

Calamba Water Distr

Lakeview Subdivision, Halang, Calamba, Laguna
Tel. Nos. 545-1614; 545-2728; 545-7895; 545-1389; 545-7981; 545-2863
Fax: (049) 545-9752

REQUEST FOR QUOTATION

Company Name	:	 Date:
Address	:	 Quotation No. CWD 04-2017
		 End-User: Administrative Department
Tel. No./Fax No.	:	
T.I.N.	:	

Please quote your lowest price on the item(s) listed, subject to the Terms and Condition stated below and in a sealed envelope submits your quotation duly signed by authorized representative;

Activities	Date and Time	Place/Venue					
Pre-bidding Conference	March 27, 2017 @ 10:00	2 nd floor CWD Warehouse Building, Lakeview Subdivision,					
	a.m.	Brgy. Halang Calamba City					
Opening of Bids	April 7, 2017 @ 9:00 a.m.	2 nd floor CWD Warehouse Building, Lakeview Subdivision,					
		Brgy. Halang Calamba City					

Evaluation procedures shall be QUALITY COST BASED EVALUATION (QCBE) - 60% Technical Proposal, 40% Financial Proposal.

ENGR. JOSELITO A. GILLERA

BAC Chairman

TERMS AND CONDITIONS:

- 1. ALL ENTRIES SHALL BE TYPEWRITTEN
- 2. COMMENCEMENT SHALL BE FOR A PERIOD OF ONE TO FOUR WEEKS UPON RECEIPT OF THE APPROVED PURCHASE ORDER.
- 3. PRICE VALIDITY SHALL BE FOR A PERIOD OF THIRTY (30) CALENDAR DAYS
- 4. THE APPROVED BUDGET FOR THE CONTRACT IS AMOUNTING TO 100,000.00 (BID EXCEEDING THE ABC SHALL BE AUTOMATICALLY DISQUALIFIED)

DOCUMENTARY REQUIREMENTS SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION:

- 1. PHILGEPS REGISTRATION CERTIFICATE OR REGISTRATION NUMBER
- 2. MAYOR'S/BUSINESS PERMIT
- 3. AUDITED FINANCIAL STATEMENTS, INCOME AND BUSINESS TAX RETURNS (VAT PAYMENT) LATEST SIX (6) **MONTHS**
- 4. OMNIBUS SWORN STATEMENT
- 5. CERTIFICATE OF ACCREDITATION FROM PHILIPPINE ACCREDITATION OFFICE (DTI-PAO)
- 6. CURRICULUM VITAE OF AUDITOR/S.
 - (ALL DOCUMENTS SUBMITTED SHALL BE SIGNED BY THE AUTHORIZED REPRESENTATIVE)

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Item	ITEM & DESCRIPTION/ TECHNICAL SPECIFICATION	QTY.		UNIT	TOTAL				
no.				AMOUNT	AMOUNT				
1	Supply of Services for ISO 9001:2015 Certification - Quality	1	lot						
	Management System (QMS)								
	Terms of Reference								
	A. Background								
	Calamba Water District (CWD) is a government owned and controlled corporation. Its								

operation focus on providing water services to the constituents of Calamba City. Its establishment originated through Conditional Certificate of Conformance No. 29 from Local Water Utilities Administration, pursuant to Presidential Decree 198.

B. Objectives

CWD aims to attain ISO 9001:2015 Certification - Quality Management System (QMS) to further institutionalize and enhance processes, systems and operations concerning its CWD Laboratory.

C. Scope of Services

The Certifying Body undertakes and commits to perform and deliver as per agreement the conduct of audit and conferment of certification for ISO 9001:2015 in accordance with the following requirements and specifications of CWD.

C.1 Pre-Assessment Audit

C.2 Certification Audit:

On-site Audit

Certification audit

Audit Planning and Report Preparation

Annual Accreditation (Issue and Use of Certificate for 3 years)

Two consecutive surveillance audit for 2nd and 3rd year

C.3 Add-on Service

Complimentary A4 Size Certificate with frame

Complimentary Tarpaulin Banner and stickers to be given upon release of certification

Electronic copy of logo to be issued upon release of certificate

Updates on new standards

Customer feedback mechanism for continual improvement

D. Performance Period and Terms

The Certifying Body shall perform and deliver the services for a period of three (3) years starting in CY 2017 and shall end in CY 2020

Pre Assessment Audit	One (1) day upon receipt of Notice to Proceed	Preparation stage			
Certification Audit	Two days within 30	Conduct of certification audit			
Issuance of ISO 9001:2015	calendar days after pre	Submit detailed audit reports			
Certificate valid for 3 Years	assessment	within five (5) working days			
		after conduct of on site audit			
Surveillance Audit 2 nd Yr	One day	Conduct of surveillance audit			
Surveillance Audit 3 rd Yr	One day	Submit detailed surveillance			
		audit reports within five (5)			
		working days after conduct			
		of on site audit.			

E. Technical Specifications

The Certifying Body should be:

- Duly accredited by Philippine Accreditation Office, Department of Trade and Industry;
- Must have at least five (5) years auditing experience in ISO 9001:2008;
- Must have good track record of certifying companies regarding quality management, preferably government agencies
- Its audit teams, including surveillance, should satisfy the following:

Consist of auditor(s) with actual hands-on experience on QMS and are qualified to audit in the name of Certifying Body

Auditor(s) shall have a minimum of three (3) years ISO 9001:2008 auditing experience

Have team members with knowledge and actual hands-on experience on the government QMS process.

F. Requisites for Certifying Body

Certifying Body shall submit:

- Brief description of the Certifying Body (Company Profile) and outline of recent similar projects.
- A concise and logical description of how the Certifying Body's team shall carry out the services with reference to the TOR.

	3.	Work plan in	graphical fo	rmat or Gan	tt chart.								
	4.	List of facilities needed by the Certifying Body needed to carry out the project. Curriculum Vitae of the Auditors signed as correct information.											
	5.												
	6.	The Certifying Body shall include in their audit activities a procedure for client appeals.											
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	achieved, CWD shall have the right to lodge appeals on the decisions of the audit tean												
		to an independent arbitrator, exclusive of other legal remedies, which may be available							le				
	to both parties.												
	 The Certifying Body and any person/entity connected to CWD Certification audit shal maintain strict confidentiality of the result of the audit and shall disclose the same o any information anent thereto only upon clearance of CWD Top Management. 												
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		control of any person/entity operating on its behalf.											
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Tel. No. /Cellphone No./ e-mail address

Printed Name/Signature/Date