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INVITATION TO BID

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1. SUBJECT TO MONTHLY BILLING
2. INCLUDES OBLIGATION OF ELECTRICITY AND WATER SUPPLY
3. THE WINNING BIDDER MUST COMPLY ALL THE REQUIREMENTS (SEE ATTACHED)

X-X

For the use of San Carlos City Hospital.

TOTAL

Name / Signature of Representatives

Form & Amount
of Bid Security

INSTRUCTION TO BIDDERS

PURCHASE REQUEST NO : 9-25-04-0780 DATE : April 28, 2025

PURPOSE: FOR THE USE OF SAN CARLOS CITY HOSPITAL.

OFFICE : CITY HOSPITAL

DATE OF OPENING & DEADLINE FOR THE SUBMISSION OF BIDS : 1:30 P.M. , May 27, 2025

PLACE : BAC Secretariat Office/CMO Extension Office

AMOUNT OF CONTRACT

BID SECURITY

	Cash/ Manager's Check/ Bank Draft/Guarantee (2% of ABC)	Surety Bond (5% of ABC)
:	990,000.00	:
	19,800.00	:
		49,500.00

TERMS & CONDITIONS

- The Bid/Bids shall be accompanied by a BID SECURITY in any of the following forms:
 - Cash or cashier's / Manager's Check issued by a Universal or Commercial Bank in favor of City Treasurer of San Carlos City. : Two percent (2%) of the ABC (See above)
 - Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank. : Two percent (2%) of the ABC (See above)
 - Surety Bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security. : Five percent (5%) of the ABC (See above)
 - Any combination of the foregoing : Proportionate to share form with respect to total amount of security
 - Bid Securing Declaration
- Secure bidding documents from the BAC Secretariat Office at a non-refundable fee of (per City Ordinance No. 23-21, Series of 2023.) P 1,000.00
- Sample or Brochures of the materials (if required) shall be attached to the bid documents.
- Your price offer must be valid for 120 calendar days.
- Award will be made to the Lowest Calculated Responsive Bid (LCRB) that is the most advantageous to the government subject to post evaluation by the BAC.
- Submit Omnibus Sworn Statement duly notarized, together with your bid.
- The government reserves the right to reject any or all bids, declare a failure of bidding or not award the contract based on RA 9184.
- Electronic submission and receipt of bids is not available pending compliance with GPPB Resolutions.

SGD
ATTY. MA. CHAT H. DELIMA-CORDERO
City Gov't Dept. Head I-OHRM / BAC Chairman
BIDS & AWARDS COMMITTEE

SAN CARLOS CITY HOSPITAL

SAN CARLOS CITY, NEGROS OCCIDENTAL
NUTRITION & DIETETICS SERVICE

Request for all admitted patients

1. REGULAR FULL DIET BREAKFAST

Fruits or Juice:

Any of the following:

1. Banana 10x4cm 55gms
2. Pineapple slice 10x6x2cm or ½ cup 75 gms
3. Rambutan 2pcs
4. Papaya slice 10x6x2cm or ¾ cup
5. Watermelon 1 sliced 12x6x3cm or 1 cup

Meat/Fish Viand

Any of the following:

- Corned beef 3T or 40 grms
- Ham sausage 3pcs or 55gms
- Longganisa 25gms (11x4x0.5cm)
- Salami 3slices 50gms
- Vienna sausage 4pcs 70gms
- Hotdog 60gms (chicken/pork)
- Tuna sardines/tuna flakes 50gms
- Pork & beans ½ cup 65gms
- Fish (100gms)
- Pork (100gms)

Eggs

1 Chicken egg 60gms

Rice/ bread

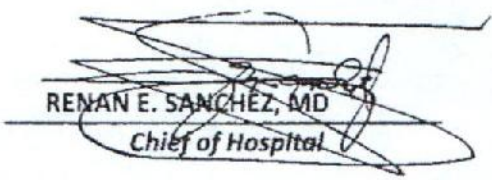
1 cup (200 calories) or 4 sliced bread

Pedia: Cerelac 50gms/207 calories

Beverages

3 in 1 Coffee/Energen (*For Full/Regular diet*)

Lipton tea (*For Therapeutic diet*)


RENAN E. SANCHEZ, MD

Chief of Hospital

AIDA RUBI O. LIM
Nutritionist-Dietitian

Dr. # 2051


LUNCH/DINNER

Soup	1 cup
Meat/Fish Viand	100gms
Vegetable	45gms or ½ cup
Rice	200gms or 1 cup
Dessert/sweets	1 pc candy/gummies/ jelly ace
	Banana 10x4cm 55gm

2. SPECIAL DIET

BREAKFAST:

Fruits:

Any of the following:

1. Banana 10x4cm 55gms
2. Pineapple slice 10x6x2cm or ½ cup 75gms
3. Rambutan 2pcs.
4. Papaya slice 10x6x2cm or ¾ cup
5. Watermelon 1 slice 12x6x3cm or 1 cup

Meat/Fish Viand

Ham sausage 3pcs or 55 gms
Chicken Longganisa 25gms
Vienna sausage 4 pcs 70gms
Chicken Hotdog 60gms
Tuna sardines/Tuna flakes 50gms
Fish 100gms
Pork 100gms

Eggs

1 Chicken egg 60gms (86 calories)

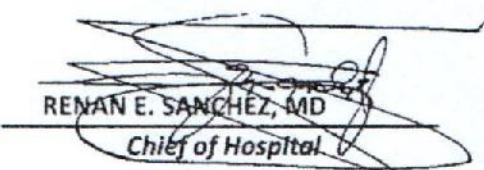
Rice/ bread

1 Cup (200 calories) or 4 sliced bread

Beverage

4T Non-fat milk 30gms

Crackers 16gms 5pcs.


RENAN E. SANCHEZ, MD
Chief of Hospital

AIDA RUBI O. LIM
Nutritionist-Dietitian
ID # 2051


LUNCH/DINNER

Soup	1 Cup
Meat/Fish Viand	100gms
Vegetables	45gms Or ½ cup
Rice	200gms or 1 cup
Fresh fruit	Banana 10x4cm 55gms
	Crackers 16gms 5pcs.

3. GENERAL LIQUIDS /CLEAR LIQUIDS/SIPS OF WATER DIET

1 Liter Mineral Water (*for sips of water diet*)*[for post-operative patients]

350 ml Mineral Water

230ml Green Tea

1Tetra Pack Juice

5 pcs Jelly Ace

1 plain crackers

4. OSTEORIZED TUBE FEEDING (1,800 Kcal/ as recommended Calories /Patient)

Full cream / Non-fat Milk

1 cup vegetable (32 cal)

3 cups lugao

1/8 cup canola oil/2tbsp (90 cal)

2 Crackers (120cal)

6 350ml Mineral water

Fruit

Eggs or Ground Meat

5. SHOULD PROVIDE:

1. 2- Cooks
2. 1- Food server
3. 1- administrative aide

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MD # 2051

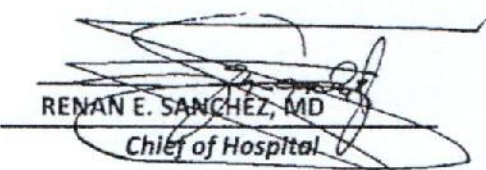
A. Should serve the 3 meals on the following specified time;


BREAKFAST	6:30-7:30 AM
LUNCH	11:00-11:30 AM
DINNER	5:00-6:00 PM

B. Should maintain cleanliness and sanitary measures, proper hygiene inside the kitchen premises.

C. Should provide the following kitchen utensils and equipments.

1. Can opener- 2
2. Bottle opener- 1
3. Funnel- 1 set
4. Coriander- 4pcs
5. Spider strainer- 2
6. Rubber bowl scraper- 2
7. Cutting boards-
 - for vegetables- 2
 - for meats-2
 - for fish- 2
8. Strainer, small, medium, large- 1 each
9. Slicing knife- 4
10. Carving knife- 2
11. Peeler-2
12. Kitchen shear-2
13. Sharpening steel- 1
14. Grater-2
15. Wooden spoon- 2
16. Basting spoon- 8
17. Slotted spoon- 4
18. Ladle- 4
19. Turner- 4
20. Off set spatula-2
21. Tongs - 6
22. Kitchen forks - 4
23. Dietitic scale -1


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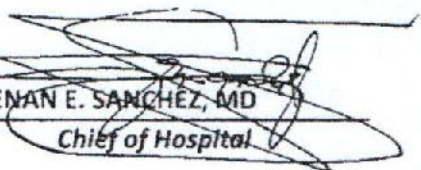
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Nutritionist-Dietitian
R.D. # 2051



24. Kitchen scale - 1
25. Measuring cups - 4 sets
26. Pots and pans
 - Frying pan with cover - 4
 - Sauce pan - 2
 - Casserole - 4
 - Stock pot - 4
 - Wok - 2
 - Kawa - 4
27. Rice cooker heavy duty - 4 (40 cups)
28. Heavy duty burner - 4
29. Freezer upright - 1
30. Refrigerator - 1
31. Plastic wrap - 8 rolls/week (*if circle tubs not available*)
32. Hand towels/dish towels
33. Dishwashing soap
34. Antibacterial hand soap
35. Trash bins
36. Disinfectant
37. Insect sprays
38. Blender heavy duty - 3
39. Dishwashing rack - 10
40. Smokeless griller - 1
41. Smokeless pan fryer
42. Paper kitchen towels 1 roll/month (850 pulls)
43. Scotch tape with Dispenser - 3 pcs

D. Food should be prepared in the Hospital Kitchen

E. Uniform For Kitchen Staff

1. 3 white shirt w/ collar
2. Apron
3. Bouffant
4. Face Masks Disposable
5. Face Shield



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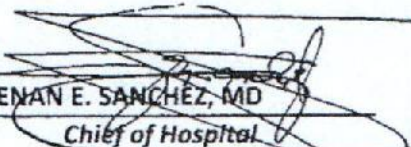
F. **Disposables**

1. Paper Box with 3 compartment
2. Paper cups 8oz & 12oz
3. Spoon & Fork
4. Brown Bag no.25
5. Circle Tub 10 oz with cover (225mL)
6. Circle Tub 16 oz with cover (450mL)

Prepared by:


AIDA RUBI O. LIM
Nutritionist-Dietitian III

Noted by:


RENAN E. SANCHEZ, MD
Chief of Hospital

Approved by:

RENATO Y. GUSTILO
City Mayor