Republic of the Philippines

OVERSEAS WORKERS WELFARE ADMINISTRATION
Regional Welfare Office – National Capital Region
2/F STWLPC Bldg., 336-338 Sen. Gil Puyat Ave., Pasay City

P.R. No.: NCR-2024-11-0880E Date: 06 December 2024

REQUEST FOR QUOTATION / PROPOSAL

COMPANY NAME:

ADDRESS OF COMPANY:

To whom it may concern:

Please quote your lowest net price/s (taxes included) on the lot or item/s below, subject to the General Conditions indicated herein, stating the shortest time of delivery and submit your quotation using your company letterhead or this form duly signed by your official representative to Overseas Workers Welfare Administration Regional Welfare Office – National Capital Region, not later than 13 December 2024, 10:00a.m.

(Digitally Sgd.) NICKY JAY F. TAN Procurement and Property Officer Designate

(Digitally Sgd.) LORNA R. OBEDOZA Chief, Administrative and Finance Division

	T TITLE/NAME: Supply, Delivery and Installation of New Air Conditioning Units R) Ceiling Suspended System AC Inverter			of New Air Conditioning Units DEALER'S/ SUPPLIER'S OFFER		
ITEM		OTV	UNIT	APPROVED BUDGET FOR	UNIT COST	TOTAL
NO.	SPECIFICATIONS	QTY	UNIT	CONTRACT (ABC)	Unit Price (VAT Inclusive)	
1.	Supply, Delivery and Installation of New Air Conditioning Units (4HP/3TR Ceiling Suspended System AC Inverter)	2	Unit	546,000.00		
	(Please see attached Technical Specifications)					
	Note: Indicate model/ brand on your bid proposal					
	Additional Documentary Requirements must be submitted upon					
	submission of offer:					
	1. PhilGEPS Certificate or PhilGEPS Registration Number					
	2. Valid Mayor's/ Business Permit					
	3. Income/ Business Tax Return (latest)					
	Please take note that the Omnibus Sworn Statement shall be submitted within 5 days upon acceptance of Notice of Award.					
	Note: Bidders may also submit their bid proposal and supporting documents through email address: owwancr.procurement@gmail.com					
	XXXXXXXXXXXXX NOTHING FO	DLLOWS	XXXXXXXX	XXXXXX		

GENERAL CONDITIONS

- Entries must be typewritten / if handwritten, it must be clear and legible;
- Bidders must submit certificate of PHILGEPS Registration;
- Bidders must submit necessary business permits (SEC, LGU, DTI, CDA, etc.);
 All quotations can be submitted through the following means: a) in a SEALED ENVELOPE, or b) thru ELECTRONIC MAIL, or c) FACSMILE. Label the envelope with the following: Bidder's Company Name

PHILGEPS Reference No. Project Title/Name PR No.

- Item/s delivered must have warranties for unit replacements, parts, labor or other services;
- Quoted prices must be inclusive of taxes and shall not exceed Approved Budget for Contract (ABC);
- Proposal/Quotation submitted without signature of the authorized signatory shall not be accepted;
- Proposal/Bid modifications submitted beyond the scheduled deadline shall not be considered;
- Price quoted/submitted on the deadline shall be considered as final and unalterable;
- Use of non-discretionary/non-discrimatory selection criteria as tie-breaking method in case of two or more bidders determined and declared as the Lowest Calculated and Responsive Bidder (LCRB) in accordance with GPPB Circular No. 06-2005.
- The OWWA reserves the right to accept or reject any bid, to annul the bidding process, and to reject at any time prior to contract award, without thereby incurring any liability to the affected bidder or bidders.

DELIVERY: 5 days upon receipt of Purchase Order (PO) and Notice to Proceed (NTP) **TERMS OF PAYMENT:** Government Terms

PRICE VALIDITY: 60 days from date of quotation/proposal

(Company Name)		
(Print Name and Signature of A Representative)	uthorized	
(Designation)		
Company Tel./Fax/Mobile	No.	
(Date)		

Supply, Delivery and Installation of New Air Conditioning Units 4HP (3TR) Ceiling Suspended System AC Inverter

Technical Specifications/ Description

TYPE: Ceiling Suspended Air Conditioner, Inverter Technology, 4HP (3TR)

QUANTITY: Two (2) Units

RATED COOLING CAPACITY (Min. - Max.): kW: 10.0 (5.0-11.2)

Btu/h: 34,100 (17,100-38,200)

POWER CONSUMPTION: 3.24kW

COP: 3.09 W/W

CSPF: 6.10 Wh/Wh Indoor or higher

INDOOR UNIT

Color: White

Airflow Rate (H/HM/M/ML/L): 988/ 918/ 847/ 777/ 706 Sound pressure level (H/HM/M/ML/L): 42/ 40/ 38/ 36/ 34

Dimensions HxWxD (mm): 235 x 1,590 x 690

Machine Weight: 38 kg

OUTDOOR UNIT

Casing Color: White or Ivory White

Compressor: Type - Hermetically Sealed Swing Type

Motor Output - 1.60kW

Sound pressure level: 49 dB (A)

Dimensions HxWxD (mm): 695 x 930 x 350

Machine Weight: Approx. 45 - 48 kg

REFRIGERANT TYPE: R32 REFRIGERANT CHARGE: 1.3 kg

PIPING CONNECTIONS:

Pipe Size Liquid (mm): o/ 9.5 Pipe Size Gas (mm): o/ 15.9

Maximum Pipe Line: 50m

Drain Indoor (mm): VP20 (I.D o/20 x O.D. o/ 26)

Drain Outdoor (mm): o/16

Max. Interunit Piping Length: 50 (Equivalent length 70)

Min. Circuit Amps: 26.9 A

Max. Fuse Amps: 32 A

Energy Efficiency Ratio: 4 stars or higher

Inclusion: Warranty Certification

Warranty: Products/ Manufacturing defects - One (1) year and Five (5) years for the Compressor from the date of acceptance

by the end-user.



Scope of Work

- 1. Supply, Delivery, and Installation of Two (2) Units of New Air Conditioning Units with 4HP capacity each in full working condition.
- 2. The contractor/installer shall provide technicians, tools, supervision and equipment necessary in the installation and testing of the new ACU.
- Install units (indoor and outdoor) shall be properly secured with brackets support.
- Connect all necessary piping, electrical conduit and wiring, controls, ductwork, condensate, insulation and necessary appurtenances.
- 5. Supply and Install refrigerant piping, hangers and supports, electrical wires and breakers, drain line, etc.
- 6. Proper installation of draining pipe makes sure that it flows continuously.
- 7. Occupational Health and Safety Standards at the Workplace shall be observed and implemented while at the work site, for its personnel assigned to this project.
- 8. Restoration works of affected area/s.



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I hereby certify to comply and deliver all the above requirements.

	(Company Name)
(Print Na	me and Signature of Authorized Representative)
	(Designation)