

REQUEST FOR QUOTATION (RFQ)

PR/PP No.: 2021-01-032

RFQ No.: 2021-02-134

End-user: RRCY

Date: MAR 01 2021

Name of Project:

ABC: ₱66,000.00

DENTIST FOR RRCY

Mode of Procurement: Small Value Procurement

Sir/Madam:

Please quote your lowest price on the item/s described below inclusive of taxes duly signed by you or your authorized representative, subject to the Terms and Condition provided in this RFQ and submit personally to the Office of the Procurement Section, 40 North Drive, Baguio City or through email at bacsec.car@dswd.gov.ph on or before MAR 05 2021 12:00NN.

ENRIQUE H. GASCON JR.
OIC-ARDA/BAC Chairperson

TERMS AND CONDITIONS:

1. Quotations in excess of the ABC will be **REJECTED**.
2. For total quoted price, quotations with a **dash or zero shall be deemed free of charge**.
3. All entries must be typewritten/printed/longhand. **Any erasure in the quotation must be countersigned by the bidder/representative**, otherwise quotation will be rejected.
4. The Procuring Entity **may give due preference to goods being offered with green component**.
5. If necessary, the BAC through the TWG, may require an ocular inspection of the venue/place of business/goods being offered.
6. Delivery of Goods / Services is **as indicated** in the next page.
7. Price validity shall be for a period of **120 calendar days from RFQ Opening of the BAC until confirmation of Purchase Order by the winning supplier**.
8. The following documents shall be attached upon submission of quotation, otherwise your quotation will not be accepted, please disregard if already submitted:
 - a. **Updated Mayor's / Business Permit**
 - b. **PhilGEPS Registration Certificate or PhilGEPS Registration Number to be indicated in space below (except for Negotiated Procurement - Emergency Cases, Sec. 53.2, RA 9184 IRR)**
 - c. **Income/Business Tax Return (for Small Value Procurement, Direct Contracting above P500K, Emergency Cases above P500K, and Lease of Real Property/Venue).**
9. Where there is discrepancy between: (a) total price per item and unit price for the item as extended or multiplied by the quantity of that item, the unit price shall prevail; (b) stated total price and the actual sum of prices of component items, the latter shall prevail; (c) unit cost in the detailed estimate and unit cost in the bill of quantities, the latter shall prevail.
10. Suppliers/Contractors who **refuse to accept correction of price offer after Bid Evaluation shall be disqualified**.
11. Award of Contract shall be made to the Lowest Calculated Responsive Quotation (LCRQ) that complies to the **technical specifications** and the **terms and conditions** stated herein.
12. The BAC shall require the bidder with Lowest Calculated Responsive Quotation (LCRQ) to submit the following document prior to issuance of Award / Purchase Order with ABC amounting to P50,000.00 and above.
 - a. **Omnibus Sworn Statement (only for Negotiated Procurement - Emergency Cases, Sec. 53.2 and Small Value Procurement Sec. 53.9)**
13. If the Supplier fails to deliver the required goods /services as specified in the Award / Purchase Order, the Procuring Entity may **disqualify bidder from participating future procurement activities to be conducted by DSWD-CAR**.
14. **Liquidated damages equivalent to one tenth of one percent (0.001)** of the value of the goods not delivered within the prescribed delivery period may be imposed per day of delay. The Procuring Entity (PE) may rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.
15. Further information may be obtained from the Procurement Section with telephone number **(074) 661-0430 local 25025** or email address bacsec.car@dswd.gov.ph.

Republic of the Philippines
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Cordillera Administrative Region
40 North Drive, Baguio City

REQUEST FOR QUOTATION (RFQ)

LOT NO.	DETAILED DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL
1	DENTIST FOR RRCY				
	Dentist Routine dental examinations or check-ups - Conduct dental assessment /check-up of the resident brought to him/her for consultation - Recommend laboratory examinations and other dental procedures needed by the resident - Issue laboratory requests, prescription, medical certificate, and other documents in accordance with the existing laws such as the Data Privacy Act and/or Mental Health law (30 residents x 2 semesters) See attached Terms of Reference	60	service		
	Dental Cleaning (30 residents x 2 semesters)	60	service		
	Other Requirements	<i>Please check if comply or cannot comply</i>			
		<i>Comply</i>	<i>Cannot Comply</i>		
	1. Has a degree in Dentistry	[]	[]		
	2. Valid license to practice Dentistry	[]	[]		
	3. Curriculum vitae with Certificates (if any)	[]	[]		
	4. The award shall be given to the Consultant with the Single or Highest Rated and Responsive Proposal	[]	[]		
	5. The dentist shall be paid with the quoted rate per consultation which is within the allotted budget based on the approved project proposal. The payment is inclusive of appropriate taxes and other incidental expenses which may be incurred in the course of the engagement.	[]	[]		
	6. The payment shall be made monthly after five (5) working days upon the date of the resident's/residents' consultation/s.	[]	[]		
	7. Delivery of Service: Winning Bidder's clinic, within Baguio City and Benguet.	[]	[]		
TOTAL PRICE					

• Award shall be made per:

Item Basis Lot Basis

Note: NO GIFT ALLOWED. Pursuant to RA 6713, otherwise known as the Code of Conduct and Ethical Standards for Public Officials and Employees. The DSWD reserves the right to reject any or all offers at no costs, waive any therein and accept the offer most advantageous to the government.

Sir: After having carefully read and accepted your terms and conditions, I / We submit our bid on the item/s quoted above.

*Signature of
supplier/representative
over printed name:* _____

Name of Firm/Dealer/Contractor: _____

(This will be the name of the CHEQUE to be issued)

Address: _____

Email Address: _____

Contact Number/s: _____

PhilGEPS Registration Number: _____

Name and Signature of Canvasser

YUB/bev/bes



**Department of Social Welfare and Development
Cordillera Administrative Region
PROTECTIVE SERVICES DIVISION
Regional Rehabilitation Center for the Youth**

TERMS OF REFERENCE OF THE DENTIST

I. Background

Sec. 44 of Republic Act No. 9344 provides that, *"The objective of rehabilitation and reintegration of Children In-Conflict with the Law is to provide them with interventions, approaches, and strategies that will enable them to improve their social functioning with the end goal of reintegration to their families as productive members of their communities."* Vital to this objective is ensuring the overall health of the residents including dental health. Aside from teaching the residents about dental health care which they should perform daily, regular dental check-ups/visits are also important because the dentist makes an assessment of the overall oral health of the residents including areas which need further dental intervention such as the need for tooth extraction, filling, cleaning, and others.

II. Objective for Engaging the Services of a Dentist

With the services of the dentist, the residents are provided timely and appropriate medical interventions.

III. Scope of Work

The dentist shall:

1. Conduct dental assessment/check-up of the resident brought to him/her for consultation;
2. Recommend laboratory examinations and other dental procedures needed by the resident; and
3. Issue laboratory requests, prescription, medical certificate, and other documents in accordance with existing laws such as the Data Privacy Act and/or Mental Health Law

IV. Arrangement

1. **Dentist:** Provides services as stated in the scope of work.
2. **Regional Rehabilitation Center for the Youth**

The RRCY center nurse shall:

- a. Set an appointment with the dentist for needed consultations of the residents;
- b. Clarify/inquire about the findings and recommendations of the dentist;
- c. Provides feedback to the resident's family members about the resident's dental check-up and seek consent for medical interventions/procedures needed to be provided to the resident;

- d. Provides feedback to the center-based rehabilitation team regarding the dental intervention/procedure undertaken to address dental issues of the resident;
- e. Collaborates with the concerned center staff regarding the medications (if any) of the resident such as schedule of intake, dosage, frequency, and others.

V. Payment and Schedule

The dentist shall be paid with the quoted rate per consultation which is within the allotted budget based on the approved project proposal. The payment is inclusive of appropriate taxes and other incidental expenses which may be incurred in the course of the engagement. The payment shall be made monthly after five (5) working days upon the date of the resident's/residents' consultation/s.

In consideration of the foregoing premises, the RRCY and dentist subscribe to perform all duties and responsibilities contained herein. Whereof, both parties are deemed requested to affix their signature below.

Rojhelea An Marie S. Claur
ROJHELEA AN MARIE S. CLAUR
Center Head, RRCY

(Name and Signature)
Dentist

/rojh