



Republic of the Philippines
OFFICE OF THE PRESIDENT
NATIONAL COMMISSION ON MUSLIM FILIPINOS
www.ncmf.gov.ph

REQUEST FOR QUOTATION

Date: April 30, 2025
RFQ No. 2025-041

Company/Business Name: _____
Address: _____
Business/Mayor's Permit No.: _____
TIN: _____
PhilGEPS Registration Number (required): _____

The NATIONAL COMMISSION ON MUSLIM FILIPINOS, through its Bids and Awards Committee (BAC), intends to procure **PEST CONTROL FOR NCMF-Central Office** through **Section 53.9 (Negotiated Procurement – Small Value Procurement)** of the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184.

Please submit your best offer for the item/s described and required herein, subject to compliance with the Terms and Conditions provided on this Request for Quotation (RFQ). Submit your quotation duly signed by you or your duly authorized representative **on or before 3:00 PM of 5 May 2025** addressed to:

Bids and Awards Committee

79 Jocfer Annex Building., Commonwealth Avenue, Diliman, Quezon City, Philippines
Telephone No.: (02) 5322-3400/Tel. No. (02) 8952-4540
Email: bacsecretariat@ncmf.gov.ph

Pursuant to Appendix A "Documentary Requirement for Alternative Methods of Procurement of Annex "H: of 2016 revised IRR of RA No. 9184, the following documents are required to be submitted along with your proposal on the above set deadline and before the issuance of the Notice of Award (for documentary requirements with stamp certified true copies from the bidder)

Document	Remarks
Copy of 2025 Mayor's or Business Permit	In case not yet available, you may submit your expired 2024 Mayor's or Business Permit with the Official Receipt of renewal application. However, a copy of your 2025 Mayor's or Business Permit shall be required to be submitted after award of contract but before payment .
Notarized Omnibus Sworn Statement (for ABC's above PHP50,000) (GPPB-Prescribed Form)	If unable to have the document notarized, you may submit a signed nonnotarized Omnibus Sworn Statement (in the prescribed template), subject to compliance therewith after award of contract .
PhilGEPS	Submit PhilGEPS Registration Certificate/Number
Income/Business Tax Return	Submit for ABC's above PHP500,000.00

For any clarification, you may email us at our email address at bacsecretariat@ncmf.gov.ph


TAHIR S. LIDASAN JR., CESO II
Chairperson, Bids and Awards Committee

INSTRUCTIONS:

Note: Failure to follow these instructions will disqualify your entire quotation.

- (1) Do not alter the contents of this form in any way.
- (2) The use of this RFQ is **highly encouraged** to minimize errors or omissions of the required mandatory provisions.
- (3) **All technical specifications must be complied with.** Failure to comply with the requirements shall render the quotation ineligible/disqualified.
- (4) Quotations may be submitted through electronic mail at bacsecretariat@ncmf.gov.ph.
- (5) **Quotations, including documentary requirements, received after the deadline shall not be accepted.** For quotations submitted via electronic mail, the date and time of receipt indicated in the email shall be considered.

TERMS AND CONDITIONS:

1. Bidders shall provide correct and accurate information required in this form.
2. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
3. Price quotation/s must be valid for a period of sixty (60) calendar days from the deadline of submission.
4. Price quotation/s, to be denominated in Philippine peso, shall include all taxes, duties, and/or levies payable.
5. Quotations exceeding the Approved Budget for the Contract shall be rejected.
6. Award of contract shall be made to the lowest quotation which complies with the technical specifications, requirements and other terms and conditions stated herein.
7. The item/s shall be delivered according to the accepted offer of the bidder.
8. Liquidated damages equivalent to one-tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay.
9. The Procuring Entity may cancel or terminate the contract at any time in accordance with the grounds provided under RA No. 9184 and its 2016 revised IRR.

After having carefully read and accepted the Instructions and Terms and Conditions, I/we submit our quotation/s for the item/s as follows:

ITEM	TECHNICAL SPECIFICATIONS	COMPLY/ NOT COMPLY	REMARKS
1.	SPECIFICATIONS: General Pest Abatement Maintenance Program – GRAMP, RAT ABATEMENT, and MISTING <i>Note: Please see attached document for additional technical specifications.</i>		
2.	MODE OF PAYMENT: a) Send bill arrangement payment thru LDDAP		

Scope of Services

I. PROJECT TITLE: Procurement of Service Provider for Pest Control Service

II. OBJECTIVES OF THE PROJECT:

To effectively control and prevent the spread pests in order to safeguard NCMF properties and health of individual employees.

III. TERMS AND CONDITIONS

1. General Requirements

- The Service Provider shall conduct actual survey and inspection of the site prior to submission of its bids.
- All cost encountered, which is not specifically itemized in the bid, shall not be incurred unless specifically agreed upon, in writing and subject for approval.
- No additional compensation will be allowed for extra work incurred on the part of the bidder due to the bidder's failure to notice any existing condition which may cause the additional labor.

2. Project Coverage

A. Services This project covers a Comprehensive General Pest Control using a combination of techniques or strategies including monitoring, biological-control, cultural processes, resistant varieties, and pesticides for the following:

- Control of Cockroaches

Application of cockroach gel baits in potential or active harborages such as cracks and crevices, inside cabinets behind or underneath equipment, and other areas other areas where cockroaches would hide and breed; Surface or spot spraying will be done in areas that cannot be treated with baits such as drainage, exterior areas, and other areas.

- Control of Mosquitoes and Flying Insects (Flies)

Apply larvicide if potential or active breeding grounds are present on the premises; apply fly baits/traps if applicable; Treat testing sites if present or found; Space treatment (misting) will be performed for the control of adult flies or mosquitoes indoors

- Ants Control

Inspect to identify the possible source of ants; Treat the source of ants including nests with residual spray or dust formulation; Treat travel routes of ants; Apply ant bait if applicable.

- Control of Rodents

Inspect to identify any potential or active rodent harborages and entry points; Place rodent baits or traps in strategic locations or potential areas such as runways and other areas; Use of mechanical traps including glue boards, snap traps, and cage traps

B. Areas for Treatment

Treatment of rodent and crawling / flying insects' areas inside its offices, hallways, and comfort rooms (Monthly Treatment)	Area/Location: The whole Annex Jocer Building
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3. Pest Control Treatment Schedules.

The Contract for this project shall commence fifteen (15) days from receipt of Notice to Proceed.

a. A monthly Comprehensive Pest treatment shall be conducted every 2nd Sunday of the month for eleven (12) months, subject to administrative arrangements agreed upon by and between the General Services Division and the Service Provider.

b. The Service Provider shall provide pest control applicators to service areas to be treated on a Saturday and/or Sunday of the month from 8:00 am to 5:00 pm within the contract period.

c. The actual schedules of the monthly delivery of pest control for rodent, crawling and flying insects shall be determined by the General Services Division, Administrative Service. Offices will be informed if there are any changes in the scheduled treatment.

4. Agreement during Treatment Works

a. Service technicians must wear proper uniform and identification during treatment and while inside the NCMF premises.

b. During treatment process, the Service Provider must give extra care to properties, equipment, offices and other materials within the NCMF premises.

c. Only safe chemicals duly-approved by the Food and Drug Administration (FDA) and equipment must be used.

d. The Supplier shall follow all safety precautions in the application and handling of all pesticides chemicals / solutions.

e. The Supplier shall ensure that all office areas, including floorings, walls, office furniture and fixtures, etc., will have no stain marks or droplets of chemicals / solutions used.

IV. Monitoring, Assessment and Evaluation of Pest Control:

Pest Control Treatment Monitoring Assessment Schedule Submittals

1. Rodent Monthly.
2. Flying and Crawling Insects Monthly
3. Representatives from the General Services Division must be present during the said monitoring to come up with a Monthly Joint-Report with the Service Provider.

V. Requirements during treatment

The requirements during Pest Control treatment are as follows:

1. Only chemical / solutions specified in the approved offer of the winning bidder and duly approved by the Food and Drug Administration (FDA) shall be allowed for use.
2. Service Provider must submit certification issued by the Food and Drug Administration (FDA).
3. A Quality Control Supervisor affiliated with the Service Provider must be present during the inspection to undertake the following:
 - a. Coordinate with the GSD representatives in evaluating the effectiveness of the Service Provider of Pest Control services.
 - b. Serve as pest control consultant by recommending ways and means to control infestation.
 - c. Provide free technical training on pest control and management, handling and application of chemicals and other related matters to representatives of the Procuring Entity.

4. During and after the treatment, a thorough inspection throughout the premises shall be conducted by the authorized representative of NCMF in presence of the Service Provider to determine the completeness of the treatment and to measure the degree of the infestation.
5. Certificate of Acceptance shall be signed by the Chief, General Service Division based on the Statement of Work Accomplishment submitted by the Service Provider per progress billing.

VI. Payment Schedule:

PARTICULARS	TIMELINES	PAYMENT SCHEDULE
Rodent, crawling and flying insects	Monthly treatment	Monthly billing

STATEMENT OF COMPLIANCE

I hereby commit to provide the above specified requirements in compliance with the Technical Specifications for the Project: ***Procurement of Service Provider for Pest Control Service.***

Name and Signature of Bidder's Authorized Representative

FINANCIAL OFFER:

Terms of Payment:

Payment shall be made through Land Bank's LDDAP-ADA, within thirty (30) days after Submission of Billing and User Acceptance of the product. Bank Transfer fee shall be charged against the creditor's account.

Payment Details:

Banking Institution: _____

Account Number: _____

Account Name (should be the exact account name as registered in the bank): _____

Branch: _____

Please quote your **best offer** below. Please do not leave any blank items.

PEST CONTROL FOR NCMF-Central Office

APPROVED BUDGET FOR THE CONTRACT	TOTAL OFFERED QUOTATION (INCLUSIVE OF VAT)
ONE HUNDRED TWENTY-NINE THOUSAND SIX HUNDRED PESOS (PHP 129,600.00)	In Words:

	In Figures:

Signature over printed name

Position Title/Designation

Office Telephone No./Mobile No.

E-mail Address