

| RFQ No. | RFQ-02-0101-2022-05-0160-0609-0076 |
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| Purchase Request No.: | 02-0101-2022-05-0160 |

REQUEST FOR QUOTATION

| Title of Procurement/End-user | | : SERVICES OF MEDICAL PERSONNEL | |
|---|---|---------------------------------------|--|
| Mode of Procurement | | : Small Value Procurement (AMP 53.9) | |
| Bidding Terms | | : Per Lot | |
| Term of Contract/ Schedule | | : Four (4) months | |
| Delivery Location | very Location : Department of Energy Main Office, BGC Taguig City | | |
| Payment Terms | : Payment shall be processed within thirty (30) days upon completion of | | |
| delivery of all items or services, submission of all required documents | | | |
| | and issuance | of end-user's certificate acceptance. | |

Please quote your lowest price on the items/s listed below, subject to the compliance with the Terms of Reference and Specifications. Submit the quotation following the format of the Quotation Submission Form (Annex A) in a sealed envelope duly signed by your representative at the Procurement Management Division Office, 3rd Floor DOE Main Building, Department of Energy Rizal Drive, Energy Center-Bonifacio Global City, Taguig City or through email at the following address: <u>bacsecretariat@doe.gov.ph</u> not later than **13 June 2022, Monday at 5:00PM**. LATE SUBMISSION WILL NOT BE ACCEPTED.

| | Terms of Reference/Specifications | | | | | | |
|-------------|--|---|--|--|--|--|--|
| Item No. | Description/ Specification: | Total ABC | | | | | |
| 1. | MINIMUM QUALIFICATIONS | | | | | | |
| | EDUCATION : Doctor of Medicine | Particular Rate for the three (3) hour duty | | | | | |
| | EXPERIENCE : At least three (3) years of relevant experience | 1 VAT- 3,500.00 Registered | | | | | |
| | TRAINING :At least sixteen(16) hours of relevant training | Professionals | | | | | |
| | ELIGIBILITY : R.A. 1080 (Licensed Doctor of Medicine) | | | | | | |
| 2. | TERM OF CONTRACT | | | | | | |
| | Four (4) months | | | | | | |
| 3. | PAYMENT TERMS | | | | | | |
| | Upon presentation of monthly billing and accomplishment report, through the Undersecretary of Administration and Finance or Incident Management Team (IMT) for COVID-19 and its acceptance, payment shall be processed monthly. | | | | | | |
| 4. | WORKING ARRANGEMENTS | | | | | | |
| | The Medical Personnel (Doctor) shall have the following working arrangements: | | | | | | |
| | Minimum of three (3) hours medical, health and safety consultations five (5) days a week using various modes of communication; | | | | | | |
| | b. 24/7 on call duty for emergency concerns and consultations; | | | | | | |

| | c. On call duty for medical consultation at the Office of the Secretary (OSEC); | | | | |
|------|--|--|--|--|--|
| | d. Attendance to IMT Meetings; | | | | |
| | e. Once a week 3-hour clinic on-site duty; and | | | | |
| | f. Render overtime services in case of a surge in COVID- 19 cases in DOE. | | | | |
| 5. | OTHER TERMS | | | | |
| | a. The Medical Doctor shall have no regular assignment in a COVID-19 hospital; | | | | |
| | In case of inability to report / attend to DOE and perform the stipulated scope of work, the Medical Doctor shall: | | | | |
| | Notify the IMT, at least two (2) days before the scheduled day/s of absences; and | | | | |
| | • Ensure that the 4-day clinic per month is complied. | | | | |
| | c. The Medical Doctor may be required to report to the following: | | | | |
| | IMT Commander; | | | | |
| | OSEC – COS; and | | | | |
| | Undersecretary for Administrative Services. | | | | |
| | d. There is no employer – employee relations between the DOE and the bidder, and that the services rendered shall not be credited as government service. | | | | |
| Gene | ral Conditions: | | | | |
| 1. C | ouotation shall be valid for sixty (60) days from submission | | | | |
| | he following documents shall be attached/included in the submission of roposal/quotation: | | | | |
| p | a) Mayor's / Business Permit | | | | |
| | b) PhilGEPS Registration Number/Certificate | | | | |
| | c) Income /Business Tax Return | | | | |
| 3 F | d) Omnibus sworn Statement (Annex C) 3. Payment is through LDDAP through a Government Servicing Bank (GSB) and will be | | | | |
| | processed upon final acceptance of the end users and submission of complete documents. | | | | |
| İf | If not a GSB should shoulder all associated Bank Transaction Fee | | | | |

- If not a GSB should shoulder all associated Bank Transaction Fee. 4. The Supplier shall clearly state the company name and account name for payment.
- 5. The price quoted is inclusive of all taxes and other charges.
- 6. The Supplier shall receive the Notice of Award and Purchase Order/Notice to Proceed within the required time under RA 9184 otherwise the Supplier may be sanctioned under the provision of RA 9184 and its IRR.