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

BAGONG PILIPINAS

SUPPLEMENTAL/ BID BULLETIN NO. 1

IB No. 2025-039
Procurement of Ovitrap with Paddle
(EARLY PROCUREMENT ACTIVITY)

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

Revision and clarification to provisions/specifications in the Bidding Documents:	
ORIGINAL TECHNICAL SPECIFICATIONS	**AMENDED**
No changes stipulated in the Technical Specifications	

Bidders are advised to use the **following attached forms and submit them together with all required documents for the submission of bids on the 3rd day of December 2024, 9:00 AM:**

This Supplemental/Bid Bulletin No. 1 shall be integral to the Bidding Documents. All other provisions indicated in the bidding documents not affected by this Supplemental/Bid Bulletin No. 1 shall remain in effect.

For guidance and information of all concerned.

Issued this 25th day of November 2024 in MMCHD

Approved by:

JEREMIAS FRANCIS Y. CHAN, MD
Licensing Officer V / BAC Chairperson

Republic of the Philippines
Department of Health
Metro Manila Center for Health Development

TECHNICAL SPECIFICATIONS

Item	Ovitrap with Paddle	Qty./Unit	40,048 pcs
Name of Manufacturer:		Country of Origin (if applicable)	
Brand:		Model: (if applicable)	
ABC: P 3,568,010.00			
PURCHASER'S SPECIFICATION		STATEMENT OF COMPLIANCE	
SPECIFICATIONS: Standard Features: Size of cup: 375 ml PS Black cup Height: 10-11cm Diameter: 9cm Thickness of Plastic Container = 3.2 mm Ovitrap Paddle: Material: LAWANIT Size: 1x6 inches Thickness: ¼ inch to 1/8 inch Delivery Period: 60 calendar days from receipt of approved NTP Delivery Place: DOH MMCHD Pasig Warehouse			

D. Additional requirement by the Lowest/Single Calculated Bid (L/SCB) as part of post qualification:

1. You are requested to submit within (5) five days upon receipt of this notice three (3) copies of all documents needed for Post Qualification of the following documents:
   a. Eligibility Documents
      i. (Mayor's Permit (latest annual and quarterly)
      ii. SEC/DTI Registration,
      iii. Tax Clearance)
   b. Certificate of Registration from BIR
   c. Income Tax Returns – latest payment
   d. Bid Bulletin
   e. Product Sample /Brochure
   f. Authority from the Manufacturer to Distribute the Product
   ~~g. License to Operate~~
   h. And other documents stated in BDS
2. One (1) original sample of the 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 contract award. The prototype of the labeling instruction must be part of the sample submitted; however, the technical specifications of the labeling instruction of the

product must be complied with upon delivery.

E. Product Recall & Disposal:

1. The Supplier must ensure the quality of products and if there will be problems in the quality, the Supplier will recall and replace the products distributed in the regions/hospitals/treatment hubs/RHU/HC/BHSS based on Guidelines on Product Recall, FDA Circular No. 2016-012;

2. In instances of product recalls due to failures of suppliers and manufacturers to comply with standards of safety and quality, the cost associated with proper disposal/ destruction, handling or pull out from health facilities where these products have already been distributed shall be borne by the supplier (subject to the latest policy for disposal) (DOH Administrative Order (AO) No. 2019-0041)

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.

Item Number	Description	Quantity	Total ABC (Php)	Delivery Site	Delivered, Weeks/Months
	Ovitrap with Paddle	**40,048 pcs**	P 3,564,272.00	DOH-MMCHD Pasig Warehouse	Sixty (60) Calendar days After receipt of NPT.

_____

Signature over Printed Name

[date of signing]

In the capacity of: [title or other appropriate designation]

Duly authorized to sign bid for and on behalf of: (Name of Company)

[Complete office address]

[Contact No.]

[Fax No.]

[Email Address]