**CONVOCATORIA**

**ADQUISICIÓN DE OXIGENO GAS MEDICINAL**

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| 1. **DATOS DEL PROCESOS DE CONTRATACIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Entidad Convocante | CAJA BANCARIA ESTATAL DE SALUD | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Modalidad de contratación | Apoyo Nacional a la Producción y Empleo - ANPE | | | | | | | | |  | Código Interno que la Entidad utiliza para identificar el proceso | | | | | | | | | | MEDICAMENTOS-ANPE-I-001/2023 | | | |  |
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| CUCE | 2 | 3 | - | 0 | 4 | 2 | 2 | - | 0 | 0 | - | 1 | 2 | 9 | 8 | 5 | 0 | 6 | - | 1 | - | 1 | Gestión | 2023 |  |

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| Objeto de la contratación | ADQUISICIÓN DE OXIGENO GAS MEDICINAL | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Método de Selección y Adjudicación | **Precio Evaluado Más Bajo** | | | | | | | | | |  | | | | | | | | | |  |  |  |  |  |  |  | |  |  |
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| Forma de Adjudicación | **Por Ítems** | | | | | |  |  | | | | | | | | | |  | | | | | | | | |  |
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| Precio Referencial | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **N°** | **MEDICAMENTO** | **FORMA FARMACEUTICA** | **CANTIDAD** | **UNIDAD DE MEDIDA** | **PRECIO REFERENCIAL UNITARIO  (Expresado en Bs.)** | **IMPORTE TOTAL (Expresado en Bs.)** | | 1 | OXIGENO Concentración 99% | Gas | 11.111 | m3 | 18,00 | **199.998,00** | | **TOTAL** | | | | | | **199.998,00** |   **Dieciocho 00/100 Bolivianos por m3**  **Ciento noventa y nueve mil novecientos noventa y ocho 00/100 Bolivianos – Techo Presupuestario** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| La contratación se formalizará mediante | **X** | Contrato | | | |  | Orden de Compra ***(únicamente para bienes de entrega no mayor a quince 15 días calendario)*** | | | | | | | | | | | | | | | |  |  |  |  |  | |  |  |
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| Plazo previsto para la entrega de los medicamentos | Provisión continua. Desde el 01 de marzo al 31 de diciembre de 2023 ó hasta agotar el saldo presupuestario. Periodicidad diaria y a requerimiento si existe la necesidad para volúmenes superiores. | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Lugar de entrega  de bienes | El proveedor deberá realizar las entregas de cilindros en el Hospital Modelo calle Panamá N° 1162 a media cuadra de la Plaza Uyuni. | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Garantía de Cumplimiento  de Contrato | ***El proponente adjudicado deberá constituir la garantía del cumplimiento de contrato o solicitar la retención del 7%.*** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Señalar el presupuesto a aplicar para la contratación de los medicamentos | **X** | Presupuesto de la gestión en curso | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Presupuesto de la próxima gestión *(el proceso se iniciará una vez publicada la Ley del Presupuesto General del Estado de la siguiente gestión)* | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Presupuesto de la próxima gestión para bienes recurrentes *(el proceso llegará hasta la adjudicación y la suscripción del contrato está sujeta a la aprobación del presupuesto de la siguiente gestión)* | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Organismos Financiadores | | # | Nombre del Organismo Financiador  (de acuerdo al clasificador vigente) | | | | | | | | | | | | | | | | | | | |  | % de Financiamiento | | | | | | | |  |
|  |
| 1 | **OTROS RECURSOS ESPECIFICOS** | | | | | | | | | | | | | | | | | | | |  | **100** | | | | | | | |  |
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| 1. **INFORMACIÓN DEL DOCUMENTO BASE DE CONTRATACIÓN (DBC)**   **Los interesados podrán recabar el Documento Base de Contratación (DBC) en el sitio Web del SICOES y obtener información de la entidad de acuerdo con los siguientes datos:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Domicilio de la Entidad Convocante | | **Zona Miraflores Calle Abel Iturralde Pasaje Juan Espinoza Nº 1388 La Paz** | | | | | | | | | | | | | | | | | | Horario de Atención de la Entidad | | | | | | | | **De 08:00 a 16:00** | | | |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |
|  | |  |  |  |  | *Nombre Completo* | | | | | | | | | | |  | *Cargo* | | | | | |  | *Dependencia* | | | | | | |  |
| Encargado de atender consultas | | | | | | MARIA ROSA COTEZ SANCHEZ | | | | | | | | | | |  | REGENTE NACIONAL DE FARMACIA | | | | | |  | DIRECCIÓN DE SALUD | | | | | | |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |
| Teléfono | 2-228360 | |  | Fax | | 2-226791 | | | |  | Correo Electrónico | | | | | | [cbescontratacioneslp@cbes.org.](mailto:cbescontratacioneslp@cbes.org.)bo | | | | | | | | | | | | | |  |  |
| Cuenta Corriente Fiscal para Depósito por concepto de Garantía de Seriedad de Propuesta (Fondos en Custodia) | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |
|  | Número de Cuenta: 10000041173216  Banco: Banco Unión S.A.  Titular: Tesoro General de la Nación  Moneda: Bolivianos. | | | | | | | | | | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |
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|  |  | **(NO CORRESPONDE)** | | | | |  |  |  |  |  |  |  | |  |  |  |  |
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# Cronograma de plazos

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| **ACTIVIDAD** | | | **FECHA** | | | | | | | **HORA** | | | | | **LUGAR Y DIRECCIÓN** | | |
| 1 | Publicación del DBC en el SICOES y la Convocatoria en la Mesa de Partes | |  | *Día* |  | *Mes* |  | *Año* |  |  |  |  |  |  |  |  |  |
|  | 02 |  | 02 |  | 2023 |  |  |  |  |  |  |  |
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| 2 | Consultas Escritas (No es obligatoria) | |  | *Día* |  | *Mes* |  | *Año* |  |  |  |  |  |  |  |
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| 3 | Reunión Informativa de aclaración (No es obligatoria) | |  | *Día* |  | *Mes* |  | *Año* |  |  | *Hora* |  | *Min.* |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | ***NO CORRESPONDE*** |
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| 4 | Presentación Propuestas | |  | *Día* |  | *Mes* |  | *Año* |  |  | *Hora* |  | *Min.* |  |  |  |  |
|  | 09 |  | 02 |  | 2023 |  |  | 10 |  | 00 |  | ***Plataforma RUPE.*** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | Inicio de Subasta |  |  | *Día* |  | *Mes* |  | *Año* |  |  | *Hora* |  | *Min.* |  |  |
|  |  | 09 |  | 02 |  | 2023 |  |  | 10 |  | 15 |  |  |
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| 6 | Cierre preliminar de subasta | |  | *Día* |  | *Mes* |  | *Año* |  |  | *Hora* |  | *Min.* |  |  |  |  |
|  | 09 |  | 02 |  | 2023 |  |  | 10 |  | 45 |  |  |
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| 7 | Apertura de Propuestas (fecha límite)\* |  |  | *Día* |  | *Mes* |  | *Año* |  |  | *Hora* |  | *Min.* |  |  |
|  |  | 09 |  | 02 |  | 2023 |  |  | 10 |  | 56 |  | <https://meet.jit.si/CBES-SaludLaPaz-32/202>3 |
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| 8 | Presentación del Informe de Evaluación y Recomendación al RPA | |  | *Día* |  | *Mes* |  | *Año* |  |  |  |  |  |  |  |
|  | 10 |  | 02 |  | 2023 |  |  |  |  |  |  |  |
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| 9 | Adjudicación o Declaratoria Desierta | |  | *Día* |  | *Mes* |  | *Año* |  |  |  |  |  |  |  |
|  | 14 |  | 02 |  | 2023 |  |  |  |  |  |  |  |
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| 10 | Notificación de la adjudicación o Declaratoria Desierta (fecha límite) | |  | *Día* |  | *Mes* |  | *Año* |  |  |  |  |  |  |  |
|  | 15 |  | 02 |  | 2023 |  |  |  |  |  |  |  |
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| 11 | Presentación de documentos para la formalización de la contratación. | |  | *Día* |  | *Mes* |  | *Año* |  |  |  |  |  |  |  |
|  | 24 |  | 02 |  | 2023 |  |  |  |  |  |  |  |
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| 12 | Suscripción de contrato o emisión de la Orden de Compra. | |  | *Día* |  | *Mes* |  | *Año* |  |  |  |  |  |  |  |
|  | 28 |  | 02 |  | 2023 |  |  |  |  |  |  |  |
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*(\*) La determinación del plazo para la apertura de propuestas deberá considerar los 10 minutos que corresponden al periodo de gracia aleatorio, en el marco del Artículo 27 del Reglamento de Contrataciones con Apoyo de Medios Electrónicos.*