



## CANVASS PROPOSAL

Name of Company \_\_\_\_\_

CP Ref no. 2021-0314

PR Ref no. 21-11-0615

Address \_\_\_\_\_

Date December 07, 2021

Please quote your lowest price on the item/s listed below. Subject to the general condition of the Bids and Awards Committee stating the shortest time of delivery and submit your quotation duly signed by your representative not later than December 13, 2021

Respectfully yours,

**RAMONCITO C. MAGNAYE MD, FPCS, MHA**  
 Medical Center Chief II

**Terms and Conditions:**

- 1 As a government agency, BatMC shall deal only with legitimate supplier/contractor.
- 2 Price quotation/s to be denominated in Philippine Peso shall include all taxes, duties and/or levies payable.
- 3 All quotations shall be firm and valid for a period of atleast 90 days from the date of the receipt of quotations.
- 4 BatMC reserves the right to post qualify any supplier and/or to reject any or all submitted quotation.
- 5 PO/Contract shall be awarded to the lowest evaluated responsive bid, delivered items are subject to inspection, with payment processing to commence only after the acceptance by the Material Management Section.
- 6 Date of Delivery: 10 calendar days upon receipt of Purchase Order; Incase of failure to make the full delivery within the time specified, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed on the undelivered item/s
- 7 It is understood that the Contractor is legally responsible to deliver all issued purchase order/s and failure to deliver as scheduled shall mean automatic cancellation of the PO and NOA. Upon cancellation, the BAC shall proceed to qualify the second lowest bidder if applicable; or proceed to recanvassing. The Winning Contractor who failed to deliver shall shoulder the price difference (from the second lowest bidder) of the item in addition to the acquired liquidated damages.
- 8 Swapping/ replacement of equivalent items will not be tolerated and will be considered as a violation. Swapping/replacement of items shall be grounds for blacklisting. REASON: The TWG has evaluated the bid product. If the items will be swapped with another equivalent brand, thus no proper conduct of evaluation was made for the swapped product, putting BatMC at risk.
- 9 Payment Term: 30 days upon complete delivery

**Additional Requirements for Submission:**

- |  |   |
|--|---|
| Business Permit / Mayor's permit                           | Income/Business Tax Return( For SVP with ABCs above 500k)       |
| Certificate of Philgeps Registration and Membership        | Omnibus Sworn Statement (For SVP with ABCs above 50k)           |
| Certificate of Product Registration / CGMP (if applicable) | PCAB License (For Infra)  |
| DTI / SEC Registration Certificate                         | Professional License/Curriculum Vitae( For Consulting Services) |
| Bureau of Internal Revenue(BIR) Registration               |   |

**MODE OF PROCUREMENT: SVP**

QUANTITY	UNIT	ARTICLES AND DESCRIPTION	ABC/UNIT Amount	UNIT COST (PhP)	TOTAL COST (PhP)
3,500	PCS.	BOUFANT CAP, NON-STERILE, SINGLE PLY, MEDIUM WEIGHT, POLYPROPYLENE, DISPOSABLE, SPECIAL SIZE	0.98		
<p style="margin: 0;"><i>Suppliers to include the following details in their offer:</i></p> <p style="margin: 0;"><i>Brand and Model:</i></p> <p style="margin: 0;"><i>Delivery period:</i></p> <p style="margin: 0;"><i>Payment Term:</i></p> <p style="margin: 0;"><i>Price validity:</i></p> <p style="margin: 0;"><i>Warranty:</i></p>					

**NOTE: Failure to submit any of the required eligibility requirements within the set deadline of submission will be a ground for disqualification. Please note that Batangas Medical Center reserves the right to accept or reject any offer, to annul the procurement project, and reject all offers at any time prior to contract award, without thereby incurring any liability to the affected firms.**

This is to certify that I have actually conducted the canvass and the date herein indicated are true and correct.

\_\_\_\_\_

**Canvasser**

\_\_\_\_\_

**Signature of Authorized Representative**

\_\_\_\_\_

**Telephone/Contact No.**