



24/7 Public Service

Calamba Water District

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

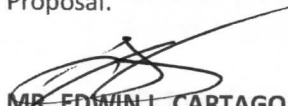
REQUEST FOR PROPOSAL Small Value Procurement (2nd Posting)

Company Name : _____ Date: _____
 Address : _____ Quotation No. CWD 33-2019
 Tel. No./Fax No. : _____ End-User: Production Department
 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
Submission and Opening of Requests for Proposal	August 13, 2019 @ 01:00pm	2 nd floor CWD Warehouse Building, Lakeview Subdivision, Barangay Halang Calamba City

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


MR. EDWIN L. CARTAGO
 BAC Chairman

TERMS AND CONDITIONS:

1. ALL ENTRIES SHALL BE TYPEWRITTEN
2. SCHEDULE OF TEST UPON RECEIPT OF THE APPROVED PURCHASE ORDER ACCORDING TO MONTHLY SCHEDULE
3. PRICE VALIDITY SHALL BE FOR A PERIOD OF THIRTY (30) CALENDAR DAYS
4. THE APPROVED BUDGET FOR THE CONTRACT IS AMOUNTING TO **Php 946,752.00**
(BID EXCEEDING THE ABC SHALL BE AUTOMATICALLY DISQUALIFIED)
5. ALL PAGES OF THE SUBMITTED DOCUMENTS MUST BE SIGNED BY THE AUTHORIZED REPRESENTATIVE/S

DOCUMENTARY REQUIREMENTS SHALL BE ATTACHED UPON SUBMISSION OF THE PROPOSAL:

1. PHILGEPS CERTIFICATE OF PLATINUM MEMBERSHIP
2. Registration Certificate (SEC) / DTI Certificate
3. Mayor's/Business Permit or its Equivalent
4. Tax Clearance
5. Audited Financial Statements
6. Latest Six (6) Months Income Tax Returns
7. Latest Six (6) Months Business Tax Returns (VAT Payment)
8. OMNIBUS SWORN STATEMENT
9. COMPANY PROFILE
10. CURRICULUM VITAE (CHEMIST/MICROBIOLOGIST)
11. DEPARTMENT OF HEALTH (DOH) CERTIFICATION (FOR DRINKING WATER ANALYSIS)
12. CERTIFICATE OF PHILIPPINE ACCREDITATION BUREAU (PAB-DTI) (ACCREDITED TESTING LABORATORY)

Item no.	ITEM & DESCRIPTION/ TECHNICAL SPECIFICATION	QTY.		UNIT AMOUNT	TOTAL AMOUNT
	Supply of Services for the Conduct of Microbiological Test, Physical and Chemical Analysis and Arsenic Test				
1	Microbiological Test (Schedule of Test) September 2019 (26 Samples) October 2019 (26 Samples) November 2019 (26 Samples) December 2019 (26 Samples) January 2020 (26 Samples) February 2020 (26 Samples) March 2020 (26 Samples) April 2020 (26 Samples) May 2020 (26 Samples) June 2020 (26 Samples) July 2020 (26 Samples) August 2020 (26 Samples)	312	Samples	663.00	206,856.00
2	Physical & Chemical Analysis (70 Samples Semi-Annual)	140	Samples	5,250.00	735,000.00
3	Arsenic Test (Schedule of Test) October 2019 (2 Samples) January 2020 (2 Samples) April 2020 (2 Samples) July 2020 (2 Samples) *****nothing follows*****	8	Samples	612.00	4,896.00
		TOTAL Php			946,752.00

Brand and Model : _____
 Delivery Period : _____
 Warranty : _____
 Price Validity : _____

After having carefully read and accepted your General Conditions, I/We quote on the item(s) at prices noted above.

 Printed Name/Signature/Date

 Tel. No. /Cellphone No./ e-mail address