REQUEST FOR QUOTATION
PR NO. 26-06-820
JULY 21, 2026

The **Valenzuela Medical Center** (VMC) through its **Bids and Awards Committee (BAC)** intends to procure the **"SUPPLY AND DELIVERY OF WHITE RICE, 50 KGS/CAVAN FOR 2ND SEMESTER OF CY 2026"** for the **Nutrition and Dietetics Department** in accordance with the Implementing Rules and regulations of the Republic Act No. 12009, otherwise known as the New Government Procurement Act (NGPA) and Republic Act 11321 Sagip Saka Act.

Please send your **price offer** for the items listed below duly signed by you or your authorized representative not later than **July 24, 2026 10:00am.** The VMC-BAC, reserves the right to accept or reject any proposal, to annul the procurement process, and to waive any informality therein, in accordance with applicable laws and regulations.

ITEM NO.	UNIT	ITEM DESCRIPTION	QTY.	UNIT COST	TOTAL COST
1	cavan	Rice, white, 50kilos/cavan	121	3,515.40	425,363.40
			GRAND TOTAL		425,363.40

The following eligibility criteria and documentary requirements shall be required by the BAC from the accredited FFCE:

1. Eligibility Criteria

a) Must be registered in the FFEDIS. However, the submission of any of the following accreditation or registration documents, as the case may be, shall likewise be allowed and deemed compliant with the FFEDIS registration, unless otherwise provided in the applicable issuance of DA:

i) Accreditation as Civil Society Organization (CSO);
ii) Registration in the Registry System for Basic Sector in Agriculture (RSBSA);
iii) Registration in the Fishery Registry (FishR) System;
iv) Registration in the National Coconut Farmers Registry System (NCFRS); or
v) Registration or accreditation in any other DA-approved registry or accreditation system.

b) Must have the necessary capacity to timely deliver the agricultural and fishery products required under the Procurement Project in accordance with the specifications, quality standards, and quantities determined by the PE.

2. Documentary Requirements

a) **Written proposal or offer;**
b) **FFEDIS Certificate of Registration or an equivalent certificate/document issued by the DA pursuant to Section 11 of the IRR of RA No. 11321, or any amendments thereto, subject to Section 5.4.1 (a) above; and**
c) **Notarized Omnibus Sworn Statement (OSS) executed by the accredited FFCEs.** With attached Notarized Special Power of Attorney for the authorized representative under sole proprietorship, and Notarized Board/Partnership Resolution, or Secretary's Certificate for the FFCE under partnership, corporation, or cooperative.

Proposal may be submitted manually at the BAC Secretariat, Procurement Office, Valenzuela Medical Center, Padrigal St., Karuhatan, Valenzuela City or through email at vmc_bac2026@yahoo.com. For any clarification, you may call **Ms. Christallyne Castro** at telephone no. **8294-46-25** or via email at **vmc_bac2026@yahoo.com**

The Valenzuela Medical Center reserves the right to accept or reject any proposal, to annul the procurement process, and to waive any informality therein, in accordance with applicable laws and regulations.

LIGAYA E. UBALDE, MPA
Head, BAC Secretariat / Procurement

Address: **Padrigal St., Karuhatan, Valenzuela City, 1441**
Telephone Nos: **8294-6711 to 17**
Director's Office Direct Line: **8291-4259**
Email Address: **valgen_hosp@yahoo.com**
Website: **https://vmc.doh.gov.ph/**

[letterhead of FFCEs, if available]

Proposal Form

[Date]

[Name of HoPE of the Agency]
[Designation]
[Government Agency Address]

Dear [*Name of the HoPE]*:

This pertains to the procurement opportunity with project title, *[Project Title]* posted on:

☐ Farmers and Fisherfolk Enterprise Development Information System (FFEDIS);
☐ Official Website;
☐ Philippine Government Electronic Procurement System (PhilGEPS);
☐ Social Media: _____
☐ Others: _____

We are pleased to present this proposal to supply agricultural or fishery products for the implementation of *[brief description of the project]*, with a total amount of *[price amount].*

A breakdown of the agricultural/fishery products are indicated below:

Particulars	Quantity	Unit of Measure	Unit Price	Total Amount
(e.g.) Corn	*100*	*kg*	*P 10.00/kg*	*P1,000.00*
Tomato				
			GRAND TOTAL:	*P1,000.00*

We look forward to the opportunity to work with you and provide high-quality products that meet your standards and needs.

Thank you.

Respectfully yours,

[Signature]

[Name of FFCE]
[Address]
[Contact Number]

Omnibus Sworn Statement Form

[Note: The duly accomplished form shall be submitted with the Proposal]

OMNIBUS SWORN STATEMENT

I, _____ of legal age, _____, _____, and
Name of Affiant *Civil Status* *Nationality*

with residence at _____, do hereby depose and state that:
Address of Affiant

1. I am _____ or *authorized representative* of _____,
Name of FFCE *Name of FFCE*

with office address at _____;
Address of FFCE

2. ☐ As the owner and sole proprietor or authorized representative of _____as
Name of FFCE

supported by the attached duly notarized Special Power of Attorney, I have full power and

authority to do, execute, and perform any and all acts necessary to participate, submit proposals, and to sign and execute the ensuing contract for _____of the
Project Title
_____;
Name of Procuring Entity

☐ As the authorized representative of the partnership, corporation, or cooperative, duly registered as _____, I am granted full power and authority to do,
Name of FFCE
execute, and perform any and all acts necessary to participate, propose, and to sign and execute the ensuing contract for _____ of the _____,
Project Title *Name of FFCE*
as supported by the attached duly notarized Special Power of Attorney, Board/Partnership Resolution, or Secretary's Certificate, whichever is applicable*;*

3. _____ is not "blacklisted" or otherwise prohibited from submitting
Name of FFCE
proposals for the purpose of entering into government contracts by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign governments, or foreign or international financing institutions whose blacklisting rules have been recognized by the Government Procurement Policy Board; by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity;

4. Each of the documents submitted in satisfaction of the requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;

5. _____ is authorizing the Head of the Procuring Entity (HoPE) or
Name of FFCE
its duly authorized representative(s) to verify all the documents submitted;

6. ☐ ***If sole proprietorship***: The _____ and its spouse are not related
Name of FFCE

by consanguinity or affinity up to the third civil degree to the HoPE, Procurement Agent (if engaged), or the End-User or Implementing Unit, project consultants, head of the Project Management Office, or the members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat;

☐ ***If Partnership****:* The partnership itself and the partners of _____ are not
Name of FFCE

related by consanguinity or affinity up to the third civil degree to the HoPE, Procurement Agent (if engaged), or the End-User or Implementing Unit, project consultants, head of the Project Management Office, or the members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat;

☐ ***If Cooperative:*** The cooperative itself and members of the board of directors, general manager, or chief executive officer of _____ are not related by consanguinity
Name of FFCE
or affinity up to the third civil degree to the HoPE (if engaged), or the End-User or Implementing Unit, project consultants, head of the Project Management Office, or the members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat;

☐ ***If Corporation***: The corporation, and officers, directors, controlling stockholders and beneficial owners of _____ are not related by consanguinity or affinity up
Name of FFCE
to the third civil degree to the HoPE, Procurement Agent (if engaged), End-User or Implementing Unit, project consultants, head of the Project Management Office, or the members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat;

7. It is understood that failure to faithfully disclose its relationship with the HoPE, members of the BAC, the TWG, and the BAC Secretariat, the head of the PMO or the end-user unit or implementing unit, and the project consultants of the Procuring Entity, or of the procurement agent by consanguinity or affinity up to the third civil degree, as well as its submission of beneficial ownership information containing false entries shall be subject to blacklisting under Section 100 of the IRR of RA No. 12009, without prejudice to criminal and civil liabilities under applicable laws, including their accessory penalties, if any.

8. ***[If Corporation:]*** _____ declares its beneficial ownership consistent
Name of FFCE
with its updated General Information Sheet or Beneficial Ownership Declaration Form or any other document duly submitted to the Securities and Exchange Commission (SEC) in accordance with its annual reportorial requirements.

9. _____ did not give or pay directly or indirectly, any commission, amount,
Name of FFCE
fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.

10. _____ have the necessary capacity to timely deliver the agricultural
Name of FFCE
and fishery products required under the Procurement Project, in accordance with the specifications, quality standards, and quantities determined by the Procuring Entity.

IN WITNESS WHEREOF, I have hereunto set my hand this __ day of ___, 20__ at _____, Philippines.

Duly authorized to sign the Proposal for and behalf of:

_____
Name of FFCE

_____
Affiant's Signature over Printed Name
Position/Designation
Date

JURAT

SUBSCRIBED AND SWORN to before me this _____ day of *[month] [year]* at *[place of execution]*, Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her *[insert type of government identification card used]*, with his/her photograph and signature appearing thereon, with no. _____.

WITNESS MY HAND AND SEAL this ___ day of *[month] [year].*

NAME OF NOTARY PUBLIC
Notarial Commission No. _____
Notary Public for _____ until _____
Roll of Attorneys No. _____
PTR No. __, *[date issued], [place issued]*
IBP No. __, *[date issued], [place issued]*

Doc. No. _____
Page No. _____
Book No. _____
Series of _____.

VALENZUELA MEDICAL CENTER

Padrigal St., Karuhatan, Valenzuela City
Telephone No. 294-6711

FM-PROC-001
Rev 4 – 09/28/18

VALENZUELA MEDICAL CENTER
INCLUDED IN THE APP
6/30/26
Approved / Date

PURCHASE REQUEST

Office	**Nutrition and Dietetics Department**	**PR. No.**	26-06-820
Division	**Allied Health Professional Service**	**Responsibility Center:**	Date: June 24, 2026

STOCK/ PROPERTY NO.	UNIT	ITEM DESCRIPTION	QTY.	UNIT COST	TOTAL COST
634	cavan	Rice, white, 50kilos/cavan	121	3515.40	425,363.40
				TOTAL	**425,363.40**

Purpose	For Dietary Use 2nd sem 2026

	REQUESTED BY:	APPROVED BY:
Signature		
Printed Name	Carina D. Ramirez, RND, MPA, CFPM	Manuel B. Pocsidio, JR., MD, MMHoA, FPCS, FPSGS, FPSCRS
Designation	**Nutritionist - Dietitian V**	**OIC- Medical Center Chief II**
	End-user	

Program Coordinator

Copy 4 - Disbursement

VALENZUELA MEDICAL CENTER
BAC RECEIVED
Signature
Date 7/7/26 8:00