagnostic Facility preferably be located in Metro Manila, otherwise, the service provider must have a satellite and/or branch clinic in Metro Manila to cater to
	PPPC employees who will not be able to undergo onsite APE medical/physical examination
	due to conflict of schedule.
	6. Must have a readily available Mobile X-Ray Machine for the entirety of the onsite APE period.

IV.	ELIGIBILITY AND TECHNICAL REQUIREMENTS	
	The following, together with the price quotation, must be submitted on the date of bid submission:	
	<ol> <li>DTI or SEC Certificate of Registration;</li> <li>Mayor's/Business Permit for CY 2020 or in its absence, expired Business or Mayor's permit with Official Receipt of renewal application, subject to submission of Business or Mayor's permit after award of contract but before payment;</li> <li>PhilGEPS Certificate of Registration under Platinum Membership or PhilGEPS Registration Number;</li> <li>Duly notarized Omnibus Sworn Statement (OSS). Unnotarized OSS may be submitted subject to compliance with the submission of duly notarized OSS after award of contract but before payment as provided for under GPPB Resolution No. 09-2020;</li> <li>Signed and conformed Terms of Reference (TOR); and</li> <li>Proposed Implementation Plan for the Conduct of the Onsite APE, including measures and safety protocols to manage the threat of COVID 19 pandemic.</li> </ol>	
	The bidder with the Lowest and/or Single Calculated Quotation shall submit the following during post-qualification:	
	<ol> <li>List of personnel who will conduct the APE with photocopies of their valid Professional Regulation Commission (PRC) license numbers or valid PRC License IDs;</li> <li>List of equipment and supplies to be deployed and used to manage the thread of COVID</li> </ol>	
	<ol> <li>19 pandemic;</li> <li>Proof of accreditation or valid license to operate issued by the Department of Health (DOH);</li> </ol>	
	<ol> <li>Certificate of Satisfactory Completion issued by a previous Client for the past 5 years; and</li> <li>Certification by the Service Provider that the staff and physicians to be deployed during the onsite APE are free from COVID-19 symptoms and/or disease.</li> </ol>	
٧.	APPROVED BUDGET FOR THE CONTRACT	
	The approved budget for the contract is PhP291,000.00 inclusive of all applicable government taxes and service charge.	
VI.	MODE OF PROCUREMENT	
	The mode of procurement shall be Small Value Procurement in accordance with Section 53.9 of the Revised 2016 IRR of RA 9184.	
VII.	EVALUATION AND SELECTION CRITERIA (RATING SCHEME)	
	Award of the contract shall be made to the bidder with the Lowest Calculated and Responsive Quotation or the Single Calculated and Responsive Quotation.	
VIII.	. PAYMENT SCHEME	
	Payment shall be made within seven (7) days after receipt of billing statement through ADA.	

The payment will be through Expanded Modified Direct Payment Scheme (Ex-MDPS) either by direct credit to the winning bidder's bank account maintained at Land Bank of the Philippines (LBP), or bank transfer in non LBP accounts where corresponding bank charges shall be borne/paid by the payee.

CONFORME:

Name of Provider

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Signature over Printed Name

Date: \_\_\_\_\_