

12 May 2023

REQUEST FOR QUOTATION

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

RFQ No. **TPB-RFQ 2023.05.082**

PR No. **5.015 (5.449)**

Requirements : **Provision, Supply and Delivery of the Annual Physical Examination (APE) and drug Test for TPB Regular Employees for CY 2023**

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 CY 2023</p> <p>I. TARGET IMPLEMENTATION DATE:</p> <p>By Batches : 1st batch = 19 June 2023 2nd batch = 20 June 2023</p> <ul style="list-style-type: none"> Subject to change without prior notice /indicative date <p>II. SCOPE OF SERVICES</p> <p>Annual Physical Examination (APE) for Regular Employees for CY 2023 includes the following: TPB Employees who have been in government service for at least one year as of 30 April 2023 {Regular employees - 100 pax (APE and Drug test)}</p> <ul style="list-style-type: none"> Physical Examination Basic Optical Examination (Visual Acuity View) Routine Urinalysis Routine Fecalalysis Complete Blood Count with Platelet Count Chest X-ray (Plain): Posterior-Anterior (PA) View Blood Chemistry <ul style="list-style-type: none"> Fasting Blood Sugar Total Cholesterol 	Php495,000.00	Php495,000.00

	<ul style="list-style-type: none"> 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 ● Dental Consultation/ Examination ● 12 Lead Electrocardiogram (for 35 years old and above) ● Drug Test ● Pap smear (for 35 years old and above) <p>III. DELIVERABLES:</p> <p>A. All diagnostic procedures shall be performed at the TPB office by the Service Provider.</p> <p>B. The Service Provider should have a clinic in Manila area.</p> <p>C. TPB Personnel and Human Resource Development Division (PHRDD) shall set a schedule for the Annual Physical Examination (APE).</p> <p>D. The service provider must facilitate employees who were not able to avail the APE at the TPB office endorsed by the PHRDD.</p> <p>E. PHRDD shall provide a list of entitled TPB employees who are entitled to APE.</p> <p>F. The Service Provider shall make a control system to validate the entitled employees for the APE.</p> <p>G. Checklist of what to do in preparation for the APE Program must be submitted to the TPB Medical Officer before the APE schedule for distribution to employees.</p> <p>IV. ELIGIBILITY REQUIREMENTS:</p> <p>A. STANDARD REQUIREMENTS:</p> <p>The accredited diagnostic and multi-specialty service provider must have the following attributes:</p> <ul style="list-style-type: none"> a. Valid Mayors Permit 2023 b. PhilGEPS Certificate c. SEC/DTI Registration Certificate d. Income/Business Tax Return e. Omnibus Sworn Statement (OSS) 		
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	<p>f. Company Profile</p> <p>g. Statement of Compliance to the Technical Specification (Annex “A”)</p> <p>h. Omnibus Sworn Statement (Annex “B”)</p> <p>B. ADDITIONAL REQUIREMENTS:</p> <p>a) Must be duly accredited or licensed by the Department of Health (DOH)</p> <p>b) At least five (5) years in operation (Provide list of clients (2018-2022))</p> <p>c) Must provide Consent Forms for employees</p> <p>d) Fully-functional equipment (i.e. X-ray and ECG machine, blood chemistry Analyzer)</p> <p>e) Courteous and well trained staff but not limited to : one (1) physician, receptionist, Radio-technologist, medical technologist, optometrist and two (2) nurses.</p> <p>f) Available and open for employees 9:00 AM to 5:00 PM (Monday to Saturday) (in case concerned personnel unable to undergo the administration as schedule)</p> <p>g) 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 Service Provider shall be treated with confidentiality.</p> <p>h) The Service Provider shall provide free referral and consultation to Specialists in case of abnormal laboratory results or physical examination in accordance with the recommendations on the APE Program.</p> <p>i) The Service Provider shall not use or disclose such confidential information or any part thereof, in any manner other than is necessary to perform its services under this Agreement or as required by law.</p> <p>j) All documents, records, reports,</p>		
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	<p>receipts and information about the APE including those recorded in the database systems of the Service Provider shall be the property of the TPB.</p> <p>k) The Service Provider is required to submit the following to the TPB Medical Officer in accordance with the prescribed period:</p> <ol style="list-style-type: none"> Schedule of prices per procedure/examination Advance copy of the APE results of employees with abnormal findings within five (5) working days after the scheduled date and it 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. <p>ATTACHMENTS:</p> <ol style="list-style-type: none"> Statement of Compliance to the Technical Specification (Annex “A”) Omnibus Sworn Statement (Annex “B”) <p>NOTE:</p> <ol style="list-style-type: none"> All entries must be typewritten on your company letterhead. Price Validity shall be for a period of thirty (30) calendar days. 		
TERMS OF PAYMENT:	<ol style="list-style-type: none"> Bill should cover only actual number of personnel as of date of receipt of notice to proceed Send bill arrangement. All payments shall be subject to auditing and accounting rules applicable to TPB. Should the TPB employee request for additional tests, the employee shall shoulder its cost, on a personal account (cash-basis). Payment within thirty (30) days upon full completion of the services and submission of the invoice. 		

TOURISM PROMOTIONS BOARD PHILIPPINES

4th Floor, Legaspi Towers 300, Roxas Boulevard corner P. Ocampo, Sr. St., Malate, Manila 1004 Philippines
Tel: +63 2 8525.9318 to 27 • Fax: +63 2 8521.6165 / 8525.3314 • Email: info@tpb.gov.ph • Website: www.tpb.gov.ph

ABC	The approved budget for the contract (ABC) inclusive of applicable taxes		Php495,000.00
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Please submit your **quotation and legal** documents duly signed by your authorized representative to email address bhong_ducusin@tpb.gov.ph not later than **18 May 2023 at 5:00 PM**, subject to the Terms and Conditions stated herein and the shortest time of delivery.

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 very much.


ELOISA A. ROMERO
Head, Procurement and General Services Division

Contact person: Jose T. Ducusin, Jr
Contact number: 02 8525 -7312 / 8525 – 9318 to 27

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<u>TECHNICAL SPECIFICATION</u>			
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 CY 2023	1 LOT	
	I. TARGET IMPLEMENTATION DATE: By Batches : 1st batch = 19 June 2023 2nd batch = 20 June 2023 <ul style="list-style-type: none"> • Subject to change without prior notice /indicative date 		
	II. SCOPE OF SERVICES Annual Physical Examination (APE) for Regular Employees for CY 2023 includes the following: TPB Employees who have been in government service for at least one year as of 30 April 2023 {Regular employees - 100 pax (APE and Drug test)} <ul style="list-style-type: none"> • Physical Examination • Basic Optical Examination (Visual Acuity View) • Routine Urinalysis • Routine Fecalysis • Complete Blood Count with Platelet Count • Chest X-ray (Plain): Posterior-Anterior (PA) View • Blood Chemistry <ul 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 • Dental Consultation/ Examination • 12 Lead Electrocardiogram (for 35 years old and above) 		

	<ul style="list-style-type: none"> • Drug Test • Pap smear (for 35 years old and above) 		
	<p>III. DELIVERABLES:</p> <ul style="list-style-type: none"> A. All diagnostic procedures shall be performed at the TPB office by the Service Provider. B. The Service Provider should have a clinic in Manila area. C. TPB Personnel and Human Resource Development Division (PHRDD) shall set a schedule for the Annual Physical Examination (APE). D. The service provider must facilitate employees who were not able to avail the APE at the TPB office endorsed by the PHRDD. E. PHRDD shall provide a list of entitled TPB employees who are entitled to APE. F. The Service Provider shall make a control system to validate the entitled employees for the APE. G. Checklist of what to do in preparation for the APE Program must be submitted to the TPB Medical Officer before the APE schedule for distribution to employees. 		
	<p>IV. ELIGIBILITY REQUIREMENTS:</p> <p>A. STANDARD REQUIREMENTS:</p> <p>The accredited diagnostic and multi-specialty service provider must have the following attributes:</p> <ul style="list-style-type: none"> a. Valid Mayors Permit 2023 b. PhilGEPS Certificate c. SEC/DTI Registration Certificate d. Income/Business Tax Return e. Omnibus Sworn Statement (OSS) f. Company Profile g. Statement of Compliance to the Technical Specification (Annex “A”) h. Omnibus Sworn Statement (Annex “B”) <p>B. 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 (2018-2022)) c) Must provide Consent Forms for employees d) Fully-functional equipment (i.e. X-ray 		

	<p>and ECG machine, blood chemistry Analyzer)</p> <p>e) Courteous and well trained staff but not limited to : one (1) physician, receptionist, Radio-technologist, medical technologist, optometrist and two (2) nurses.</p> <p>f) Available and open for employees 9:00 AM to 5:00 PM (Monday to Saturday) (in case concerned personnel unable to undergo the administration as schedule)</p> <p>g) 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 Service Provider shall be treated with confidentiality.</p> <p>h) The Service Provider shall provide free referral and consultation to Specialists in case of abnormal laboratory results or physical examination in accordance with the recommendations on the APE Program.</p> <p>i) The Service Provider shall not use or disclose such confidential information or any part thereof, in any manner other than is necessary to perform its services under this Agreement or as required by law.</p> <p>j) All documents, records, reports, receipts and information about the APE including those recorded in the database systems of the Service Provider shall be the property of the TPB.</p> <p>k) The Service Provider is required to submit the following to the TPB Medical Officer in accordance with the prescribed period:</p> <ol style="list-style-type: none"> Schedule of prices per procedure/examination Advance copy of the APE results of employees with abnormal findings within five (5) working days 		
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	<p>after the scheduled date and it shall include the recommendations from the examining/evaluating physicians</p> <p>c. 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.</p> <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>		
	ABC: Php495,000.00		
	<u>SCHEDULE OF REQUIREMENTS</u>		
	<p>PAYMENT SCHEDULE</p> <p>A. Bill should cover only actual number of personnel as of date of receipt of notice to proceed</p> <p>B. Send bill arrangement.</p> <p>C. All payments shall be subject to auditing and accounting rules applicable to TPB.</p> <p>D. Should the TPB employee request for additional tests, the employee shall shoulder its cost, on a personal account (cash-basis).</p> <p>E. Payment within thirty (30) days upon full</p> <p>F. completion of the services and submission of the invoice.</p>		
	<u>TERMS OF PAYMENT</u>		
	<p>1. Please send the billing statement to the TOURISM PROMOTIONS BOARD PHILIPPINES after the completion of services.</p> <p>2. The supplier must have a Land bank account. Payment will be made through an LBP bank deposit. In case the supplier does not have a Land bank account, bank charges will be shouldered by the supplier.</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

[Iurat]

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