



Republic of the Philippines
Department of Health
METRO MANILA CENTER FOR HEALTH DEVELOPMENT

SUPPLEMENTAL/ BID BULLETIN NO. 1

IB No. 2023-021E

**Procurement of Proposed Renovation of Emergency Department of Gat Andress Memorial
Medical Center City of Manila**

This Supplemental/Bid Bulletin No. 1 is being issued to revise provisions/specifications in the Bidding Documents for a fore cited project:

Revision and clarification to provisions/specifications in the Bidding Documents:	
Original Technical Specifications	Amended
Delivery Time: March 2023	Delivery Time: Forty-Five calendar days (45) after receipt of Notice of Proceed
Tote bag (sturdy), Size: L*36cm H*24cm W*10cm	Tote bag (sturdy), Size: L*36cm H*24cm W*10cm Material: canvass and with print (full color)
Umbrella- Mini Umbrella with case six-fold UV Protection (assorted colors)	Umbrella- Mini Umbrella with case six-fold with print DOH Logo (dark green)
Cap-cotton, adjustable with DOH Logo	Baseball Cap-cotton, adjustable with DOH Logo 2 inches diameter
Alcohol Spray – 330ml	Alcohol Spray Isoprophyl 70% – 330ml
Arm sleeves – medium black	Arm sleeves – medium black with DOH Logo 1 inch
Softbound notebook	Softbound notebook (dark green) with stickered DOH Logo
Clipboard – 9” x 12.5”	Clipboard – 9” x 12.5” with stickered DOH Logo
Towel – 25 x 25 cm/ 10 inch x 10 inch	White Towel – 25 x 25 cm/ 10 inch x 10 inch with DOH Logo

Bidders are advised to use the following attached forms and submit together with all required documents for the submission of bids on March 27,2023, 9:00 AM:

This Supplemental/Bid Bulletin No. 1 shall form part of the Bidding Documents. Any provisions in the Bidding Documents inconsistent herewith is hereby amended, modified and superseded accordingly.

For guidance and information of all concerned.

Issued this 20th day of March, 2023 in MMCHD.

Approved by:

PRETCHEL P. TOLENTINO, MD, MCHM

Director III / BAC Chairperson

Section VII. Technical Specifications

Republic of the Philippines Department of Health Metro Manila Center for Health Development	
TECHNICAL SPECIFICATIONS	
Procurement of Barangay Health Worker Kits	Qty./Unit 4,500 PIECES
Name of Manufacturer:	Country of Origin
Brand:	Model: (if applicable)
PURCHASER'S SPECIFICATION	STATEMENT OF COMPLIANCE
Umbrella, Arm sleeves, Alcohol sprays 330ml, Cap, Clipboard, Softbound notebook, Towel, Tote bag (sturdy), T-shirts 1. Tote bag (sturdy), Size: L*36cm H*24cm W*10cm Material: canvass and with print (full color) 2. Umbrella- Mini Umbrella with case six-fold with print DOH Logo (dark green) UV Protection 3. Baseball Cap-cotton, adjustable with DOH Logo 2 inches diameter 4. Alcohol Spray Isoprophyl 70% – 330ml 5. Arm sleeves – medium black with DOH Logo 1 inch 6. Softbound notebook (dark green) with stickered DOH Logo 7. Clipboard – 9” x 12.5” with stickered DOH Logo 8. White Towel – 25 x 25 cm/ 10 inch x 10 inch with DOH Logo 9. Tshirt - dri-fit, sublimation printing (800 S, 1500 M, 1000 L, 800 XL, 200 XXL, 200 XXL)	
ADDITIONAL REQUIREMENT TO BE SUBMITTED BY THE SINGLE/LOWEST CALCULATED BIDDER (SCB/LCB) AS PART OF POST QUALIFICATION: 1. One (1) original sample of manufacturer’s product to be submitted and returned after evaluation. The sample submitted and approved during the evaluation shall be the same item to be delivered upon award of contract. Prototype of the labelling instruction must be part of the sample submitted however, the technical specifications of	

the labelling instruction of the product must be complied upon delivery.	
--	--

Name of Company: _____

Address: _____

Signature Over Printed Name : _____

Telephone/Fax Number : _____

Email: _____

Section VI. Schedule of Requirements

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

Description	Quantity	Delivery Site	Delivery Period
Procurement of Barangay Health Worker Kits	4,500 PIECES	DOH-MMCHD	Forty Five (45) calendar days (CD) after receipt of approved Notice to Proceed

Name of Company: _____

Address: _____

Signature Over Printed Name : _____

Telephone/Fax Number : _____

Email: _____