



PAMBANSANG PUNONGHIMPILAN TANOD BAYBAYIN NG PILIPINAS
National Headquarters Philippine Coast Guard
NATIONAL HEADQUARTERS AND HEADQUARTERS SERVICE SUPPORT GROUP
139 25th Street, Port Area
1018 Manila

REQUEST FOR QUOTATION

Date: 22 November 2024

RFQ No.: RFQ-1124-250

Name of Company/Business Name¹: _____

Address: _____

Business/Mayor's Permit No.: _____

TIN: _____

PhilGEPS Registration Number (required)²: _____

The **Philippine Coast Guard (PCG)**, through its Headquarters Service Support Group Bids and Awards Committee (HSSG-BAC), intends to undertake for the **SUPPLY AND DELIVERY OF MEDICAL SUPPLIES, EQUIPMENT, AND MEDICINES FOR OPLAN SUSTAINED PRESENCE OF THE VESSELS AT WEST PHILIPPINE SEA** with an ABC of **FOUR HUNDRED THOUSAND PESOS (PHP400,000.00) ONLY**, in accordance with **Section 53.9 (Negotiated Procurement- Small value Procurement)** of the 2016 Revised Implementing and Regulations of Republic Act No. 9184.

Please quote your **best offer** for the item described herein, subject to the Terms and Conditions provided at the last page of this RFQ. Submit your quotation duly signed by you or your duly authorized representative **not later than 25 November 2024 at 09:00am** at **NHQHSSG Logistics National Headquarters Philippine Coast Guard 139 25th Street, Port Area 1018 Manila**.

The following documents are likewise required to be submitted on the specified deadlines:

Documents	Deadline	Remarks
Copy of Valid Mayor's or Business Permit	Upon submission of Quotation	In case not yet available, you may submit your expired Business or Mayor's permit with Official Receipt of renewal application. However, a copy of

¹ In case of discrepancy on the business name as reflected on this RFQ and as reflected in the Mayor's/Business Permit, the latter shall prevail.

² Copy of PhilGEPS Certificate of Registration and Membership (Platinum or Red membership) shall be submitted as well along with the accomplished RFQ

		your updated valid Mayor's or Business Permit shall be required to be submitted after award of contract but before payment.
Income/Business Tax Returns	Upon submission of Quotation	Latest Income Tax Return (Annual Income Tax of the Preceding Tax Year) or Business Tax Return (Value Added Tax or Percentage Tax Return covering the Previous six(6) months) .
Securities and Exchange Commission Certificate (SEC)/Department of Trade and Industry (DTI)	Upon submission of Quotation	Securities and Exchange Commission (SEC) Registration Certificate for corporations, partnerships and/or joint ventures, Department of Trade and Industry (DTI) Registration Certificate for sole proprietorship, or Cooperative Development Authority (CDA) Registration Certificate for cooperatives; whichever is applicable.
Tax Clearance Certificate	Upon submission of Quotation	Valid Tax Clearance Certificate per Executive Order (E.O.) No. 398, series of 2005, as finally reviewed and approved by the Bureau of Internal Revenue (BIR).
Notarized Omnibus Sworn Statement	Upon submission of Quotation	Please use the GPPB-prescribed format attached herein or downloadable through this link: https://www.gppb.gov.ph/downloadable-forms/#tab-61412

For any inquiries or clarifications, please contact the Headquarters Service Support Group Office at **0927-742-1645** with e-mail address hsgbac@gmail.com.


LTJG ZAIRA MARGARETE R. DE CHAVEZ PCG
 Chairman Bids and Awards Committee

INSTRUCTIONS:

Note: Failure to follow these instructions will disqualify your entire quotation

- (1) Do not alter the contents of this form in any way
- (2) The use of this RFQ is **highly encouraged** to minimize errors or omissions of the mandatory provisions. In case of any changes, bidders must use or refer to the latest version of the RFQ, except when the latest version of the RFQ **only** pertains to deadline extension
- (3) If another form is used other than the latest RFQ, the quotation shall contain all the mandatory requirements/provisions including manifestation on the agreement with the Terms and Conditions below. In case a prospective supplier/service provider submits a filled-out RFQ with a supporting document (i.e., a price quotation in a different format), both documents shall be considered unless there are discrepancies. In this case, provisions in the RFQ shall prevail.
- (4) **All mandatory technical specifications must be complied with.** Failure to comply with the mandatory requirements shall render the quotation ineligible/disqualified.
- (5) Quotations, including documentary requirements, received after the deadline shall not be accepted. For quotations submitted via electronic mail, the date and time of receipt indicated in the email shall be considered.

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

I. TECHNICAL SPECIFICATIONS

Please quote your **best offer** for the item/s below. Please do not leave any blank items. Indicate "O" if item being offered is for free.

<p>SUPPLY AND DELIVERY OF MEDICAL SUPPLIES, EQUIPMENT, AND MEDICINES FOR OPLAN SUSTAINED PRESENCE OF THE VESSELS AT WEST PHILIPPINE SEA</p>		<p>Statement of Compliance</p> <p>Bidders must state here either "Comply" or "Not Comply" against each of the individual parameters of each Specification stating the corresponding performance parameter of the equipment offered.</p>		<p>BEST OFFER/QUOTATION</p> <p>All prices quoted are INCLUSIVE of all applicable taxes [e.g. Value Added Tax (VAT), income tax, local taxes], fiscal duties, levies, government permits, fees, and other charges relative to the acquisition and delivery of items to PCG,</p>		
<p>Technical Specification:</p>						
<p>Item Description</p>		<p>Unit</p>	<p>Quantity</p>	<p>Please indicate either: "Comply" or "Not Comply"</p>	<p>Unit Cost</p>	<p>Total Cost</p>
<p>Adhesive Bandage 72mm x 19mm (100's)</p> <ul style="list-style-type: none"> • Size: 72mm x 19mm • Contains 100 individually packed antiseptic strips per box • Made of non-stick pad cushions • Strip bandages are made of flexible, soft fabric material • Designed to seal skin on all four sides 		<p>box</p>	<p>12</p>	<p>Statement of Compliance:</p> <p>_____</p> <p>Brand Offered:</p> <p>_____</p>		
<p>Adhesive Wound Tape, Hypoallergenic (12's/box)</p> <ul style="list-style-type: none"> • Gentle adhesion • Reliably secures dressings and devices to skin • Hypoallergenic tape 		<p>box</p>	<p>12</p>	<p>Statement of Compliance:</p> <p>_____</p> <p>Brand Offered:</p> <p>_____</p>		
<p>Aidman kit "tool box type" approx 24x11x11 inches with built in organization compartments, and PCG Logo and "MEDICAL SERVICE" Sticker</p>		<p>pcs</p>	<p>4</p>	<p>Statement of Compliance:</p> <p>_____</p> <p>Brand Offered:</p> <p>_____</p>		

<ul style="list-style-type: none"> • A rectangular toolbox with PGG logo and CGMED logo stickers in 3 inches diameter. • Has built-in organizable compartments and a lift out carry tray for more convenience • Suitable to store tools and equipment for medical purposes 					
Alcohol, 70% Isopropyl 1 Gallon <ul style="list-style-type: none"> • 70% Solution (Isopropyl Rubbing Alcohol) • Disinfectant/Antiseptic • Each 100ml contains 70ml Isopropyl alcohol and moisturizing agent • Container: Screw-capped gallon 	gal	8	Statement of Compliance: _____		
Alcohol, 70% Isopropyl 500ml <ul style="list-style-type: none"> • 70% Solution (Isopropyl Rubbing Alcohol) • Disinfectant/Antiseptic • Container: 500ml plastic bottle 	Btl	12	Statement of Compliance: _____		
Alcohol Swab (100's) <ul style="list-style-type: none"> • 70% Isopropyl alcohol wipes • Outer material: Paper aluminum bag, size: 50mm x 50mm • Inner material: Spunlace non-woven cloth, saturated with 70% Isopropyl alcohol pad folded into 32x20mm-2ply 	box	9	Statement of Compliance: _____		
Cotton Balls (150/pack) <ul style="list-style-type: none"> • 100% absorbent cotton • Class I medical device, single use product • Packed in polyethylene bags to protect from dust and humidity • 150 pcs/pack 	pack	17	Statement of Compliance: _____		
Elastic Bandage 2 in <ul style="list-style-type: none"> • Breathable polyester/cotton weave • Hook and Loop closure • Non-strile 	pcs	17	Statement of Compliance: _____		

Elastic Bandage 4 In <ul style="list-style-type: none"> Breathable polyester/cotton weave Hook and Loop closure Non-sterile 4 x 5 yards 	pcs	17	Statement of Compliance: _____ Brand Offered: _____		
Elastic Bandage 6 In <ul style="list-style-type: none"> Breathable polyester/cotton weave Hook and Loop closure Non-sterile 6 x 5 yards 	pcs	13	Statement of Compliance: _____ Brand Offered: _____		
Hot and Cold Packs <ul style="list-style-type: none"> Fixture Displays 9in x 5in x 0.4in Gel Microwaveable and Reusable Hot/Cold Gel pack. Material: Nylon fabric, gel Weight:0.44 lbs (200g) 	pcs	5	Statement of Compliance: _____ Brand Offered: _____		
Hydrogen Peroxide 120ml <ul style="list-style-type: none"> Product volume: 120 milliliters Hydrogen peroxide solution 3% 	pcs	17	Statement of Compliance: _____ Brand Offered: _____		
IV Cannula wing type G-22 (50's/box) <ul style="list-style-type: none"> Shielded IV Catheter Needle Unit made of FEP polymer Non-pyrogenic PVC and latex-free Gauge size:22 50 pcs per box 	box	4	Statement of Compliance: _____ Brand Offered: _____		
IV Cannula wing type G-24 (50's/box) <ul style="list-style-type: none"> Shielded IV Catheter Needle Unit made of FEP polymer Non-pyrogenic PVC and latex-free Gauge size:24 50 pcs per box 	box	4	Statement of Compliance: _____ Brand Offered: _____		
IVF: D5LR 500ml (24's/box) <ul style="list-style-type: none"> Sterile, non-pyrogenic Single dose container Size: 500ml 24 pcs per box 	box	4	Statement of Compliance: _____ Brand Offered: _____		

<p>IVF: Plain LR 500ml (24's/box)</p> <ul style="list-style-type: none"> • Isotonic (275mOsm/L • Normal saline with electrolytes and lactate buffer • Size: 500ml • Non-pyrogenic • 24 pcs per box • Fluid container is made from semi-flexible polypropylene 	box	4	<p>Statement of Compliance:</p> <p>_____</p> <p>Brand Offered:</p> <p>_____</p>		
<p>IVF: Plain NSS 500ml (24's/box)</p> <ul style="list-style-type: none"> • 0.9 % Sodium Chloride • Sterile, non-pyrogenic • Isotonic • Solution for injection • Size: 500ml • 24 pcs per box • Fluid container is made from semi-flexible polypropylene 	box	4	<p>Statement of Compliance:</p> <p>_____</p> <p>Brand Offered:</p> <p>_____</p>		
<p>Povidone Iodine Solution</p> <ul style="list-style-type: none"> • 10% povidone/iodine aqueous solution in 120ml bottle 	btl	13	<p>Statement of Compliance:</p> <p>_____</p> <p>Brand Offered:</p> <p>_____</p>		
<p>Strile Gauze Pad 4x4 (100's/box)</p> <ul style="list-style-type: none"> • Product size: 4in x 4in • Non-stick wound dressing pads • Individually wrapped • 100 pcs per box 	box	13	<p>Statement of Compliance:</p> <p>_____</p> <p>Brand Offered:</p> <p>_____</p>		
<p>Triangular Bandage (Standard)</p> <ul style="list-style-type: none"> • Made of 100% cotton and each • Measures at 40in x 56 in (120cm x 102 x 142cm) • With 2 safety pins 	pcs	20	<p>Statement of Compliance:</p> <p>_____</p> <p>Brand Offered:</p> <p>_____</p>		
<p>Urine Strips (100's/bottle)</p> <ul style="list-style-type: none"> • Diagnostic tool used to determine pathological changes in a patient's urine in standard urinalysis • Test can be often be read in as little as 60 to 120 seconds after dipping, although certain tests require longer 	btl	8	<p>Statement of Compliance:</p> <p>_____</p> <p>Brand Offered:</p> <p>_____</p>		

<ul style="list-style-type: none"> • Test strips consist of ribbon made of plastic or paper of about 5 millimeter wide, plastics strips have pads impregnated with chemicals that react with the compounds present in urine producing a characteristic color 					
<p>Multimonitoring meter with strips</p> <ul style="list-style-type: none"> • Quick and Accurate Multiparameter Measurement device with strips for: • Total cholesterol • Blood Glucose • Hemoglobin • Uric Acid 	unit	4	<p>Statement of Compliance:</p> <hr/> <p>Brand Offered:</p> <hr/>		
<p>Oxygen Tank Regulator</p> <ul style="list-style-type: none"> • Piston type, high-pressure chamber • Polycarbonate inner and outer tubes • Gas Type: Oxygen, Medical Air • Working Pressure: 0-5, 0-10, 0-15LPM • Working Pressure: 50PSI • Chromed forged brass body for durable and compact • Back pressure compensated flow meters 	unit	4	<p>Statement of Compliance:</p> <hr/> <p>Brand Offered:</p> <hr/>		
<p>Mefenamic Acid 500mg/tab</p> <ul style="list-style-type: none"> • Each tablet contains 500 mg Mefenamic Acid • Stored in Blister Pack 	pcs	1,300	<p>Statement of Compliance:</p> <hr/> <p>Brand Offered:</p> <hr/>		
<p>Paracetamol 325mg + Ibuprofen 200mg/tabz</p> <ul style="list-style-type: none"> • Each tab contains 325mg Paracetamol and 200mg Ibuprofen • Stored in Blister Pack 	pcs	1,300	<p>Statement of Compliance:</p> <hr/> <p>Brand Offered:</p> <hr/>		
<p>Azithromycin 500mg/tab</p> <ul style="list-style-type: none"> • Each film-coated tablet contains 500 mg of azithromycin (as dihydrate) • Stored in Blister Pack 	pcs	800	<p>Statement of Compliance:</p> <hr/> <p>Brand Offered:</p> <hr/>		

Cefuroxime axetil 500mg/tab <ul style="list-style-type: none"> Each contains 500mg of Cefuroxime axitel Stored in Blister Pack 	pcs	1,200	Statement of Compliance: _____ Brand Offered: _____		
Co-amoxiclav 500mg/125mg tablet <ul style="list-style-type: none"> Each tablet contains Amoxicillin Trihydrate equivalent to 500mg Amoxicillin Anhydrous and Potassium Clavulanate equivalent to 125mg Clavulanic Acid Stored in Blister Pack 	pcs	800	Statement of Compliance: _____ Brand Offered: _____		
Doxycycline 100mg/tab <ul style="list-style-type: none"> Each hard capsule contains doxycycline hyclate corresponding to 100mg doxycycline Stored in Blister Pack 	pcs	1,200	Statement of Compliance: _____ Brand Offered: _____		
Paracetamol 500mg/tab <ul style="list-style-type: none"> Each tablet contains 500mg of paracetamol Stored in Blister Pack 	pcs	1,300	Statement of Compliance: _____ Brand Offered: _____		
Cetirizine 10mg/tab <ul style="list-style-type: none"> Each tablet contains Cetirizine hydrochloride or Epinephrine Tartrate equivalent to 1mg/ml Epinephrine (Adrenaline) 	pcs	900	Statement of Compliance: _____ Brand Offered: _____		
Epinephrine 1mg/tab <ul style="list-style-type: none"> The ampule contains Cetirizine hydrochloride 10mg Stored in Blister Pack 	pcs	45	Statement of Compliance: _____ Brand Offered: _____		
Calamine + Diphenhydramine Lotion 30ml <ul style="list-style-type: none"> Each 100ml of lotion contains 8g Calamine and 1g Diphenhydramine HCl 	Pcs	45	Statement of Compliance: _____ Brand Offered: _____		

Meclizine HCl 25mg/tab chewable <ul style="list-style-type: none"> • Each tablet contains Meclizine hydrochloride 25mg • Stored in Blister Pack 	pcs	1,300	Statement of Compliance: _____ Brand Offered: _____		
Clonidine HCL 75mcg/tab <ul style="list-style-type: none"> • Each tablet contains 75mcg Clonidine (as hydrochloride) • Stored in Blister Pack 	pcs	400	Statement of Compliance: _____ Brand Offered: _____		
Aluminum hydroxide 178mg+ Magnesium <ul style="list-style-type: none"> • Each chewable tablet contains 178mg of Aluminum hydroxide, 233mg of Magnesium hydroxide, and 30mg of Simeticone Hydroxide 233mg + Simeticone 30mg Tab Chewable • Stored in Blister Pack 	pcs	900	Statement of Compliance: _____ Brand Offered: _____		
Hyoscine N-Butylbromide 10mg/tab <ul style="list-style-type: none"> • Each film-coated tablet contains 10 mg hyoscine butylbromide • Stored in Blister Pack 	pcs	900	Statement of Compliance: _____ Brand Offered: _____		
Loperamide 2mg/tab <ul style="list-style-type: none"> • Each capsule contains 2mg Loperamide Hydrochloride • Stored in Blister Pack 	pcs	1,199	Statement of Compliance: _____ Brand Offered: _____		
Omeprazole 40mg/tab <ul style="list-style-type: none"> • Each gastro-resistant hard capsule, contains 40mg of omeprazole • Stored in Blister Pack 	pcs	900	Statement of Compliance: _____ Brand Offered: _____		
Ambroxol 30mg/tab <ul style="list-style-type: none"> • Each tablet contains 30mg ambroxol hydrochloride • Stored in Blister Pack 	pcs	900	Statement of Compliance: _____ Brand Offered: _____		

<p>Butamirate Citrate 50mg/Cap</p> <ul style="list-style-type: none"> • Each tablet contains 50mg of Butamirate citrate • Stored in Blister Pack 	pcs	900	<p>Statement of Compliance:</p> <p>_____</p> <p>Brand Offered:</p> <p>_____</p>		
<p>Carbocisteine 500mg/tab</p> <ul style="list-style-type: none"> • Each capsule contains 500mg/tab of carbocisteine • Store in Blister Pack 	pcs	900	<p>Statement of Compliance:</p> <p>_____</p> <p>Brand Offered:</p> <p>_____</p>		
<p>Lagundi 600mg/tab</p> <ul style="list-style-type: none"> • Each tablet contains 600mg of Vitex Negundo L. (lagundi leaves) • Stored in Blister Pack 	pcs	791	<p>Statement of Compliance:</p> <p>_____</p> <p>Brand Offered:</p> <p>_____</p>		
<p>Paracetamol 500mg + Pheylpropranolamine Hydrochloride 25mg + Chlorphenamine Maleate 2mg tablet</p> <ul style="list-style-type: none"> • Each tablet contains Paracetamol 500mg, phenylpropranolamine HCl 25mg, chlorphenamine maleate 2mg • Stored in Blister Pack 	pcs	1,300	<p>Statement of Compliance:</p> <p>_____</p> <p>Brand Offered:</p> <p>_____</p>		
<p>Oral dehydration Solution</p> <ul style="list-style-type: none"> • Each sachet contains 20.5g of formulated rehydration powder for preparation of a solution for oral use 	pcs	1,200	<p>Statement of Compliance:</p> <p>_____</p> <p>Brand Offered:</p> <p>_____</p>		
<p>Silver Sulfadiazine 1% cream 10g/tube</p> <ul style="list-style-type: none"> • Each gram of silver sulfadiazine cream contains 10mg of micronized silver sulfadiazine 	pcs	12	<p>Statement of Compliance:</p> <p>_____</p> <p>Brand Offered:</p> <p>_____</p>		
<p>Ascorbic Acid 500mg + Zinc 10mg/cap</p> <ul style="list-style-type: none"> • Each capsule contains ascorbic acid (equivalent to 526.43 mg Sodium Ascorbate) 500 mg and Zinc (equivalent to 70.00 mg Zinc Gluconate) 10mg • Stored in Blister Pack 	Pcs	1,200	<p>Statement of Compliance:</p> <p>_____</p> <p>Brand Offered:</p> <p>_____</p>		

Multivitamins with Iron cap <ul style="list-style-type: none"> Each capsule contains at minimum of the following: Ferrous sulfate= 200 mg (equivalent to 65 mg Elemental Iron) Niacinamide= 20 mg Vitamin B1 = 2 mg Vitamin B2 = 2 mg Vitamin B12 = 10mcg Vitamin C = 100mg Stored in Blister Pack 	pcs	1,200	Statement of Compliance: _____ Brand Offered: _____		
Vitamin B- complex tab <ul style="list-style-type: none"> Each tablet contains at minimum the following: Thiamine Mononitrate (Vitamin B1) 100mg, Pyridoxine Hydrochloride (Vitamin B6) 5 mg, Cyanocobalamin (Vitamin B12) 50 mcg Stored in Blister Pack 	pcs	798	Statement of Compliance: _____ Brand Offered: _____		
Grand Total Cost for			<i>Php</i> _____		
Amount in words of Grand Total Cost for			_____		
Please see attached sample for reference <i>ANNEX 1</i>					
OTHER REQUIREMENTS				Please indicate either: "Comply" or "Not Comply"	
<ul style="list-style-type: none"> Certificate of Dealership/Distributorship shall also be submitted. Bidders must provide a current and valid License to Operate (LTO) issued by FDA. Each item shall be supported with Certificate of Product Registration/Notification (CPR/NN) issued and approved by FDA 					
Warranty <ul style="list-style-type: none"> Three (3) months for expendable supplies and One (1) year for non-expendable supplies after acceptance by the TIAC of the delivered supplies. 					
Expiration Date <ul style="list-style-type: none"> The expiration date of items must be at least two (2) years upon delivery Goods which are less than two (2) years from the expiry period shall be returned to the supplier. The supplier shall also replace the returned items/goods. 					
Defective Items Defective items should be returned to the distributor and shall be replaced within fifteen (15) days from receipt of the Notice to Rectify coming from the end-user and/or Technical Inspection and Acceptance Committee (TIAC)					

	Delivery Period	<ul style="list-style-type: none"> • Items shall be delivered within fifteen (15) CD upon receipt of Notice to Proceed • Packaging During Delivery: The winning supplier shall maintain and provide ambient storage temperature for the laboratory supplies and medicines for at least Forty-Eight (48) Hours upon delivery 	
	Delivery Place	National Headquarters and Headquarters Service Support Group Supply Accountable Office (NHQ-HSSG SAO) at 161A,652 Bonifacio Dr. Port Area Manila 1018 Metro Manila	
	Payment	Payment shall be processed upon completion of delivery in accordance with the required quantity and technical specifications and subject to the acceptance in writing by the end-user	
	Inspection and Acceptance Parameters	<ul style="list-style-type: none"> • The inspection and test shall be conducted at the National Headquarters Philippine Coast Guard by the end-user and the Technical Inspection and Acceptance Committee (TIAC). • Only items in conformity with the required quantity and technical specifications shall be accepted. 	
	Contact Person for Clarification regarding technical specifications	ENS JUNISE ANTONETTE P YONZON TWG Member, Coast Guard Medical Service Contact Number: 09692213966 Email Address: cgmed3.operations@gmail.com	

TERMS AND CONDITIONS:

1. Bidders/Suppliers shall provide correct accurate information required in this form.
2. Price quotation/s must be valid for a period of **forty-five (45) calendar days** from the date of submission.
3. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/or levies payable.
4. Quotation exceeding the Approved Budget for the Contract shall be rejected.
5. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
6. In case of two or more bidders are determined to have submitted the Lowest Calculated Quotation/Lowest Calculated and Responsive Quotation, the HSG-BAC shall adopt and employ "draw lots" as the tie-breaking method to finally determine the single winning provider in accordance with GPPB Circular 06-2005.

7. Award of contract shall be made to the lowest quotation which complies with the documentary requirements, technical specifications, financial requirements, and other terms and conditions stated herein
8. The item/s shall be delivered according to the requirements specified in the Technical Specifications.
9. The Philippine Coast Guard shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
10. Liquidated damages equivalent to one-tenth of one (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. The Philippine Coast Guard thru Headquarters Support Group 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 to it.
11. Other terms and conditions relative to the project are provided in the attached Purchase Order/Service Contract.

Terms of Payment:

Payment shall be made through Land Bank's LDDAP-ADA/Bank Transfer facility, within fifteen (15) days after receipt of billing. In case of accounts maintained in other bank, bank transfer fees shall be chargeable against the creditor's account.

Payment Details:

Banking Institution: _____

Account Number: _____

Account Name (should be the exact account name as registered in the bank):

Bank Branch: _____

BIDDER'S COMMITMENT:

We hereby agree and bind ourselves to the terms and conditions herein specified, to the manner of procurement and evaluation set up by the Bids and Awards Committee (BAC), to the provisions of the Purchase Order / Contract and to the rules and regulations of the Government and Philippine Coast Guard.

Very truly yours,

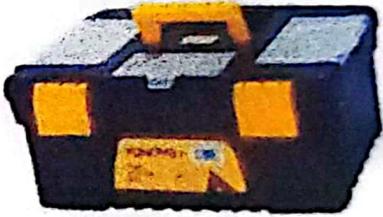
Signature over Printed Name

TIN: _____

Position

Company Represented

Address / Tel. No. / Fax No

<p>Adhesive Bandage 72mm x 19mm (100's)</p>	
<p>Adhesive Wound Tape, Hypoallergenic (12's/box)</p>	
<p>Aidman kit "tool box type" approx 24x11x11 inches with built in organization compartments, and PCG Logo and "MEDICAL SERVICE" Sticker</p>	
<p>Alcohol, 70% Isopropyl 1 Gallon</p>	

Disclaimer: The sample photos provided are for illustration and reference purposes only. We do not have any brand preference.

<p>Alcohol, 70% Isopropyl 500ml</p>	
<p>Alcohol Swab (100's)</p>	
<p>Cotton Balls (150/pack)</p>	
<p>Elastic Bandage 2 in</p>	

Disclaimer: The sample photos provided are for illustration and reference purposes only. We do not have any brand preference.

<p>Elastic Bandage 4 in</p>	
<p>Elastic Bandage 6 in</p>	
<p>Hot and Cold Packs</p>	
<p>Hydrogen Peroxide 120ml</p>	

Disclaimer: The sample photos provided are for illustration and reference purposes only. We do not have any brand preference.

IV Cannula wing type G-22 (50's/box)



IV Cannula wing type G-24 (50's/box)



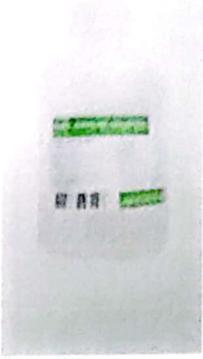
IVF: D5LR 500ml (24's/box)



IVF: Plain LR 500ml (24's/box)



Disclaimer: The sample photos provided are for illustration and reference purposes only. We do not have any brand preference.

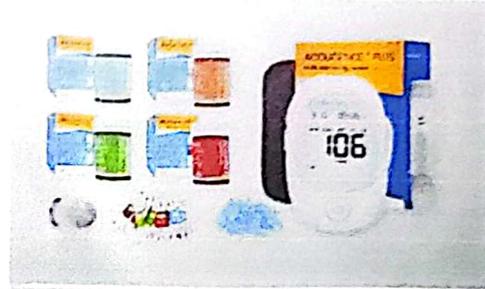
<p>IVF: Plain NSS 500ml (24's/box)</p>	
<p>Povidone Iodine Solution</p>	
<p>Strile Gauze Pad 4x4 (100's/box)</p>	
<p>Triangular Bandage (Standard)</p>	

Disclaimer: The sample photos provided are for illustration and reference purposes only. We do not have any brand preference.

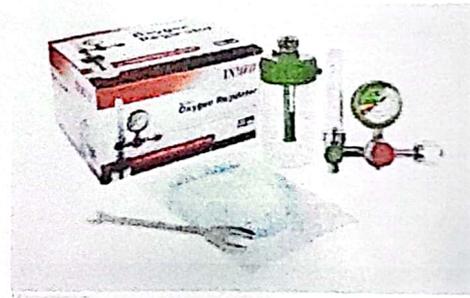
Urine Strips (100's/bottle)



Multimonitoring meter with strips



Oxygen Tank Regulator



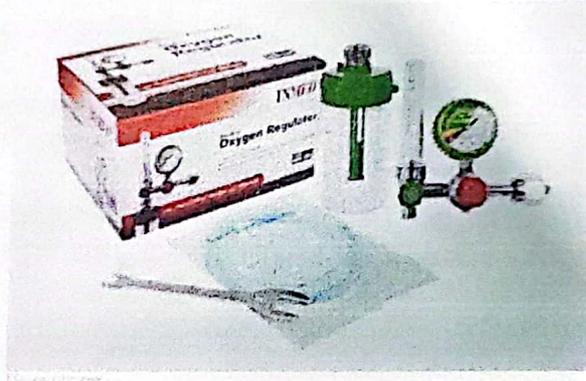
Disclaimer: The sample photos provided are for illustration and reference purposes only. We do not have any brand preference.

Multimonitoring
meter with strips



Oxygen
Regulator

Tank



Disclaimer: The sample photos provided are for illustration and reference purposes only. We do not have any brand preference.

Omnibus Sworn Statement

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

AFFIDAVIT

I, [Name of Affiant], of legal age, _____, _____, and residing at _____, 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 _____, with office address at _____;

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 _____, 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 _____, 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 _____ 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 _____ 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. _____ complies with existing labor laws and standards; and
8. _____ is aware of and has undertaken the following responsibilities as a Bidder:
 - a) Carefully examine all of the Bidding Documents;
 - b) Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
 - c) Made an estimate of the facilities available and needed for the contract to be bid, if any; and
 - d) Inquire or secure Supplemental/Bid Bulletin(s) issued for the _____.
9. _____ 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.

Bidder's Representative/Authorized Signatory

SUBSCRIBED AND SWORN to before me this ___ day of [month] [year] at [place of execution], Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her [insert type of government identification card used], with his/her photograph and signature appearing thereon with no. _____ issued on ___ at _____.

Witness my hand and seal this ___ day of [month] [year].

NAME OF NOTARY PUBLIC

Serial No. of Commission _____

Notary Public for _____ until _____

Roll of Attorneys No. _____

PTR No. _____, _____

IBP No. _____, _____

Doc. No. _____

Page No. _____

Book No. _____

Series of _____