



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 **"Purchase of Go Bags for use of CAAP employees as part of disaster resilience and emergency preparedness"** in accordance with Section 53.9 of the Implementing Rules and Regulations of Republic Act No. 9184.

RFQ No. : **C22-015-05**

Name of Project : **Purchase of Go Bags for use of CAAP employees as part of disaster resilience and emergency preparedness**

Approved Budget for: **Php500,000.00**

Specifications : See the attached Annex "B" for specifications

Location : Procurement Division, CAAP, MIA Road, Pasay City

Delivery Term : **Thirty (30) CD** 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 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 Registration Number;
4. Tax Clearance;
5. Notarized Omnibus Sworn Statement (GPPB prescribed Form) for ABC's above P50,000; (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 **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.

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			
Purchase of Go Bags for use of CAAP employees as part of disaster resilience and emergency preparedness			
Specification	QTY.	Unit Price	Total Price
Please see attached specifications 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,

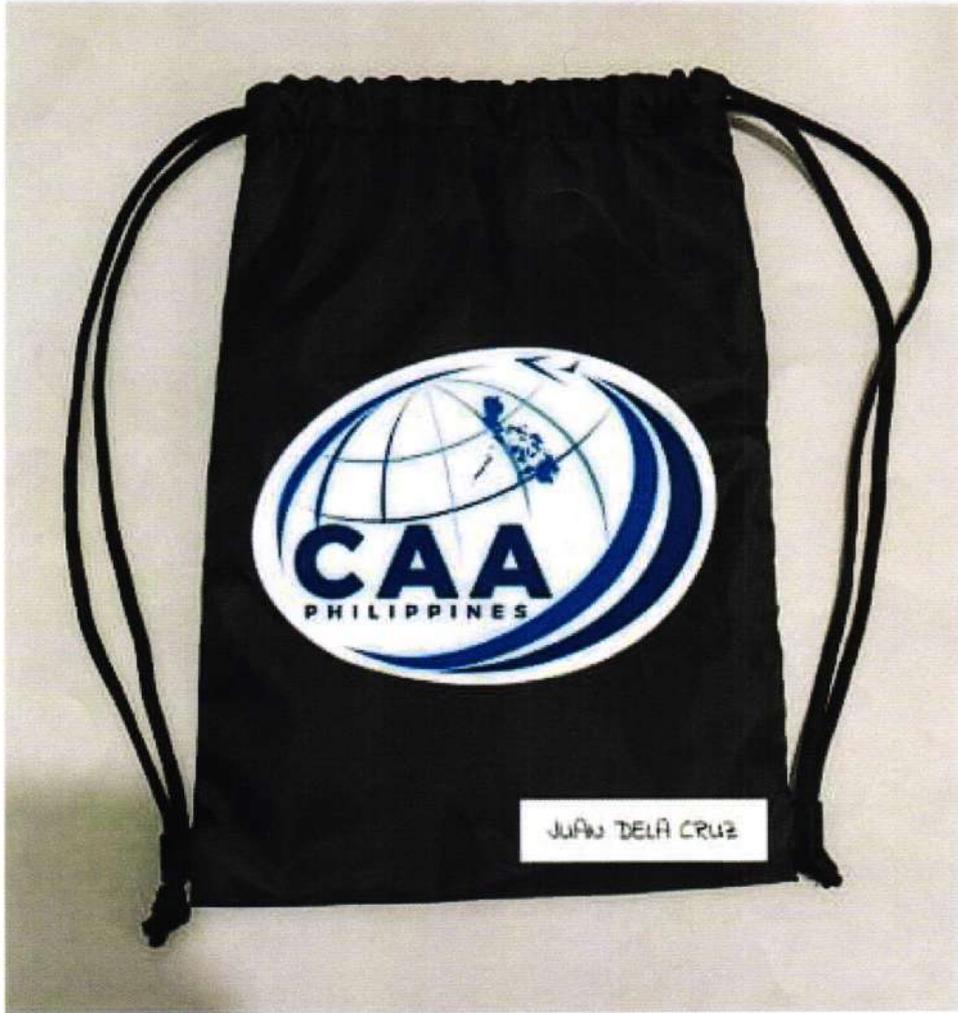
 Name/Signature of Representative

 Position

 Name of Company

 Contact No.

 Email Address



GO BAG (BLUE)



CAAP BCMG
Emergency Go Bag
Technical Specifications

1. String bag with CAAP Logo (bag in waterproof material, preferably in CAAP colors – blue /white)



2. Aluminum Survival Whistle (also with CAAP logo, assorted colors okay)



3. LED flashlight, USB rechargeable, for outdoor use (with CAAP logo)



4. Emergency ID Card, with fillable first aid or medication information.

FRONT (sample format)

Photo	Full Name
	Medical Info / Alerts
Nickname	Emergency Contact

BACK (sample format)

Blood Type	Year Born	Weight in Kilos
PWD or Issues		Allergies
Remarks or Disclaimer		

Shiela M. Cuesta
 MA. SHIELA M. CUESTA
 Alternate Chairperson
 CAAP BCMG



USB FLASHLIGHT



WHISTLE