



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office MIMAROPA Region
1680 F.T. Benitez corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION

RFQ No: 2021-01-0090 NP-LOV

Date: September 24, 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 30, 2021.

Very truly yours,

HARVY B. CALABIO
Administrative Officer V
Procurement Section

9/24/2021

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 OCTOBER 18-22, 2021
- Place of Delivery: HOTEL/RESORT WITHIN CALABARZON (Preferably at TAGAYTAY CITY)
- 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 to register"

LORETTA G. LICOP
Procurement Officer

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

Signature Over Printed Name
(Supplier)



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MOP: NP-LOV

| Item No. | Qty. | Unit | Purchaser's Specifications | Bidder's Specifications | Unit Cost | Total Cost |
|----------|------|------|--|---|-----------|------------|
| 1 | 40 | pax | BOARD AND LODGING (4 DAYS) | | | |
| | | | 32 Guaranteed Pax | | | |
| | | | 2021 REGIONAL INTEGRATED PERFORMANCE REVIEW AND EVALUATION WORKSHOP (IPREW) | | | |
| | | | Venue: Hotel/Resort within HOTEL/RESORT WITHIN CALABARZON (Preferably at TAGAYTAY CITY) | | | |
| | | | Date of Activity: OCTOBER 18-22, 2021 | | | |
| | | | Nights: 4 NIGHTS | | | |
| | | | Check-In Date and Time: OCTOBER 18, 2021/2:00 PM ONWARDS (Monday) | | | |
| | | | Check-Out Date and Time: MOCTOBER 22, 2021/12:00 NN (Friday) | | | |
| | | | Room Sharing: Air-conditioned Room, Triple Sharing with Individual Bed per Pax and Free Toiletries (With the IATF and DOT Guidelines for the Minumum Health Standard) | | | |
| | | | Meal Schedule: | | | |
| | | | OCTOBER 18, 2021: Lunch, PM Snacks and Dinner | | | |
| | | | OCTOBER 19-21, 2021: Breakfast, AM Snack, Lunch, PM Snack, Dinner | | | |
| | | | OCTOBER 22, 2021 (Thursday): Breakfast and AM Snack | | | |
| | | | Type of Serving: | | | |
| | | | *Managed Buffet for Breakfast (6:00 AM), Lunch (12:00 NN) and Dinner (6:00 PM) | | | |
| | | | *Plated Snacks (AM Snack-9:00 AM and PM Snack-3:00 PM) | | | |
| | | | Menu Selection: | | | |
| | | | *Hotel to submit Menu (Minimum of atleast 2 Viands, Soup, Desserts and Beverages) | | | |
| | | | *Hotel will submit proposed menu of the day one (1) week before the training schedule | | | |
| | | | *No repeating meal per menu | | | |
| | | | *Food to be served should have vegetables and fruits and can adjust for Muslim and non pork eaters | | | |
| | | | Inclusions: | | | |
| | | | *Structurally sound and safety for accupancy with enough Fire Escapes, Fire Fighting Equipments, CCTV, Elevators and Stairs | Note: Please specify brand/ model/ origin Please fill up the space for Bidder's Specification | | |
| | | | *Facilitites must be PWD and Senior Citizen Friendly | | | |
| | | | *Air-Conditioned Guest Rooms with Cable TV | "Failure to indicate information could be basis for non-compliance." | | |

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PURPOSE: BOARD AND LODGING FOR 4TH ANNUAL M&E CONFERENCE

PR No.: 2021-01-0090

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

