

September 13, 2023

P-RFQ No. 2024-093

**REQUEST FOR QUOTATION**  
**SUPPLY AND DELIVERY OF 2024 INFLUENZA VACCINE FOR SANTA MARIA**  
**WATER DISTRICT EMPLOYEES**  
**(A-2024-08-036)**

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, "**SUPPLY AND DELIVERY OF 2024 INFLUENZA VACCINE 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 One Hundred Seventy-Seven Thousand Three Hundred Pesos Only (**₱177,300.00**).

	Description	Qty	Unit	Unit Cost	Total Amount
1	<b>QUADRIVALENT INFLUENZA VACCINE</b> Dosage: 0.5 ml in a single-dose pre-filled syringe	196	Pre-filled syringe		
	***nothing follows***				

All items listed under the purchaser's specifications must be complied on a pass-fail basis.

Failure to meet any one of the requirements will result to rejection. Likewise, it is understood that Purchaser's specifications are minimum requirements. The Bidder/Supplier may offer higher specifications or additional items, if any.

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 Purchaser to evaluate the quotation for the item and award will be made to the quotation resulting in the overall lowest cost, meeting purchaser's technical specifications.

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:

1. Must be atleast five (5) years in operation
2. PhilGEPS Registration Number
3. Mayor's/Business Permit
4. Photocopy of Sample Official Receipt (OR)
5. Photo Copy of PRC license

6. Duly Notarized Omnibus Sworn Statement; and
7. BIR Certificate of Registration.

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 cost to the delivery site if the contract is awarded.

All quotations may be typewritten or handwritten and may be placed in sealed envelope marked "**SUPPLY AND DELIVERY OF 2024 INFLUENZA VACCINE FOR SANTA MARIA WATER DISTRICT EMPLOYEES**" (P-RFQ No. 2024-093) and must be submitted on or before **September 23, 2024, 11:00AM** at the SMWD main office. It may also be sent thru email on our official email address at [smwdbulacan@yahoo.com](mailto: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.

(1) For the delivery of vaccines to SMWD, the supplier must conform to the following. The supplier must prepare the vaccines within 5 days upon receipt of Notice to Proceed (NTP) and must coordinate to the SMWD contact person on the delivery and schedule (2) Proper storage of vaccines during delivery must be maintained. (3) Supplier will provide a licensed doctor to assess the employee before vaccination and a licensed nurse/s as vaccinators. (4) Supplier must be DOH accredited and/or FDA accredited (5) All materials, medical supplies and other necessary paraphernalia for the vaccination program shall be provided by the supplier (6) The supplier is responsible for the disposal of all used materials and articles, especially the needles and syringes. (7) The quantity and schedule shall be set as agreed by the supplier and the SMWD. (8) Ensure that the Supplier will comply with the SMWD employee's confidentiality and other rules and regulations.

The Terms of Reference (TOR) attached herewith shall form part of the contract between the Procuring Entity (PE) and the Supplier.

For payment terms, the supplier shall submit the Statement of Account (SOA) within 5 days after the vaccination schedule. The supplier shall be paid via check payment as per billing statement submitted. The amount billed to the SMWD shall be inclusive of tax (1% and 5% for VAT and 2% and 3% for non-VAT)

The prospective supplier shall submit the following:

- a) Duly accomplished Quotation Form; and
- b) Brochures of the items offered, if any.

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.



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**Prepared by:**

Sgd.

**Romel P. Lazaga**  
**Procurement Assistant**

**Noted by:**

Sgd.

**Maria Leonora S. Romarate**  
**BAC Chairperson**



# Santa Maria WATER DISTRICT

## TERMS OF REFERENCE 2024 INFLUENZA VACCINE FOR SANTA MARIA WATER DISTRICT EMPLOYEES

### I. Objective

The Santa Maria Water District (SMWD) intends to continually have influenza vaccines for its employees to reduce spreading of symptoms of flu in the workplace.

### II. Approved Budget for the Contract (ABC)

The approved budget for the contract is One Hundred Seventy-Seven Thousand Three Hundred Pesos (P 177,300.00).

### III. Project Coverage

The scope of services covers both Male and Female employees of SMWD regardless of their employment status.

#### Specifications:

Lot	Vaccine	Dosage
1	Quadrivalent Influenza Vaccine	0.5 ml in a single-dose pre-filled syringe

### IV. Scope of Work

The supplier is expected to do the following activities:

1. Supplier must prepare the vaccines within 5days upon receipt of Notice to Proceed and must coordinate to SMWD contact person on the date of delivery and schedule of vaccination.
2. Proper storage of vaccines during delivery must be maintained.
3. Supplier will provide a licensed doctor to assess the employee before vaccination and a licensed nurse/s as vaccinators. A photocopy of the PRC license must be submitted prior to the schedule of vaccination.
4. Supplier must have licensed to conduct vaccination activity from Food and Drug Administration (FDA).
5. All materials, medical supplies and other necessary paraphernalia for the Vaccination program shall be provided by the supplier.
6. Supplier is responsible for the disposal of all used materials and articles, especially the needles and syringes.





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7. The quantity and schedule of vaccination shall be set as agreed by the supplier and SMWD.
8. Ensure that the Supplier will comply with the SMWD employee's confidentiality and other rules and regulations.

## V. Payment Terms and Schedule

The Supplier shall submit the Statement of Account (SOA) within 5 days after the vaccination schedule. 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 supplier of its protest; otherwise, the SOA shall be considered true and correct. Payment shall be made within fifteen (15) days upon receipt of SOA.

The Supplier shall be paid via check payment as per billing statement submitted. The amount billed to the SMWD shall be inclusive of tax (1% and 5% for VAT and 2% and 3% for non-VAT).

## VI. Duration of the Project

September 13 or 20, 2024

## VII. General Condition of the Project

The supplier must be at least five (5) years in operation. The supplier must submit the following requirements:

1. Quotation
2. Mayor's/Business Permit
3. Philgeps Registration/Certificate
4. BIR Certificate of Registration
5. Photocopy of Invoice

Prepared by:

**Sgd.**  
Jasmin L. Jose  
ASO-B

RECOMMENDING APPROVAL:

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



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APPROVED BY:

Sgd.  
ENGR. CARLOS N. SANTOS, JR.  
General Manager 9/3/14

CONFORME:

Signature over printed name of the Contractor: \_\_\_\_\_

Company Represented: \_\_\_\_\_

Date Received: \_\_\_\_\_