

# Office of the Vice President of the Philippines

## REQUEST FOR QUOTATION

**Reference No.:** 2020-098  
**Posting Date:** July 3, 2020

The Office of the Vice President (OVP), through its Administrative Division, will undertake a Small Value Procurement for the “*Disinfection Services*” in accordance with Section 53.9 of the Implementing Rules and Regulations of Republic Act No. 9184.

Name of Project : Disinfection Services  
Approved Budget : Twenty Seven Thousand Pesos (P27,000.00)  
for the Contract  
Specifications : Please see attached Annex “A”  
Delivery Schedule : Please see attached Schedule of Requirements

Interested suppliers are required to submit the following documents:

1. Valid and current Mayor’s/Business Permit;
2. PhilGEPS Registration Certificate;
3. Compliance to the Technical Specifications (Annex “A”); and
4. Accomplished Price Quotation Form (Annex “B”).

Use of forms other than the attached OVP prescribed Price Quotation Form and Technical Specifications is not acceptable.

Submission of quotation and eligibility documents is on or before 9:00 a.m. of July 6, 2020 at the Property and Procurement Unit, 7<sup>th</sup> Floor, Ben-Lor Building, 1184 Quezon Avenue, Quezon City. Open submission may be done manually, through facsimile at telefax no. 370-1716 local 129 or via e-mail at [bacsecretariat@ovp.gov.ph](mailto:bacsecretariat@ovp.gov.ph).

The OVP reserves the right to accept or reject any price quotation, to annul the procurement process, and to reject all price quotation at any time prior to contract award, without thereby incurring any liability to affected bidder/s or any person.

For inquiries, you may contact us at telephone number 370-1716 local 128 to 129.

  
**SOFIA C. YANTO-ABAD**  
BAC Chairperson

**TECHNICAL SPECIFICATIONS**

Instruction: Bidder must state "Comply" in the column "Statement of Compliance" against each of the individual parameter of each "Requirement". Please do not just place check in the bidder's statement of compliance.

SPECIFICATION	STATEMENT OF COMPLIANCE
Supply of labor, tools, equipment, materials, supervision and all operations necessary for the Disinfection Services.	
The Service Provider shall be responsible for providing qualified and trained personnel to undertake disinfecting of the premises.	
Chemicals/solutions to be used by the Supplier must be approved by the Food and Drug Administration (FDA).	
<p>Areas to be Treated:</p> <p><b>Area A:</b> St. Anthony de Padua Shrine 254 Manrique Street Sampaloc, Manila Area: 240 square meters</p> <p><b>Area B:</b> Immaculate Heart of Mary Parish (Claret) 2 Mahinhin Street Corner Mayumi Street Teachers Village, Diliman, Quezon City Area: 849 square meters</p>	
Must have satisfactorily completed similar projects. If with previous transaction with OVP, attach Certificate of Satisfactory Compliance from OVP	

I hereby certify to comply and deliver all the above Technical Specification.

\_\_\_\_\_  
Name of Company/Bidder

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date

**PRICE QUOTATION FORM**


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 Date
**The Administrative Division**

Office of the Vice President  
 7<sup>th</sup> Floor, Ben-Lor Building  
 1184 Quezon Avenue, Quezon City

**Sir/Madam:**

- (1) After having carefully read and accepted the terms and conditions in the Request for Quotation (RFQ), hereunder is our quotation/s for the item/s as follows:

<b>Project</b>	<b>Item Description</b>	<b>Quantity</b>	<b>Cost per Treatment</b>	<b>Total Price</b>
<b>Disinfection Services</b>	Area A	2 treatments		
	Area B	2 treatments		
	Total (inclusive of VAT)			

- (2) We undertake to deliver above services per technical specifications; and  
 (3) We agree to abide by this quotation/bid for a period of sixty (60) days after the date of deadline of submission specified in your RFQ.

(Amount in Words)

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The above-quoted prices are inclusive of all costs and applicable taxes.

Very truly yours,

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 Name/Signature of Representative

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 Name of Company

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 Contact Number

Schedule of Requirements:

<b>Item</b>	<b>Area to be Treated</b>	<b>Description</b>	<b>Treatment Date</b>
1	Area A	1 <sup>st</sup> Treatment	July 11, 2020
2	Area B		
3	Area A	2 <sup>nd</sup> Treatment	July 18, 2020
4	Area B		

Note: Subject to change during actual implementation, as may be determined by the Chief of the Administrative Division

CONFORME:

\_\_\_\_\_  
Signature Over Printed Name