



**REQUEST FOR QUOTATION**

RFQ No. 2021-09-0778 NP-SVP  
 Date: SEPTEMBER 7, 2021

Company Name : \_\_\_\_\_  
 Company Address : \_\_\_\_\_  
 Contact Person : \_\_\_\_\_  
 Contact No. : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Company TIN : \_\_\_\_\_  
 PhilGEPS Reg. No. : \_\_\_\_\_

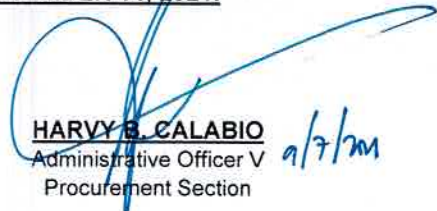
**Sir/Madam:**

Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Failure to indicate information could be basis for non-compliance. Also, furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are exclusive manufacturer, distributor, or agent in the Philippines for goods listed in Annex A, please attach in your quotation a duly notarized certification to this effect.

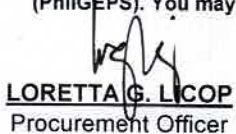
Additionally, please attach copies of your **Company's Business Permit, Mayor's Permit, PhilGEPS Certificate, latest Income/Business Tax Return and Omnibus Sworn Statement.** The **Certificate of Platinum Membership** maybe submitted in lieu of the Mayor's /Business Permit and PHILGEPS Registration Number

Please accomplish and submit this form together with Annex A to DSWD - Procurement Unit at 2nd Floor 1680 F.T. Benitez corner Malvar Sts., Malate, Manila or **fax it through numbers: (02) 5336-8106 to 07 loc. 24051-52 or email to: lglicop@dswd.gov.ph** not later than **5:00 PM on SEPTEMBER 14, 2021.**

  
**HARVY B. CALABIO**  
 Administrative Officer V  
 Procurement Section

**Terms and Conditions:**

- Award shall be made on per:  item basis  total quoted price lot basis
- Price Validity shall be valid until: One Hundred Twenty (120) Calendar days
- Services shall be delivered or **15 DAYS Upon Receipt of Approved PO**
- Place of Delivery: DSWD SWADT OFFICE-OCCIDENTAL MINDORO (2345 Baretto St., Brgy. Pag-Asa, San Jose, Occidental Mindoro)
- Terms of Payment: within 15-30 days upon final inspection and acceptance  
 Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable- Advice to Debit Account)  
 Account Name: \_\_\_\_\_ Account Number : \_\_\_\_\_  
 Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
**\*\*Note: Non Land Bank of the Philippines accounts shall be charged a service fee**
- Liquidated Damages/Penalty: In case of failure to make full delivery within the time specified above, the amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay shall be imposed. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of contract, the Procuring Entity may rescind or terminate the contract without prejudice to other courses of action and remedies available under the circumstances.
- For goods please indicate brand, model and country of origin.
- In case of discrepancy between unit cost and total cost, unit cost shall prevail.
- Please indicate warranty: \_\_\_\_\_
- NOTE: "Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at [www.philgeps.gov.ph](http://www.philgeps.gov.ph) to register"

  
**LORETTA G. LICOP**  
 Procurement Officer

Telefax: 5336-8106 to 07 loc. 24051-52

\_\_\_\_\_  
 ( Supplier)





**DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT**

Field Office MIMAROPA Region  
1680 F.T. Benitez corner Malvar Sts., Malate, Manila

Note: "Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph to register"

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MOP: NP-SVP

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 PhilGEPS Reg. No. : \_\_\_\_\_

Item No.	Qty.	Unit	Purchaser's Specification	Bidder's Specifications	Unit Cost	Total Cost
<b>PERSONAL PROTECTIVE EQUIPMENT</b>						
1	150	bottle	<b>ALCOHOL, Isoprophyl</b> <b>Specification:</b> 75% Isoprophyl Alcohol Net Waight: 100 ml Rubbing Alcohol, Antiseptic and Disinfectant Hypo-Allergenic with Moiturizer			
2	300	pcs	<b>FACESHIELD, with GLASSES FRAME</b> <b>Specification:</b> Faceshield Type: Three-Quarter Length Clear Visor, 7.5 inches Full Length Specifications: Resistant to Fogging, Latex-Free, Equiped with Glasses Frame Clear for Maximum Visibility			
3	150	box	<b>VITAMINS</b> <b>Specification:</b> Multivitamin and Minerals 100 tablet/capsule per box Ascorbic Acid (As Sodium Ascorbate) + Zinc 500mg Vitamin C (equivalent to 562.5mg Sodium Ascorbate) 40mg Zinc (equivalent to 109.8mg Zinc Sulphate Monohydrate)			
4	300	box	<b>SURGICAL FACE MASK</b> <b>Specification:</b> Non-Woven + Fliter Cotton Anti Dust, Haze, Smoke and Germs ANY Color Size: 17.5 cm x 9.5 cm Quantity: 50pcs per box 3-Ply Disposable Mask Stretchy Ear Loops for Closely Fit, Easy to Wear and Off Soft, Breathable, Soft Fibrous Material <b>*****NOTHING FOLLOWS*****</b>			
			<b>Delivery Place:</b> DSWD SWADT OFFICE-OCCIDENTAL MINDORO 2345 Baretto St., Brgy. Pag-Asa, San Jose, Occidental Mindoro			
<b>APPROVED BUDGET FOR THE CONTRACT: Php 100,500.00</b>				Note: Please specify brand/ model/ origin Please fill up the space for Bidder's Specification           "Failure to indicate Information could be basis for non-compliance."		

PURPOSE: PURCHASE OF PPEs FOR THE USE OF DSWD SWADT-OCCIDENTAL MINDORO  
 PR No.: 2021-09-0778

IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O.) at DSWD FO MIMAROPA Region, Procurement Unit within three (3) days from the date advance copy was served thru fax. FAILURE to show up and sign the original P.O. means the bidder is not interested and will be ground for suspension or blacklisting in DSWD's future biddings.

**LORETTA G. LICOP**  
 Procurement Officer  
 Telefax: 5336-8106 to 07 loc. 24052

\_\_\_\_\_  
 (Signature over printed name)  
 Supplier

VAT  
 Non-VAT