	Republic of the Philippines <b>ILOILO SCIENCE AND TECHNOLOGY UNIVERSITY</b> La Paz, Iloilo City	Department:	<b>Bids and Awards Committee</b>
	<b>REQUEST FOR QUOTATION</b>	Doc. Code:	<b>QF-BAC-02</b>
		Rev. No.:	<b>00</b>
		Effective Date:	<b>July 1, 2022</b>

(PR/JR NO.) : SVP-2024-093

Date : MAR 27 2024

Doc Track No. : 67891

**TO: ALL PROSPECTIVE SUPPLIERS**

1. The **Iloilo Science and Technology University (ISAT U)** through the **Office of the BIDS and AWARDS COMMITTEE**, intends to procure **BRAIN HEART INFUSION AND OTHER REAGENT** for CY 2024, in accordance with Section **53.9** (Negotiated Procurement – **Small Value Procurement**) of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184.
2. The Approved Budget for the Contract (ABC) is **One Hundred Thousand Nine Hundred Pesos (100,900.00)**. The period for the performance of this obligations shall not go beyond the validity of the appropriations for this project. For purposes of evaluation, comparison and ranking of bids/offers, the suppliers who submitted the single / lowest calculated responsive quotation shall be awarded the Purchase Order after evaluation by the Technical Working Group (TWG).
3. The Procurement Mechanism to be used is **"PER LINE ITEM"**.
4. Please quote your **best offer** for item/s described herein, **subject to the (Terms of Conditions/Technical Specifications)** of this Request for Quotation (RFQ). Subject your quotation duly signed by your authorized representative **not later than 3:00 PM** on APR 02 2024 at the Procurement Management Office (PMO) – BAC Secretariat Office, ISAT U, Burgos St., La Paz, Iloilo City. Quotations may also be submitted through email at the address and contact numbers indicated below.
5. Quotation shall be enclosed in a sealed envelope and addressed the PMO – BAC Secretariat at the address given above. The envelope should have the PR/JR Number boldly and conspicuously identified.
6. The successful proponent must be able to meet the following requirements:
  - 6.1 The **Terms and Conditions/Technical Specifications**, as provided.
  - 6.2 The **Schedule of Requirements**, as provided.
  - 6.3 A copy of your 2024 **Business Permit/Mayor's Permit** and **PhilGEPS Registration Number** is also required to be submitted along with your signed quotation/proposal. (see GPPB Resolution No. 09-2020 Item 6.2)
  - 6.4 The **Omnibus Sworn Statement (GPPB-prescribed forms), Income/Business Tax Return for ABC's above Php 500,000.00** will also be required to be submitted *prior to award*. (see GPPB Resolution No. 09-2020 Item 6.3)
7. The quotation should be valid for sixty (60) calendar days from the due date indicated above.
8. ISAT U reserves the right to request for additional documents that it deems necessary in order to make any decision or any quotation.
9. All prospective suppliers must fill out the RFQ provided by ISAT U. Any quotation other than what is provided by the Procuring Entity (PE) or is patently not complying with the RFQ requirements may not be considered.
10. ISAT U reserves the right to accept or reject any quotation, to annul the procurement process, or not to award the contract without thereby incurring any liability to the affected bidders.
11. Submission of quotation in response to this request shall be construed as commitment to undertake the services in accordance with the terms and conditions or specifications, and schedule of implementation set forth in this RFQ.
12. For any clarification, you may contact us at (033) 320-7190 local no. 133 or email us at bac.isatu@gmail.com

  
**ENIEDA G. CORONA**  
 BAC Chairperson



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### INSTRUCTIONS

1. Accomplish this RFQ correctly, accurately, and completely.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

### TECHNICAL SPECIFICATION

1. Please quote your **best offer** for item/s below. Please do not leave any blank items. Indicate "F" if the item offered is for FREE or "NA" for NOT AVAILABLE in the "Total Cost" if applicable.
2. Bidders must state "**Comply**" or any equivalent term in the column "Bidder's Statement of Compliance" against each of the individual parameters of each Specification.

Item No.	Product Category	Description/Specification	ABC per Line Item (If applicable)	QTY	Unit	<i>To be filled up by Supplier</i>			
						Bidder's Offer (State brand & model)	Bidder's Statement of Compliance	Unit Cost (VAT Inclusive)	Total Cost (VAT Inclusive)
1	<b>Reagent</b>	Brain Heart Infusion Agar 500g	11,000	2	bot				
2	<b>Reagent</b>	Brain Heart Infusion Broth 500g	3,500	1	bot				
3	<b>Reagent</b>	Triple Sugar Iron Agar 500g	4,000	1	bot				
4	<b>Reagent</b>	HIMEDIA Molecular Biology Grade water (nuclease and protease free) 100ml	7,500	3	bot				
5	<b>Reagent</b>	Sucrose – Analytical grade, 500g	1,800	1	bot				



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6	<b>Reagent</b>	Absolute Ethanol – Analytical grade, 2.5L	4,000	2	Bot				
7	<b>Reagent</b>	Ethylenediaminetetraacetic acid (EDTA) – Analytical grade, 500g	2,000	1	bot				
8	<b>Reagent</b>	Sodium citrate dehydrate – Analytical grade, 500g	1,800	1	bot				
9	<b>Reagent</b>	Methylene blue chloride – Analytical grade, 100g	3,500	1	bot				
10	<b>Reagent</b>	Safranin – Analytical grade, 25g	1,500	1	bot				
11	<b>Reagent</b>	Methyl Red – Analytical grade, 25g	1,300	1	bot				
12	<b>Reagent</b>	Crystal Violet – Analytical grade, 100g	3,000	2	bot				
13	<b>Reagent</b>	Agar-agar – Analytical grade, 500g	7,000	1	bot				
14	<b>Reagent</b>	25 mM Magnesium chloride solution – Analytical grade, 5ml	4,000	1	bot				





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<b>SCHEDULE OF REQUIREMENT</b>		
Particular	University Requirement	Supplier's Offer
Delivery Period	<b>15 days after receipt of PO</b>	
Warranty Period	<b>1 year</b>	
After Sales Services <i>(If applicable)</i>		

<b>SUPPLIER'S INFORMATION</b>	
Supplier's Business Name	
Supplier's Business Address	
Contact No.	
Fax No.	
Email Address	
TIN No.	
PhilGEPS Registration No.	

\_\_\_\_\_

Signature over Printed Name

\_\_\_\_\_

Position/Designation

\_\_\_\_\_

Date