



NATIONAL TRANSMISSION CORPORATION
 RESOURCE MANAGEMENT SERVICES GROUP
 TransCo Annex Bldg., Diliman, Quezon City
 Tel. No. 7902-1133 / 7902-1500 LOC. 1133

**SUPPLIER'S TECHNICAL/PRICE QUOTATION FORM
 (NEGOTIATED PROCUREMENT: SMALL VALUE PROCUREMENT)**

REFERENCE NO.: HRMDD-22-97747 (PLP)

FOR INQUIRIES, CONTACT PURCHASING OFFICER: **PINEDA, MA. PILAR L.**

Sir/Madam:

Please provide us with your best quotation and submit the same to the above assigned purchasing officer on or before 3:00 PM on quote closing date at PROCUREMENT MANAGEMENT DIVISION, Ground Floor, TRANSCO Main Building, Power Center, Quezon Avenue corner BIR Road, Diliman, Quezon City.

QUOTE CLOSING DATE/TIME: 16 MAY 2022/09:00 A.M.

Deadline for submission may be extended if there are insufficient offers received. In case of a failed canvass, a re-canvass may be conducted without prior notice to any previous offeror (s).

Offers may be submitted in a sealed envelope, through fax or **through e-mail (mlpineda@transco.ph)** at the option of the offeror, properly marked with the reference number. This bid document comprises TWO (2) pages including this sheet.

Please signify your acceptance of the TERMS AND CONDITION as stated herein, by signing on the space provided below and submit the signed copy together with your separate letter of quotation (as applicable).

Very truly yours,

ROGELIO M. MABULAY, JR.
 Manager, Procurement Management Division

NOTE: THIS FORM IS COMPUTER GENERATED. SIGNATURE IS NOT REQUIRED.

NO.	DESCRIPTION	QUANTITY	ABC (VAT INC)	UNIT PRICE	TOTAL PRICE
				(VAT EXCLUSIVE, INDICATE APPLICABLE 12% VAT)	
1.	HRMDD-22-97747/1 AMBULANCE (BASIC LIFE SUPPORT PROVIDER) VEHICLE SHOULD INCLUDE THE FF: PHILGEPS ACCREDITED 1 TRANSPORT OFFICER AND 2 MEDICS ZOLL E-SERIES CARDIAC MONITOR AUTOMATED EXTERNAL DEFIBRILLATOR MAIN AND PORTABLE OXGEN TANK SPINEBOARD WITH HEAD IMMOBILIZER AND SPIDERSTRAP COLLAPSIBLE STRETCHER SCOOP STRETCHER SURGITECH NEBULIZER MACHINE KENDRICK'S EXTRICATION DEVICE (KED) TRACTION SPLINT FERNO SUCTION HANDHELD PULSE OX AIRWAY KIT (BAG VALVE MASK, OROPHARYNGEAL, NASOPHARYNGEAL, SUCTION TIP) OB KIT	1 UNIT	₱ 134,400.00		

REFERENCE NO.: HRMDD-22-97747 (PLP)

NO.	DESCRIPTION	QUANTITY	ABC (VAT INC)	UNIT PRICE	TOTAL PRICE
				(VAT EXCLUSIVE, INDICATE APPLICABLE 12% VAT)	
	WALL-MOUNT BP APP THERMAL INFRARED THERMOMETER BENEHECK GLUCOMETER TRAUMA BAG WITH CONTENTS STETHOSCOPE BAG VALVE MASK (ADULT) LAERDAL C-COLLAR (FOR ADULT AND CHILD) COMPLETE E-MEDS				

TOTAL AMOUNT (VAT EXCLUSIVE) _____

ADD: APPLICABLE VAT (___%) _____

TOTAL NET AMOUNT (VAT INCLUSIVE) _____

NOTE

: ALTERNATE OFFERS ARE NOT ALLOWED

Bids received in excess of the Approved Budget for the Contract (ABC) shall be automatically rejected.

SPECIAL INSTRUCTION: Interested suppliers must view/download the attached document in the Associated Component to be included in the Document Request List (DRL).

FIXED TERMS (PLEASE INCLUDE IN YOUR OFFER):

- BID PRICE VALIDITY: AT LEAST 60 DAYS FROM QUOTE CLOSING DATE
(VAT EXCLUSIVE, INDICATE APPLICABLE VAT)
- DELIVERY PERIOD: () WITHIN 7 CALENDAR DAYS UPON RECEIPT OF PO
() _____
- DELIVERY POINT: TRANSCO HEAD OFFICE, DILIMAN, QUEZON CITY
- PAYMENT TERMS: WITHIN 30 CALENDAR DAYS UPON FULL DELIVERY AND SUBMISSION OF COMPLETE REQUIRED DOCUMENTS
- WARRANTY: _____

OTHER REQUIREMENTS/DOCUMENTS TO BE INCLUDED IN THE PROPOSAL:

1. Product brochures/catalog/technical reference.
2. Please indicate **BRAND/MODEL & WARRANTY** for each offer.

ELIGIBILITY REQUIREMENTS/DOCUMENTS TO BE SUBMITTED BY THE AWARDEE PRIOR TO ISSUANCE OF NOTICE OF AWARD:

1. PhilGEPS Registration Number/Certificate of PhilGEPS Registration (for Platinum Membership)
2. DTI/SEC Registration Certificate
3. Mayor's Permit/Business Permit (2022)
4. BIR Certificate of Registration
5. Latest Income/Business Tax Return (2021)
6. Notarized Omnibus Sworn Statement (use applicable form)
7. Receipts must be BIR compliant (please see below).



TRANSCO TERMS ACCEPTED: _____
(SIGNATURE AND DATE)

(NAME AND DESIGNATION)

(NAME OF COMPANY)

(MOBILE NO. AND EMAIL ADDRESS)

**PROCUREMENT OF EMERGENCY RESPONSE SERVICES FOR THE SPORTSFEST
ACTIVITIES AS PART OF THE 21ST YEAR ANNIVERSARY CELEBRATION OF THE
NATIONAL TRANSMISSION CORPORATION**

TERMS OF REFERENCE

PURPOSE:

The conduct of Sportsfest activities will be one of the highlights of the 21st Anniversary celebration of the National Transmission Corporation. To ensure the safety of TransCo personnel who will participate in the said activities and to prevent and immediately address any untoward incident during the said activities, Emergency Responses Services will be procured to provide basic life support assistance and transportation of employees who will be needing immediate medical attention to the nearest accessible hospital.

COVERAGE:

The Emergency Response Services shall include the following:

1. **Standby Ambulance service vehicle** with complete emergency equipment and medicines such as, but not limited to, the following:
 - Automated External Defibrillator
 - Spineboard with Head immobilizer and spider strap
 - Collapsible Stretcher
 - Scoop Stretcher
 - Surgitech Nebulizer Machine
 - Kendrick's Extrication Device (KED)
 - Traction Splint
 - Ferno Suction Handheld
 - Pulse Ox
 - Airway Kit (Bag Valve Mask, Oropharyngeal, Nasopharyngeal, Suction Tip)
 - OB Kit
 - Wall-mount BP app
 - Thermal Infrared Thermometer
 - Benecheck Glucometer
 - Trauma Bag with contents
 - Stethoscope
 - Bag Valve Mask (Adult)
 - Laerdal C-Collar (for Adult and Child)

2. **Medical Team composed of one (1) Ambulance Driver and two (2) Registered Nurses or Emergency Medical Technicians**

REQUIREMENTS:

1. The service provider should comply with minimum safety and health protocols specifically COVID-19 measures, including the use of prescribed medical grade PPE.
2. The Standby Ambulance service vehicle shall be available at the event location for at least 4 hours each day during the schedule of the event (event location and schedule to be determined by TransCo).
3. The service provider shall comply with the following:
 - a. PhilGEPS Registered
 - b. Must submit the following:
 - Company Profile
 - Certification from Department of Health (DOH) as duly licensed, accredited, and specialized in transporting patients
 - Vehicle registration from Land Transportation Office (LTO) in the name of the Emergency Response Service provider.
 - c. The Medical Team must have licenses valid on the day of engagement.
 - PRC licenses for the Registered Nurses or Emergency Medical Technicians
 - Driver's license and TESDA NCII Certificates for the Ambulance driver

PAYMENT SCHEME:

1. The cost of Standby Ambulance Service per day shall be guaranteed, for a total of 16 days based on the schedule to be determined by TransCo.
2. The cost of transportation should there be a need to transport patient/s to nearest accessible hospital (within Metro Manila) shall be charged on a per head basis.
3. The use of any equipment or consumption of emergency medicines shall be charged on a per use basis.
4. Payment of services shall be within 30 calendar days from receipt of billing statement.
5. TransCo reserves the right to cancel and/or reschedule the activities at anytime due to force majeure or if the government declares a higher alert level due to COVID-19 situation. In this case, the services shall be paid on a quantum meruit basis.

APPROVED BUDGET FOR THE CONTRACT (ABC): 140,000.

16 days x P7,000 per day	=	P112,000	
40% provision	=	P28,000	(for transportation of employees and use of equipment/medicines to be billed on a per head/per use basis)

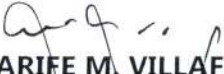
BUDGET CHARGING:

The cost of Emergency Response Services provider shall be chargeable against Account 070 of the HRMDD budget for CY 2022.

Prepared by:


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Reviewed by:


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