



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 Dental Form” in accordance with Section 53.9 of the Implementing Rules and Regulations of Republic Act No. 9184.

RFQ No. : **C23-028-05**
Name of Project : **Supply and delivery of Dental Form**

Approved Budget for
for Contract : **P50,000.00**
Terms : See the attached Annex “A” for Terms of Reference and
corresponding Specifications
Location : Procurement Division, CAAP, MIA Road, Pasay City
Delivery Term : **One (1) month** from the receipt of Notice for Compliance
Partial delivery is not allowed
Delivery Location : **CAAP Head Office Warehouse (Supply Division)**
Delivery Time : 8:00 AM – 4:00 PM (working days)

Interested suppliers are required to submit their valid and current documents which must be properly fastened and sealed in an envelope:

1. Mayor’s or Business Permit issued by the city or municipality where the principal place of business of the prospective bidder is located, or the equivalent document for Exclusive Economic Zones or Areas;
2. Income Business Tax Return for ABC’s above P500,000.00;
3. PHILGEPS Certificate of Registration;
4. Tax Clearance;
5. Notarize Omnibus Sworn Statement (GPPB prescribed Form) for ABC’s above P50,000.00; (Authorized representative must attach Special Power of Attorney (SPA) for Sole Proprietorship Certificate for Corporation)
6. Price quotation from (Annex “A”) during submission of offer/Quotation and,
7. Brochure/Actual sample

The winning supplier shall – upon claiming of the Contract – present the original copy of the documents listed above for comparison, or submit a **Certified True Copy** of the original document which must be certified by the issuing government agency. However, the **original copy** of the Omnibus Sworn Statement, Price Quotation Form, and Brochure **must be included in the sealed bid**.

Price quotation/s must be valid for a period of one hundred twenty (120) 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 damaged reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.


ATTY. JOHN BEAU B. MASIGLAT
CCC-Chairperson



PRICE QUOTATION FORM

Date: _____

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

Sir:

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:

Supply and delivery of Dental Form				
Specification	QTY	Unit	Unit Price	Total Price
Dental Form (Application for Dental Certificate) <ul style="list-style-type: none"> ● 6.5" width x 10" long ● Beige ● 160gsm ● See Attached sample ● Submission of actual must be included during the submission of bid 	2,500	pcs		
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



TERMS OF REFERENCE

NAME OF PROJECT		Supply and Delivery of Dental Form
APPROVED BUDGET		Fifty Thousand Pesos (Php 50,000.00)
DELIVERY PERIOD		One (1) month from the receipt of Notice for Compliance. <i>Note: Partial Delivery is not allowed</i>
DELIVERY LOCATION		CAAP Head Office Warehouse <i>Note: Delivery must be made only from 8:00am- 4:00pm during regular work days.</i> <i>A written Notice must be sent to the official e-mail address of the Procurement Division, and Supply Division at least seven (7) calendar days prior to the intended date of delivery.</i> <i>A confirmation of availability of concerned office must be received by the supplier before proceeding with the delivery. None compliance may be ground for refusal of entry to the premises and receipt of delivery with no fault on the part of the Civil Aviation Authority of the Philippines.</i>
TERMS OF PAYMENT		Payment upon full delivery and subject to usual government accounting rules and regulations.
TECHNICAL SPECIFICATIONS	2,500 Pcs.	Dental Form (Application for Dental Certificate) <ul style="list-style-type: none">• 6.5'' width x 10'' long• Beige• 160gsm• See Attached sample• Submission of actual sample must be included during the submission of bid.

Prepared by:


IRIS MAE D CABATAC, DMD
Dentist II
OFSAM

Approved by:


ROLLY T BAYABAN, MD
Chief, OFSAM
OFSAM

6.5" x 10"
160 gsm

BOHS FORM
NAME

SURNAME FIRST NAME MIDDLE INITIAL

FILE NO

EMPLOYEE
 AIRMEN
 OTHERS

Republic of the Philippines
CIVIL AVIATION AUTHORITY OF THE PHILIPPINES
OFFICE OF THE FLIGHT SURGEON AND
AVIATION MEDICINE
Pasay City, Metro Manila

DENTAL HEALTH RECORD

DATE OF BIRTH _____ OCCUPATION _____
ADDRESS _____ CIVIL STATUS _____

OPERATION															
CONDITION															
	E	D	C	B	A	A	B	C	D	E					

OPERATION																				
CONDITION																				
UPPER																				
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
	LINGUAL								LABIAL											
LOWER																				
CONDITION																				
OPERATION																				

RIGHT																					LEFT
	E	D	C	B	A	A	B	C	D	E											
CONDITION																					
OPERATION																					

DATE OF EXAMINATION (ANNUALLY)																						
AGE LAST BIRTHDAY																						
PRESENCE OF CALCULUS		N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	
INFLAMMATION OF GINGIVA		N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	
PRESENCE OF PERIODONTAL POCKET		N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	
PRESENCE OF DENTO-FACIAL ANOMALY		N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	
		T	P	T	P	T	P	T	P	T	P	T	P	T	P	T	P	T	P	T	P	
TOOTH COUNT	NUMBER OF TEETH PRESENT																					
	CARIES FREE TEETH																					
	CARIES INDICATED FOR FILLING																					
	CARIES INDICATED FOR EXTRACTION																					
	ROOT FRAGMENT																					
	LOST DUE TO CARIES	M																				
	FILLED OR RESTORED	F																				
TOTALS																						
FLOURIDE THERAPY																						
EXAMINER																						

TREATMENT RECORD

DATE	DIAGNOSIS	DETAILS OF SERVICE RENDERED	LOCATION OF TEETH	OPERATOR	CHECKED BY

Condition

Legend

Operation

- V - Caries Free
- Co - Caries Free Indicated For other treatment
- D - Dental Caries for Filling
- / - Caries indicated for Extraction
- R - Root Fragment
- M - Missing due to Extraction
- Mo - Missing due other causes
- U - Unerupted
- G - Gold Crown
- J - Jacket Crown
- AB - Abutment
- P - Pontic
- I - Inlay

- *A - Amalgam Filling
- *S - Synthetic Porcelain
- X - Extracted due to caries
- Xo - Extracted due to other causes
- TF - Temporary Filling
- Y - Yes
- N - No