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Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number	8147010
Procuring Entity	DEPARTMENT OF TOURISM
Title	CY 2021 ON-SITE ANTI-FLU VACCINATION PROGRAM FOR THE OFFICIALS AND EMPLOYEES OF THE DOT (Permanent /Job Order

Area of Delivery

Solicitation Number:	2021-11-0153	Status	Pending
Trade Agreement:	Implementing Rules and Regulations		
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Associated Components	2
Classification:	Goods - General Support Services	Bid Supplements	0
Category:	Services		
Approved Budget for the Contract:	PHP 546,000.00	Document Request List	0
Delivery Period:	7 Day/s		
Client Agency:			
Contact Person:	TERESITA A. ROMANES	Date Published	04/11/2021
	Admin. Assistant V #351 Sen. Gil Puyat AVenue Makati Makati City	Last Updated / Time	03/11/2021 11:40 AM
	Metro Manila Philippines 1200 63-2-4595200 Ext.425	Closing Date / Time	08/11/2021 10:00 AM
	taromanes@tourism.gov.ph		

Description

TERMS OF REFERENCE

CY 2021 ON-SITE ANTI-FLU VACCINATION PROGRAM FOR THE OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF TOURISM (DOT) (PERMANENT/JOB ORDER PERSONNEL)

I. INTRODUCTION

The Human Resource Division (HRD) of the Administrative Service and Procurement Management (ASPM) has included in their FY 2021 – Work and Financial Plan (WFP) under the General Administration Expenses (GAE) Funds the "Health and Wellness Programs" which includes the Vaccination Program (Anti-Flu) for the 573 Officials and Employees of the DOT (Permanent/Job Order Personnel in the Central Office, Regional Offices IV-B and NCR).

II. OBJECTIVE

To ensure health and wellness of the DOT workforce and to reduce the percentage of employees with sickness attributable to health and wellness interventions, exclusive of declared existing condition and co-morbidities of employee (diabetes, existing congenital condition).

III. ELIGIBILITY REQUIREMENTS

1. The Service Provider must be a Department of Health (DOH)-recognized service provider with vaccines that are registered with the DOH and Food and Drug Administration (FDA),

2. Must at least five (5) years in operation,

3. Must have catered similar projects in the past with at least three (3) government and/or private companies (corporate client), with certification of at least satisfactory performance,

4. Must be Philgeps registered.

IV. DELIVERABLES:

1. The Service Provider must ensure the provision of at least 3 to 5 Licensed Nurses/Medical Technologists, 1 Physician, and 1 Receptionist who shall administer the vaccination at the DOT-Makati City Office;

2. The Provider must ensure that the Medical Team shall comply with the following:

a.) Fully vaccinated against COVID 19 (e.g. 2 doses for vaccine requiring 2 doses, plus 2 weeks duration after the last vaccine or 1 dose of vaccine for vaccine requiring 1 dose of vaccine plus 2 weeks duration after the vaccination);

b.) Negative Antigen test results (nasal or throat swab) before the first and second batch schedule of vaccination; c.) Medical certificate from their company physician attesting that the medical staff is "Covid-19-Free" based on their Health Declaration Form; and

d.) Be in full PPE while performing the Vaccination.

3. The Service Provider must submit the list of Medical team together with the photocopies of their PRC licenses and DOH certificates to the DOT Medical Clinic at least five (5) days before the administration of vaccines;

4. The conduct of the vaccination program will run for seven (7) days; implementation dates shall be set and agreed upon by the Provider and the DOT through the Human Resource Division (HRD), at least 10 days upon issuance of Notice to Proceed (NTP);

Below is the time frame for the conduct of Vaccination program:

Schedule Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Day 7 No. of pax/day 85 85 85 85 85 85 63

5. The Service Provider must coordinate with the HRD five (5) days before the actual administration/testing date;

6. Consent Forms shall be available to the DOT personnel during the administration/testing date;

7. The Service Provider shall provide all the necessary supplies, materials, and equipment necessary for the administration/testing;

8. The Service Provider shall be responsible for the disposal of all used supplies, materials for proper disposal in accordance with DOH Health Care Waste Management Manual;

9. A series of coordination meetings between the DOT-HRD Medical Officer and the Service Provider must be done before, during, and after the administration/testing;

10. Vaccination report should be submitted in hard and soft copy to the DOT Medical Clinic before the release of the Certificate of Completion; and

11. Provider should submit a Vaccination Report based on the requirements of DOT- Medical Clinic.

V. CONTRACT IMPLEMENTATION/DURATION:

November to December 2021

VI. APPROVED BUDGET FOR THE CONTRACT (ABC) AND SOURCE OF FUND:

Five Hundred Forty-Six Thousand Pesos (PhP546,000.00) inclusive of all applicable taxes, chargeable against FY 2021 ASPM- General Administration Expenses (GAE) Funds.

VI. PAYMENT PROCEDURE:

Government Procedure and payment shall be made based on the actual number of vaccines administered.

VII. CONTACT PERSON:

DR. RAUL S. ALCANTARA MARGOT D.L. ALMOQUERA, RN Medical Consultant Nurse II Human Resource Division – Medical Clinic Human Resource Division – Medical Clinic

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Department of Tourism Department of Tourism Mobile No.: 0922 8116439 Mobile No.: 0917 6165223 Tel No: +63 2 8459-5200 to 30 local 408 Tel No: +63 2 8459-5200 to 30 local 408 Email: ralca99@gmail.com Email: imargotalmoguera@gmail.com SUBMITTED BY: SOFIA C. PAGSUYUIN Chief Administrative Officer Human Resource Division **Other Information** Other information NOTE: The winning bid shall be determined based on the proposal with the most advantageous financial package cost, provided that the amount of the bid does not exceed the above total budge. **REQUIRED VALID DOCUMENTS TO BE SUBMITTED:** 1. Current Mayor's/Business Permit/BIR Cert of Registration (Individual) 2. PhilGEPs' Registration Number or Cert of Platinum Membership in lieu of Mayor's Permit and PhilGEPs' registration number. 3. Latest annual Income Tax Return (For BAC's above PhP500K) 4. Original or certified true copy of notarized Omnibus Sworn Statement. Created by TERESITA A. ROMANES

Date Created 03/11/2021

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