

31 May 2024

REQUEST FOR QUOTATION

The **TOURISM PROMOTIONS BOARD** invites you to submit quotations for the item/s listed below:

RFQ No. **TPB-RFQ 2024.05.142 (24.05.22)**

PR No. **05.040 (5.074)**

Requirements : **Provision, Supply and Administration of the Annual Physical Examination (APE) and drug Test for TPB Regular Employees and Contract of Services (COS) Personnel for CY 2024**

Quantity	Item/Description	Estimated Unit Price	Total Cost (PhP)									
1 lot	<p>Provision, Supply and Delivery of the Annual Physical Examination (APE) and Drug Test for TPB Regular Employees for and Contract of Services (COS) Personnel CY 2024</p> <p>I. ACTIVITY DURATION:</p> <table border="1"> <thead> <tr> <th>Particulars</th> <th>Indicative Date</th> <th>Venue</th> </tr> </thead> <tbody> <tr> <td>1st batch</td> <td>27 June 2024</td> <td>6/F Five E-Com, Mall of Asia (MOA) Complex, Pasay City</td> </tr> <tr> <td>2nd batch</td> <td>28 June 2024</td> <td>1300</td> </tr> </tbody> </table> <p>II. SCOPE OF DELIVERABLES:</p> <ol style="list-style-type: none"> 1. Facilitation and administration of APE and Drug Test for Ninety-Seven (97) regular employees, Inclusive of the Following: <ol style="list-style-type: none"> a. Physical Examination b. Basic Optical Examination (Visual Acuity View) c. Routine Urinalysis d. Complete Blood Count with Platelet Count e. Chest X-ray: Posterior-Anterior (PA) View f. Blood Chemistry <ol style="list-style-type: none"> o Fasting Blood Sugar o Total Cholesterol o Uric Acid Determination o Liver Enzymes (SGPT and SGOT) o Lipid Profile (Triglycerides, 	Particulars	Indicative Date	Venue	1 st batch	27 June 2024	6/F Five E-Com, Mall of Asia (MOA) Complex, Pasay City	2nd batch	28 June 2024	1300	Php579,150.00	Php579,150.00
Particulars	Indicative Date	Venue										
1 st batch	27 June 2024	6/F Five E-Com, Mall of Asia (MOA) Complex, Pasay City										
2nd batch	28 June 2024	1300										

	<p>HDL,LDL, VLDL)</p> <ul style="list-style-type: none"> o Blood Urea Nitrogen o Creatinine o Blood Typing <p>g. Dental Consultation/ Examination</p> <p>h. Drug Test</p> <p>i. 12 Lead Electrocardiogram</p> <p>j. Pap smear (for female employees)</p> <p>2. Facilitation and administration of Drug Test for fifty-four (54) COS Personnel.</p> <p>3. The Service Provider Shall Comply of the following:</p> <ul style="list-style-type: none"> a. The Personnel and Human Resources Development Division (PHRDD) shall provide the list of TPB Personnel (Regular and COS) eligible to avail of the APE and Drug Test to the Service Provider. The Service Provider shall ensure that only Those included in the list shall avail of the APE and Drug Test. b. The Service Provider is required to submit the following to the TPB medical Officer in accordance with the prescribed period: <ul style="list-style-type: none"> • Advance copy of the APE result of employees with abnormal findings within five (5) working days after the scheduled date and shall include the recommendations from the examining/evaluating physicians. • Hard copies of the APE results (in duplicate forms) and the consolidated report in a sealed package within ten (10) working days after the scheduled testing. • A consolidated report detailing the physician’s findings, patient’s history and laboratory results must be submitted by the Service Provider in soft and printed copy to the TPB Medical Officer. All medical records, laboratory results and other important information obtained by the Service Provider shall be treated with strict confidentiality and shall be the property of the TPB. c. Must provide Consent Form for Employees. d. The Service Provider shall coordinate with the PHRDD on employees who were unable to receive services during the scheduled activity and shall accommodate those employees in their clinic/facility based on the prescribed schedule. e. The Service Provider shall provide free referral and consultation to Specialist in case of abnormal laboratory results or physical 		
--	--	--	--

- examination in accordance with the recommendations of the APE results.
- f. Should the TPB employee request additional test, the employee shall shoulder its cost, on a personal account (cash-basis)

III. TECHNICAL REQUIREMENTS:

1. STANDARD REQUIREMENTS:

The accredited diagnostic and multi- specialty service provider must have the following attributes:

- a. Valid Mayors Permit 2024
 - b. PhilGEPS Certificate
 - c. SEC/DTI Registration Certificate
 - d. Income/Business Tax Return
 - e. Company Profile (for New Service Provider)
 - f. Statement of Compliance to the Technical Specification (**Annex "A"**)
 - g. Omnibus Sworn Statement (**Annex "B"**)
- 2. ADDITIONAL REQUIREMENTS:**
- a. Must be duly accredited or licensed by the Department of Health (DOH)
 - b. At least five (5) years in operation (Provide list of clients (2019-2024))
 - c. Fully-functional equipment (i.e. X-ray and ECG machine, blood chemistry Analyzer)
 - d. Courteous and well-trained staff but not limited to : one (1) physician, receptionist, Radio-technologist, medical technologist, optometrist and two (2) nurses.
 - e. Available and open for employees 9:00 AM to 5:00 PM in their clinic/facility, in case concerned personnel are unable to undergo the scheduled conduct of APE at the Office

IV. CONTACT PERSONS

Ms. ROSSSANDRA AMYTHEA Q. CAYAGO

Amy_cayago@tpb.gov.ph

MS. KAREN A. PADOLINA

Karen_padolina@tpb.gov.ph

MS. LAYKA RAGOT

Lyka_ragot@tpb.gov.ph

- a. Statement of Compliance to the Technical Specification (**Annex "A"**)
- b. Omnibus Sworn Statement (**Annex "B"**)

	<p>ATTACHMENTS:</p> <p>a. Statement of Compliance to the Technical Specification (Annex “A”)</p> <p>b. Omnibus Sworn Statement (Annex “B”)</p> <p>NOTE:</p> <p>1. All entries must be typewritten on your company letterhead.</p> <p>2. Price Validity shall be for a period of thirty (30) calendar days.</p>		
Terms	<p>1. Original copy of statement of Account /Billing Statement with detailed cost for all services rendered to include management fee addressed to:</p> <p>Ms. ROSSSANDRA AMYTHEA Q. CAYAGO Acting Head, Personnel and Human Resources Development Division</p> <p>Tourism Promotions Board 6/f 5 E-Com Center, Harbor Drive, Mall of Asia Complex, Pasay City 1300 Philippines</p> <p>- Original copy of Statement of Account/billing statement shall be personally brought TPB Office. Otherwise, the delivery fee shall be shouldered by the supplier.</p> <p>2. Copy of Official Receipt Payment will be made through an LBP bank Deposit. The winning bidder should preferably have a Land Bank Account. Otherwise, Bank charges will be shouldered by the supplier.</p> <p>Original copy of Official Receipt shall be Personally brought to the TPB Office. Otherwise, the delivery fee shall be shouldered by the supplier.</p>		
ABC	The approved budget for the contract (ABC) inclusive of applicable taxes		Php579,150.00

Please submit your **quotation**, duly signed by your authorized representative, and the **Legal Documents** enumerated above in a **sealed envelope** to the address below not later than **5 June 2024 at 5:00 PM**, subject to the Terms and Conditions stated herein and the shortest time of delivery.

BAC Secretariat
Procurement and General Services Division
Tourism Promotions Board
6/F 5-ECOM, Mall of Asia Complex, Pasay City 1300

Please be informed that the Tourism Promotions Board is evaluating our suppliers' performance based on these criteria: Quality (40%), Cost (25%), Timeliness (25%), and Customer Service (10%)

Thank you vérymuch.



JANET G. VILLAFRANCA
Officer-in-Charge,
Procurement and General Services Division

Contact person: Jose T. Ducusin, Jr

TECHNICAL SPECIFICATION											
Bidders must state "Comply" or any equivalent term in the column "Bidder's Statement against each of the Individual parameters of each Specification											
Item	Description	Total Quantity	Bidder's Statement of Compliance								
A.	Provision, Supply and Delivery of the Annual Physical Examination (APE) and Drug Test for TPB Regular Employees for and Contract of Services (COS) Personnel CY 2024	1 lot									
	ACTIVITY DURATION:										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Particulars</th> <th style="text-align: center;">Indicative Date</th> <th style="text-align: center;">Venue</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1st batch</td> <td style="text-align: center;">27 June 2024</td> <td rowspan="2" style="text-align: center;">6/F Five E-Com, Mall of Asia (MOA) Complex, Pasay City 1300</td> </tr> <tr> <td style="text-align: center;">2nd batch</td> <td style="text-align: center;">28 June 2024</td> </tr> </tbody> </table>	Particulars	Indicative Date	Venue	1 st batch	27 June 2024	6/F Five E-Com, Mall of Asia (MOA) Complex, Pasay City 1300	2 nd batch	28 June 2024		
Particulars	Indicative Date	Venue									
1 st batch	27 June 2024	6/F Five E-Com, Mall of Asia (MOA) Complex, Pasay City 1300									
2 nd batch	28 June 2024										
	<p>III. SCOPE OF DELIVERABLES:</p> <ol style="list-style-type: none"> 1. Facilitation and administration of APE and Drug Test for Ninety-Seven (97) regular employees, Inclusive of the Following: <ol style="list-style-type: none"> a. Physical Examination b. Basic Optical Examination (Visual Acuity View) c. Routine Urinalysis d. Complete Blood Count with Platelet Count e. Chest X-ray: Posterior-Anterior (PA) View f. Blood Chemistry <ol style="list-style-type: none"> o Fasting Blood Sugar o Total Cholesterol o Uric Acid Determination o Liver Enzymes (SGPT and SGOT) o Lipid Profile (Triglycerides, HDL, LDL, VLDL) o Blood Urea Nitrogen o Creatinine o Blood Typing g. Dental Consultation/ Examination h. Drug Test i. 12 Lead Electrocardiogram j. Pap smear (for female employees) 2. Facilitation and administration of Drug Test for fifty-four (54) COS Personnel. 3. The Service Provider Shall Comply of the following: <ol style="list-style-type: none"> a. The Personnel and Human Resources Development Division (PHRDD) shall provide the list of TPB Personnel (Regular and COS) eligible to avail of the APE and Drug Test to the Service Provider. The Service Provider 										

	<p>shall ensure that only Those included in the list shall avail of the APE and Drug Test.</p> <p>b. The Service Provider is required to submit the following to the TPB medical Officer in accordance with the prescribed period:</p> <ul style="list-style-type: none"> • Advance copy of the APE result of employees with abnormal findings within five (5) working days after the scheduled date and shall include the recommendations from the examining/evaluating physicians. • Hard copies of the APE results (in duplicate forms) and the consolidated report in a sealed package within ten (10) working days after the scheduled testing. • A consolidated report detailing the physician’s findings, patient’s history and laboratory results must be submitted by the Service Provider in soft and printed copy to the TPB Medical Officer. All medical records, laboratory results and other important information obtained by the Service Provider shall be treated with strict confidentiality and shall be the property of the TPB. <p>c. Must provide Consent Form for Employees.</p> <p>d. The Service Provider shall coordinate with the PHRDD on employees who were unable to receive services during the scheduled activity and shall accommodate those employees in their clinic/facility based on the prescribed schedule.</p> <p>e. The Service Provider shall provide free referral and consultation to Specialist in case of abnormal laboratory results or physical examination in accordance with the recommendations of the APE results.</p> <p>f. Should the TPB employee request additional test, the employee shall shoulder its cost, on a personal account (cash-basis)</p>		
	<p>ADDITIONAL REQUIREMENTS:</p> <ul style="list-style-type: none"> a. Must be duly accredited or licensed by the Department of Health (DOH) b. At least five (5) years in operation (Provide list of clients (2019-2024) c. Fully-functional equipment (i.e. X-ray and ECG machine, blood chemistry Analyzer) d. Courteous and well-trained staff but not limited to : one (1) physician, receptionist, Radio-technologist, medical technologist, optometrist and two (2) nurses. 		

	<p>and two (2) nurses.</p> <p>e. Available and open for employees 9:00 AM to 5:00 PM in their clinic/facility, in case concerned personnel are unable to undergo the scheduled conduct of APE at the Office</p>		
--	---	--	--

I hereby certify to Comply with all the above Technical Specifications.

Name of Company/Bidder

Signature over Printed Name of
Representative

Date

Omnibus Sworn Statement (Revised)

[shall be submitted with the Bid]

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF _____) S.S.

AFFIDAVIT

I, [Name of Affiant], of legal age, [Civil Status], [Nationality], and residing at [Address of Affiant], after having been duly sworn in accordance with law, do hereby depose and state that:

1. *[Select one, delete the other:]*

[If a sole proprietorship:] I am the sole proprietor or authorized representative of [Name of Bidder] with office address at [address of Bidder];

[If a partnership, corporation, cooperative, or joint venture:] I am the duly authorized and designated representative of [Name of Bidder] with office address at [address of Bidder];

2. *[Select one, delete the other:]*

[If a sole proprietorship:] As the owner and sole proprietor, or authorized representative of [Name of Bidder], I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached duly notarized Special Power of Attorney;

[If a partnership, corporation, cooperative, or joint venture:] I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached [state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable)];

3. [Name of Bidder] is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, **by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;**

4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;

5. [Name of Bidder] is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. *[Select one, delete the rest:]*

[If a sole proprietorship:] The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

[If a partnership or cooperative:] None of the officers and members of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

[If a corporation or joint venture:] None of the officers, directors, and controlling stockholders of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. *[Name of Bidder]* complies with existing labor laws and standards; and

8. *[Name of Bidder]* is aware of and has undertaken the responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:

- a. Carefully examining all of the Bidding Documents;
- b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
- c. Making an estimate of the facilities available and needed for the contract to be bid, if any; and
- d. Inquiring or securing Supplemental/Bid Bulletin(s) issued for the *[Name of the Project]*.

9. *[Name of Bidder]* did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.

10. In case advance payment was made or given, failure to perform or deliver any of

the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.

IN WITNESS WHEREOF, I have hereunto set my hand this __ day of __, 20__ at _____, Philippines.

[Insert NAME OF BIDDER OR ITS AUTHORIZED REPRESENTATIVE]

[Insert signatory's legal capacity]

Affiant

[Jurat]

[Format shall be based on the latest Rules on Notarial Practice]