



REQUEST FOR QUOTATION

The Civil Aviation Authority of the Philippines (CAAP-Main Office), through its Canvass and Contract Committee (CCC), will undertake a Small Value Procurement for the **"Supply and delivery of Flight Plan Forms for ATS facilities"** in accordance with Section 53.9 of the Implementing Rules and Regulations of Republic Act No. 9184.

- RFQ No. : **C21-019-07**
- Name of Project : **Supply and delivery of Flight Plan Forms for ATS facilities**
- Approved Budget for: **Php200,000.00**
- Specifications : See the attached Annex "B" for specifications
- Location : Procurement Division, CAAP, MIA Road, Pasay City
- Delivery Term : **45 calendar days** from the receipt of Notice for Compliance

Interested suppliers are required to submit their valid and current following documents in a sealed envelope:

1. Mayor's Permit;
2. Income/Business Tax Return for ABC's above P500,000;
3. PHILGEPS Registration Number;
4. Tax Clearance;
5. Omnibus Sworn Statement for ABC's above P50,000; (a. Form must be in accordance with Section 25.3, 2016 IRR b. Authorized representative must attach Special Power of Attorney (SPA) for Sole Proprietorship Certificate/Secretary Certificate for Corporation)
6. Price quotation from (Annex "A") during submission of offer/Quotation and,
7. Brochure if applicable

Price quotation/s must be valid for a period of thirty (30) calendar days from the date of submission.

Quotations exceeding the Approved Budget for the Contract shall be rejected.

Award of contract shall be made to the lowest quotation, which complies with the minimum description as stated above and other terms and conditions stated in the price quotation form. In case two or more bidders are determined to have submitted the Lowest Calculated/Lowest Calculated and Responsive Quotation, CAAP-CCC shall adopt and employ "draw lots" as the tie breaking method to finally determine the single winning provider in accordance with GPPB Circular 06-2005.

The CAAP-TIAC shall have the right to inspect and/or test the goods to confirm their conformity to the technical specifications.

Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by the bidder or his/her duly authorized representative/s.

Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. CAAP shall 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.

OSCAR B. DEMETILLO, JR.
CCC-Chairperson



PRICE QUOTATION FORM

Date: _____

The Chairperson
Canvass and Contract Committee
Procurement Division, CAAP,
MIA Road, Pasay City

Sir/Ma'am:
After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our quotation/s for the item/s as follows:

Description			
Supply and delivery of Flight Plan Forms for ATS facilities			
Specification	QTY.	Unit Price	Total Price
Please see attached bill of materials and cost estimate at Annex "B"			
		• Inclusive of Delivery	
		Total (Inclusive of VAT)	

(Amount in Words) _____

The above-quoted prices are inclusive of all costs and applicable taxes.

Very truly yours,


Name/Signature of Representative

Position

Name of Company

Contact No.

Email Address

APPROVE FOR PRINTING


CAAP Form ATS 2019-1
Flight Plan



Republic of the Philippines
CIVIL AVIATION AUTHORITY OF THE PHILIPPINES
 Old MIA Rd. Pasay City, Metro Manila 1300

FLIGHT PLAN			
PRIORITY <<≡ FF →	ADDRESSEE(S) _____ _____ <<≡		
DATE OF FILING _____	ORIGINATOR _____ <<≡		
SPECIFIC IDENTIFICATION OF ADDRESSEE(S) AND/OR ORIGINATOR			
3. MESSAGE TYPE <<≡≡ (FPL	7. AIRCRAFT IDENTIFICATION _____	8. FLIGHT RULES _____	TYPE OF FLIGHT _____ <<≡
9. NUMBER _____	TYPE OF AIRCRAFT _____	WAKE TURBULENCE CATEGORY _____	10. EQUIPMENT _____ <<≡
13. DEPARTURE AERODROME _____		TIME _____ <<≡	
15. CRUISING SPEED _____	LEVEL _____	ROUTE _____	
_____ <<≡			
16. DESTINATION AERODROME _____	TOTAL EET _____	ALTN AERODROME _____	2 ND ALTN AERODROME _____ <<≡
18. OTHER INFORMATION _____			
_____) <<≡			
SUPPLEMENTARY INFORMATION (NOT TO BE TRANSMITTED IN FPL MESSAGES)			
19 ENDURANCE HR MIN E / _____ →	PERSONS ON BOARD P / _____	EMERGENCY RADIO UHF VHF ELT → R / <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> E	
SURVIVAL EQUIPMENT POLAR DESERT MARITIME JUNGLE → <input type="checkbox"/> S / <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> J	JACKETS <input type="checkbox"/> J /	LIGHT FLOURES UHF VHF <input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> U <input type="checkbox"/> V	
DINGHIES NUMBER CAPACITY COVER COLOUR → <input type="checkbox"/> D / _____ → _____ → <input type="checkbox"/> C → _____ <<≡			
AIRCRAFT COLOUR AND MARKINGS A / _____			
REMARKS N / _____ <<≡			
PILOT IN COMMAND C / _____) <<≡			
FILED BY _____			
CERTIFICATION			
This is to certify that the above entries are true and correct and that, the pilot-in-command of this aircraft, pledge not to fly over prohibited and restricted areas; will not willfully deviate from the filed flight plan, except when necessary in the interest of safety; will operate only in accordance with existing Civil and Military regulations; and will not operate in any manner inimical to the security of the Republic of the Philippines. The herein Pilot-In-Command is qualified to fly the route mentioned in this Flight Plan.			
PILOT'S NAME AND SIGNATURE _____		OR _____	
LICENSE NO., RATING & EXPIRY DATE _____		DULY AUTHORIZED REPRESENTATIVE _____	
LICENSE NO. & EXPIRY DATE _____		LICENSE NO. & EXPIRY DATE _____	
CAAP ACCEPTANCE			
Received by: _____	Date/Time Filed _____	Facility/Airport _____	
(PLEASE SEE BACK PAGE FOR GUIDANCE AND INSTRUCTION)			

APPROVED FOR PRINTING
[Signature]

INSTRUCTIONS

1. Accomplish form in Triplicate:
 - a) Original (white) to AIS, FSS, TWR or Airport Officer In-Charge
 - b) Duplicate (yellow) to pilot in-command
 - c) Triplicate (green) to aircraft owner/operator
2. Complete all items in the Flight Plan form as required using capital letters.
3. Completed flight plan form must be personally filed, faxed or AFTN by the pilot in-command or his duly licensed authorized representative (Licensed Flight Dispatcher) with the appropriate air traffic services unit (AIS, FSS and TWR accordingly) one (1) hour before the EOBT.
4. ERASURE OR ALTERATION IN ACCOMPLISHING THIS FORM IS NOT ALLOWED.
5. Filed flight plan shall be kept for a period of one (1) year and must be made available for references by the appropriate authority.
6. Attach passenger manifest (for general aviation flights).
7. Include client name, postal address with expiry date to operate and contact number in the remarks (for general aviation flights).

QUICK GUIDE

Field 10a

N No capabilities-
 Include no other entries if filed
 S Standard
 A GBAS Landing System
 B LPV (APV w/SBAS)
 C LORAN C
 D DME

E1-E3 ACARS
 E1 FMC WPR
 E2 D-FIS
 E3 PDC
 F ADF
 G GNSS
 H HF RTF
 I INS

J1 CPDLC ATN

J1 VDL Mode 2

J2-J7 CPDLC FANS 1/A

J2 HFDFL
 J3 VDL Mode A
 J4 VDL Mode 2
 J5 Satcom Inmarsat
 J6 Satcom MTSAT
 J7 Satcom Iridium
 K MLS
 L ILS

Satcom RTF
 M1 Inmarsat
 M2 MTSAT
 M3 Iridium
 O VOR

P1-P9 RCP
 P1 CPDLC RCP 400
 P2 CPDLC RCP240
 P3 Sat Voice RCP400
 P4-P9 Reserved
 Q Reserved
 R PBN
 T TACAN
 U UHF RTF
 V VHF RTF
 W RVSM
 X MNPS
 Y 8.33 kHz VHF
 Z Other Cap.

Notes:

1. Filing R requires a PBN/ entry in Field 18
2. Filing Z requires a NAV/, COM/, or DAT/ entry in Field 18
3. Standard equipment in VOR, VHF, and ILS
4. File Field in the order shown (e.g. SDGIRW)

Field 10b

N No capability-
 Include no other entries if filed

Transponder (file no more than one letter)
 A Mode A
 C Mode A and C

S Mode S, ACID and Altitude
 P Mode S, Altitude, no ACID
 I Mode S, ACID, no Altitude
 X Mode S, no ACID, no Altitude
 E Mode S, ACID, Altitude, extended squitter
 H Mode S, ACID, Altitude, Enhanced Surveillance
 L Mode S, ACID, Altitude, Enhanced Surveillance, extended squitter

ADS-B
 B1 1090 MHz out capability, or
 B2 1090 MHz out and in capability
 U1 UAT out capability, or
 U2 UAT out and in capability
 V1 VDL Mode 4 out capability, or
 V2 VDL Mode 4 out and in capability

ADS-C
 D1 ADS-C FANS-1/A, and/or
 G1 ADS-C ATN

Note:

1. Include items as applicable for transponder, ADS-B, and ADS-C. File "N" only if none of the capabilities are applicable.

Field 18 Other Information

(File in this order)

STS/ Special Handling (see list)
 PBN/ Performance Based Navigation (see list)
 NAV/ Other Navigation Capability (see FAA rqmts)
 COM/ Other Comm. Capability
 DAT/ Other Data Application or Capabilities
 SUR/ Other Surveillance Capability (see FAA rqmts)
 DEP/ Non-standard Departure (e.g. MD24)
 DEST/ Non-standard Destination (e.g. EMI090021)
 DOF/ Date of Flight (e.g. 121123)
 REG/ Registration (if not in callign) (e.g. N123A)
 EET/ Estimated Elapsed Times (e.g. KZNY0124)
 SEL/ SELCAL (e.g. BPAM)
 TYP/ Non-standard AC Type
 CODE/ 24-bit address (e.g. A519D99)
 DLE/ Delay (at a fix) (e.g. EXXON0120)
 OPR/ Operator
 ORGN/ Flight Plan Originator (e.g. KHOUARCW)
 PER/ Performance Category (e.g. A)
 ALTN/ Non-standard Alternate(s) (e.g. 61NC)
 RALT/ Enroute Alternate(s) (e.g. EINN CYYR KDTW)
 TALT/ TAKE-OFF Alternate(s) (e.g. KTEB)
 RIF/ Route to revised Destination
 RMK/ Remarks

PBN/ capabilities (8 max)

A1 RNAV10 (RNP10)L1 RNP 4

<u>RNAV 5</u>	<u>RNP 1</u>
B1 All	O1 All
B2 GNSS02 GNSS	
B3 DME/DME	O3 DME/DME
B5 INS or IRS	
B6 LORANC	

<u>RNAV 2</u>	<u>Approach</u>
C1 All	S1 RNP APCH
C2 GNSS	S2 RNP APCH w/
C3 DME/DME	BARO VNAV
C4 DME/DME/IRU	

<u>RNAV 1</u>	<u>AR Approach</u>
D1 All	T1 RNP AR APCH
D2 GNSS	with RF
D3 DME/DME	T2 RNP AR APCH
D4 DME/DME/IRU	without RF

SUR/ capabilities

RSP180
 RSP400

DEST/ Non-standard Destination

Ex. DEST/1234N56789E where
 where: 12 - degrees, 34 - minutes
 567 - degrees, 89 - minutes