Republic of the Philippines
Province of Pampanga
**City of San Fernando**
**Office of the Bids and Awards Committee**

# REQUEST FOR QUOTATION

*(FM-CSFP-CGSO-39; Revision No.03; 04/01/2022)*

Project Title : **Printing and Delivery of Health Promotion Materials to be used for the Mental Health Program "Tulong Alalay Gabay Program" of the City Health Office for 2025 in the City of San Fernando, Pampanga**

Location of the Project : **City Health Office**

_____
Company Name

_____
Address

Date : **Oct 7, 2025**

PR No. : **2025-09-01684**

Please quote your lowest price on the item/s listed below and submit your quotation duly signed by your representative not later than **Tuesday, October 14, 2025 10:00 AM** at **CGSO Building, City Civic Center, Alasas, City of San Fernando, Pampanga**.

Canvassed by:

Monalyn M. Aquino
Administrative Assistant II

Approved by:

Engr. Michael N. Quizon, Jr.
BAC Chairperson

*NOTE:*
*1. ALL ENTRIES MUST BE READABLE*
*2. DELIVERY PERIOD WITHIN _____ CALENDAR DAYS*
*3. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY*
*4. PRICE VALIDITY SHALL BE FOR A PERIOD OF _____ CALENDAR DAYS*

| Item No. | Qty | Unit | Item Description | Remarks | Unit Price | Total |
|---|---|---|---|---|---|---|
| **Promotion and Health Education** | | | | | | |
| 1 | 500 | pc(s) | 8X11 INCH TRIFOLD PRINTED BROCHURES FOR ANTI SUICIDE CAMPAIGN | | | |
| 2 | 500 | pc(s) | 8X11 INCH TRIFOLD PRINTED BROCHURES FOR ANTI-SMOKING CAMPAIGN | | | |
| 3 | 500 | pc(s) | 8x11 INCH TRIFOLD PRINTED BROCHURES FOR SELF AWARENESS AND VALUES ENHANCEMENT | | | |
| 4 | 500 | pc(s) | 8x11 INCH TRIFOLD PRINTED BROCHURES FOR SELF CARE | | | |
| **Promotion of Mental Health Hotline** | | | | | | |
| 5 | 1000 | pc(s) | 6-INCH ROUND NON-FADE / WATER PROOF STICKER FOR MENTAL HEALTH HOTLINE | | | |
| **Promotion of Mental Health Hotline to Different RHU's and BHS** | | | | | | |
| 6 | 55 | pc(s) | 2FT X3FT TARPAULIN " MENTAL HEALTH HOTLINE FOR RURAL HEALTH UNITS | | | |
| **Total Amount:** | | | | | | |

After having carefully read and accepted your General Conditions, I quote you on the item at prices noted above.

_____
Printed Name/ Signature

_____
Tel No./ Cellphone No.

_____
Date

# TERMS OF REFERENCE

**Printing and Delivery of Health Promotion Materials to be used for the Mental Health Program "Tulong Alalay Gabay Program" of the City Health Office for 2025 in the City of San Fernando, Pampanga**

## I. BUDGETARY REQUIREMENT

The budgetary requirement for the **Printing and Delivery of Health Promotion Materials to be used for the Mental Health Program "Tulong Alalay Gabay Program" of the City Health Office for 2025 in the City of San Fernando, Pampanga** is included in the PPMP with the Ref. No. **2025-702** and is already included in the Annual Procurement Plan (APP) of the City Government, which is in the amount of **SEVENTY-TWO THOUSAND FIVE HUNDRED PESOS) (P72,500.00).**

## II. OBJECTIVES

The objectives of the **Printing and Delivery of Health Promotion Materials to be used for the Mental Health Program "Tulong Alalay Gabay Program" of the City Health Office for 2025 in the City of San Fernando, Pampanga**

- To provide mental health and psychosocial support to constituents of the city.
- Training of selected personnel who are frontline service providers in mental health gap program (MHGAP) required for the accreditation of the PhilHealth Konsulta.
- To establish and comply for the seal of Local Good Governance Award requirements.

## III. TERMS AND CONDITIONS

During the procurement process and delivery/ implementation of the contract, the end-user and the supplier/ contractor shall:

a. Specifications/ Schedule of Requirements

**PROMOTIONAL ITEMS ( FLYERS, BROCHURES, TARPAULINS)**

| Quantity | Unit | Particulars | Delivery Date | Location |
|---|---|---|---|---|
| | | | **November 2025** | **Central Storage, New Public Market, Brgy. Del Pilar, CSFP** |
| 500 | PCS | 8X11 INCH TRIFOLD PRINTED BROCHURES FOR ANTI SUICIDE CAMPAIGN | | |
| 500 | PCS | 8X11 INCH TRIFOLD PRINTED BROCHURES FOR ANTI-SMOKING CAMPAIGN | | |
| 500 | PCS | 8x11 INCH TRIFOLD PRINTED BROCHURES FOR SELF AWARENESS AND VALUES ENHANCEMENT | | |
| 500 | PCS | 8x11 INCH TRIFOLD PRINTED BROCHURES FOR SELF CARE | | |
| 1000 | PCS | 6-INCH ROUND NON-FADE / WATER PROOF STICKER FOR MENTAL HEALTH HOTLINE | | |
| 55 | PCS | 2FT X3FT TARPAULIN "MENTAL HEALTH HOTLINE FOR RURAL HEALTH UNITS | | |

b. Procurement Process

1. For the End-user, ensure the completion of the documents in order to proceed with the procurement process.
2. For the supplier/ provider, ensure the completeness of the documents being required by the Bids and Awards Committee (BAC) for the procurement process on- time based on the procurement schedule including this TOR duly signed by the end- user and confirmed by the supplier/ provider.

3. If the procurement process reaches the ensuing year, observe that the allowed delivery is only up to what is stipulated in the contract.
4. For the End- user, present clearly this TOR during the Pre- Bid Conference for the information of the prospective bidder/s (for Competitive/ Public Bidding), and present by the Buyer with the assistance of the End- user (for Alternative Methods of Procurement).
5. Ensure that there are readily- available supplies upon submission of Request for Quotation (RFQ)/ Bid since delivery is anticipated upon issuance of PO/ Contract.
6. Comply with the provisions of the Procurement Law regardless of the mode of procurement, whether Competitive/ Public Bidding or the use of Alternative Methods of Procurement.

c. Delivery/ Implementation period

1. Strictly observe the "No Purchase Order (PO)/ Contracts, No Delivery" Policy and comply with the delivery period.
2. The Delivery Period shall be on **NOVEMBER 2025**
3. During the delivery, strictly follow the provisions enumerated in the Terms and Conditions of the PO/ Contract including the Delivery Schedule, Penalty, among others.
4. In case there is a change in the Delivery Schedule and specifications, the End- user through the Procurement Officer shall coordinate with the CGSO- Procurement Management Division (PMD) for the latter to advise the supplier/ contractor regarding the concern.
5. Coordination with the supplier/ contractor shall be the function of the CGSO- PMD as its mandate.
6. For onsite delivery, ensure the coordination with the Inspector from the CGSO- Property and Supply Management Division (PSMD) for the inspection of the delivery in terms of quantity and quality of items and to immediately notify the supplier/ contractor in case of any concerns before the acceptance.

d. Inspection and Acceptance

1. The CGSO- PSMD shall inspect and accept the delivery.
2. The supplier/contractor shall present the PO and issue Sales Invoice.
3. The CGSO- PSMD shall prepare the corresponding Inspection and Acceptance Report/s.

Such documents will be used in notifying the concerned offices on the delivery such as the City Accountant's Office (CAccO) and Commission on Audit (COA) to include the same in the Payables.

## IV. DELIVERABLES BY THE SUPPLIER/ CONTRACTOR AND THE CITY GOVERNMENT

The deliverables of the supplier/ contractor shall be as follows:

a. Provide the quantity of items being required by the project/ program; and
b. Strictly follow the specifications and timely provision of requirements based on the delivery schedule.

The deliverables of the City Government shall be as follows:

a. On- time payment of the supplier/ contractor i.e., 15 days after delivery regardless if the delivery is per month or Ordering Agreement.
b. End- user shall monitor the delivery of requirements.
c. The Procurement Officer shall assist in the monitoring, delivery and on- time payment of the supplier.
d. Provide necessary and readily- available documents such as during the conduct of post-audit.
e. Evaluate the performance of the supplier/ contractor and in case there is a violation to the Contract/ Agreement, prepare a Verified Report.

Prepared and submitted by:

**CAMIR DIANNE R. AYSON, MD**
MENTAL HEALTH PROGRAM MANAGER

Noted by:

Rowena L. Salas, MD
City Health Officer II

| CONFORME: |
| --- |
| _____ |
| Signature over Printed Name |
| _____ |
| Date |

***Note:*** *This TOR shall form part of the Contract and should be strictly followed by both parties otherwise, the implementation of the project/ program might be affected as well as the performance of the supplier/ contractor*