

July 10, 2024

P-RFQ No. 2024-074

REQUEST FOR QUOTATION

2024 ANNUAL MEDICAL AND PHYSICAL EXAMINATION (AMPE) FOR SANTA MARIA WATER DISTRICT EMPLOYEES (A-2024-07-030)

The Santa Maria Water District (SMWD) hereinafter referred to as “the Purchaser”, through its Bids and Awards Committee (BAC), invite interested parties to submit price quotation for the project, “**2024 ANNUAL MEDICAL AND PHYSICAL EXAMINATION (AMPE) FOR SANTA MARIA WATER DISTRICT EMPLOYEES**” through Small Value Procurement (Sec. 53.9 of R.A. No. 9184) with Approved Budget for the Contract (ABC) of Three Hundred Ninety-Nine Thousand Pesos Only (**₱399,000.00**).

	Description	Qty	Unit	Unit Cost	Total Amount
1	2024 ANNUAL MEDICAL AND PHYSICAL EXAMINATION (AMPE) (133 Personnel)	1	LOT		
	*** nothing follows ***				

The Terms of Reference (TOR) has been attached hereto and shall form part of the Contract Agreement. The project coverage, scope of work, payment terms and schedule, duration and general conditions of the project are stated therein. Any stipulations in the general conditions shall be complied with.

Procurement procedures will be conducted in accordance with the provisions of the Implementing Rules and Regulations (IRR) of Republic Act No. 9184 (Government Procurement Reform Act).

It is the intent of the Procuring Entity to evaluate the quotation/proposal for the project and award will be made to the proposal/quotation resulting in the overall lowest cost.

Likewise, in accordance with Section 54.6 and Appendix A of Annex "H" (Consolidated Guidelines for the Alternative Methods of Procurement) of the IRR of RA No. 9184, the supplier shall provide the following documentary requirements as a **condition for award** of the contract. The documents shall be attached together with the quotations.

1. PhilGEPS Registration Number
2. Mayor’s/Business Permit
3. Photo Copy of Sample Official Receipt (OR)
4. Certificate of Registration (BIR FORM 2303)
5. Duly Notarized Omnibus Sworn Statement.



Your prices must be quoted in Philippine Peso and must include the unit price and total price, inclusive of all taxes to be paid and other incidental charges for the implementation of the contract if awarded.

All quotations may be typewritten or handwritten and may be placed in sealed envelope marked “**2024 ANNUAL MEDICAL AND PHYSICAL EXAMINATION (AMPE) FOR SANTA MARIA WATER DISTRICT EMPLOYEES**” (RFQ No. 2024-074) and must be submitted on or before **July 17, 2024, 11:00AM** at the SMWD main office. It may also be sent thru email on our official email address at smwdbulacan@yahoo.com on the specified time stated above and address to the **BAC Chairperson, Maria Leonora S. Romarate**.

Quotations shall be valid for thirty (30) calendar days from the deadline of submission of the same. The contractor should inform the PE at least three (3) days before the implementation of the project.

The prospective supplier shall submit the duly accomplished Quotation/Proposal Form and Other Documents that will be required by the Procuring Entity.

The Santa Maria Water District reserves the right to accept or reject any quotation, and to annul the procurement process and reject all quotations at any time prior to Contract award, without thereby incurring any liability to the affected supplier or suppliers. SMWD also reserves the right to waive any required formality in the proposals received, and select the proposal which it determines to be the most advantageous to the government.

Prepared by:

Sgd.

Romel P. Lazaga
Procurement Assistant

Noted by:

Sgd.

Maria Leonora S. Romarate
BAC Chairperson



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TERMS OF REFERENCE 2024 ANNUAL MEDICAL AND PHYSICAL EXAMINATION (AMPE) FOR SANTA MARIA WATER DISTRICT EMPLOYEES

I. Objective

The Santa Maria Water District (SMWD) intends to engage the services of a Clinic/Hospital duly authorized and with the necessary expertise, experience and capacity to perform medical and physical examination to employees of Santa Maria Water District (SMWD).

II. Approved Budget for the Contract (ABC)

The approved budget for the contract is Three Hundred ^{Ninety} ^{Nine} Thousand and 00/100 (P 399,000.00).

III. Project Coverage

The scope of services covers different laboratory test for the Annual Medical and Physical Examination of entitled SMWD employees who is in the service as of the date of effectivity of this Agreement.

IV. Scope of Work

The provider shall perform the following services to the employees of SMWD:

1. Chest X-Ray – Plain, Posterior-Anterior (PA) view
2. 12-Lead Electrocardiogram (ECG)
3. Complete Urinalysis
4. Complete Blood Count
5. Blood Typing
6. Fasting Blood Sugar
7. Blood Uric Acid
8. Liver Enzymes (SGPT and SGOT)
9. Kidney Function Test (Blood Urea Nitrogen & Creatinine)
10. Lipid Profile (Cholesterol, Triglycerides, HDL, LDL)
11. Physical Examination
12. Dental Examination
13. Visual Acuity
14. Medical Certificate

Duties and Responsibilities of provider:

1. Schedule and provide a clean and well-maintained mobile laboratory with fully-functional equipment to SMWD to conduct the services.



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2. Provide courteous, well-trained and efficient personnel to provide the Services and shall exercise complete supervision over any and all of such personnel and any equipment or machine used in the performance of the Services.
3. Appoint one (1) of its personnel as a principal and single point of contact between the parties, who shall act as a dedicated liaison between the parties, on any and all matters relating to supervision and performance of the Services.
4. Assume full control and supervision of its Personnel, who shall perform the Services required by the SMWD.
5. Take charge and assume full responsibility for the proper performance of the Services to be rendered by the Personnel and shall solely be responsible for their acts and/or omissions during the performance of the medical and physical procedures.
6. Provide PRC ID of their Medical Staff that will conduct the AMPE.
7. Release the laboratory results within 5 to 7 days from the time Services were conducted showing the diagnosis/assessment and recommendation. The results shall be submitted in two (2) copies: 1 for employee and 1 copy for SMWD.
8. AMPE report and interpretation of results must be certified by a Physician.
9. Provide a Form with consent or waiver of rights to employees for the right to the confidential information. The form will be submitted to SMWD for health profile of the employees.
10. Ensure that all medical records, laboratory results and other important information obtained shall be treated with confidentiality.

V. Payment Terms and Schedule

- The provider shall submit a Statement of Account (SOA) based on the actual number of employees who have undergone AMPE. In case of any dispute with regard to the SOA, the SMWD shall have three (3) working days from receipt of the SOA to inform the provider of its protest; otherwise, the SOA shall be considered true and correct.
- The provider shall be paid via check payment as per billing statement submitted subject to withholding taxes.

VI. Duration of the Project

The term of Contract to be awarded under this TOR shall commence upon receipt of a written Notice to Proceed (NTP). The implementation date/s shall be set as agreed date by provider and SMWD.

VII. General Condition of the Project

1. Registered and DOH accredited with the following documentary requirements:
 - a. Mayor's/Business Permit
 - b. BIR Certificate of Registration
 - c. Photocopy of Official Receipt
 - d. PhilGeps Registration Certificate



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2. Must be at least five (5) years in operation.

Prepared by:

 Sgd.
Jasmin L. Jose
Administrative Services Officer B

RECOMMENDING APPROVAL:

 Sgd.
JOVITA I. DALMACIO
Department Manager
Admin, Finance and General Services Dept.

APPROVED BY:

 Sgd.
ENGR. CARLOS N. SANTOS, JR.
General Manager

CONFORME:

Signature over printed name of the Contractor: _____

Company Represented: _____

Date Received: _____