



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

**REQUEST FOR QUOTATION**

RFQ No. 2021-10-1011 NP LOV  
 Date: November 2, 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, 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) 336-8106 to 07 loc. 111 or email to: ccrvictorio@dswd.gov.ph** not later than **5:00PM on November 9, 2021 (Tuesday)**.

Very truly yours,

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

Tel. No: 5336-8106 loc 24051-52

**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 November 22-24, 2021
- Place of Delivery: Manila
- 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 sepcified 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"**

CATHERINE CATHY R. VICTORIO  
 Procurement Officer  
 Tel. No: 5336-8106 loc 24051-52

\_\_\_\_\_  
 Signature Over Printed Name  
 ( 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](http://www.philgeps.gov.ph) to register"

RFQ No. 2021-10-1011 NP LOV  
 Date: \_\_\_\_\_ (should be filled by suppliers)

MOP: LOV

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

| Item No. | Qty. | Unit | Purchaser's Specifications  | Bidder's Specifications   | Unit Cost | Total Cost |
|----------|------|------|---|---|-----------|------------|
|          |      |      | Food to be served should have vegetables and fruits and can adjust for Muslim and non pork eaters   |   |           |            |
|          |      |      | Free use of facilities and amenities (if applicable)  |   |           |            |
|          |      |      | NOTE: Hotel/Restaurants/Resorts should not be offering short term lodging associated with motel and should not be situated beside or across gambling establishment shops, night clubs, funeral parlors, mortuaries and other similar like |   |           |            |
|          |      |      | ***nothing follows***   |   |           |            |
|          |      |      | <b>Rating Factor</b>  |   |           |            |
|          |      |      | <b>I. Availability - 5%</b>   |   |           |            |
|          |      |      | <b>II. Location and Site Condition</b>  |   |           |            |
|          |      |      | a. Accessibility - 5%   |   |           |            |
|          |      |      | b. Parking space - 5%   |   |           |            |
|          |      |      | c. Security - 5%  |   |           |            |
|          |      |      | <b>III. Neighborhood Data</b>   |   |           |            |
|          |      |      | a. Sanitation and Health Condition - 10%  |   |           |            |
|          |      |      | b. Near Hospita, Police and Fire Station/ Establishment - 5%  |   |           |            |
|          |      |      | <b>IV. Functionality and Venue</b>  |   |           |            |
|          |      |      | a. Structural Conditione - 10%  |   |           |            |
|          |      |      | b. Spacious and Airconditioned Function room and  |   |           |            |
|          |      |      | c. Lighting and Ventilation - 5%  |   |           |            |
|          |      |      | d. Catering Service (with Halal Menu) - 10%   |   |           |            |
|          |      |      | e. Clear Sound System - 5%  |   |           |            |
|          |      |      | f. Adequate and Safe Facilities such Elevator, Fire exits, Escapes, and Equipments - 10%  |   |           |            |
|          |      |      | g. Maintenance and Attractiveness - 10%   |   |           |            |
|          |      |      | h. Amenities and Facilities - 5%  |   |           |            |
|          |      |      | <b>Passing Rate: 85%</b>  |   |           |            |
|          |      |      | ***page 2 of 2***   | 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."                          |           |            |
|          |      |      | <b>Approved Budget Cost: Php 60,000.00</b>  |   |           |            |

**PURPOSE:** Regional Program Implementation Review on alternative Parental Care Program; Strengthening Partnership Amodst the Pandemic

**PR No.:** 2021-10-1011 NP LOV

**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.

  
 CATHERINE CATHY R. VICTORIO  
 Procurement Officer  
 Tel. No: 5336-8106 loc 24051-52

VAT

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

Non-VAT



**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](http://www.philgeps.gov.ph) to register"

RFQ No. 2021-10-1011 NP LOV  
 Date: \_\_\_\_\_ (should be filled by suppliers)  
 MOP: LOV

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

| Item No. | Qty. | Unit             | Purchaser's Specifications   | Bidder's Specifications   | Unit Cost | Total Cost |
|----------|------|------------------|--|---|-----------|------------|
| 1        | 10   | pax              | <b>Board and Lodging for 2 days</b>  |   |           |            |
|          |      | 9 guaranteed pax | Regional Program Implementation Review on alternative Parental Care Program; Strengthening Partnership Amodst the Pandemic       |   |           |            |
|          |      |                  | <b>Venue: Manila</b>   |   |           |            |
|          |      |                  | <b>Date: November 22-24, 2021</b>  |   |           |            |
|          |      |                  | Check in: Novemebr 22, 2021 / 12:00NN  |   |           |            |
|          |      |                  | Check out: November 24, 2021 / 12:00NN   |   |           |            |
|          |      |                  | Room sharing: Airconditioned room, Double sharing, with individual bed per pax, free toiletries                                  |   |           |            |
|          |      |                  | <b>Meal schedules:</b>   |   |           |            |
|          |      |                  | Nov. 22: PM snack, Dinner  |   |           |            |
|          |      |                  | Nov. 23: Breakfast, AM snack, Lunch, PM snack, Dinner  |   |           |            |
|          |      |                  | Nov. 24: Breakfast, AM snack, Lunch  |   |           |            |
|          |      |                  | <b>Type of serving:</b>  |   |           |            |
|          |      |                  | Buffet breakfast, Lunch, Dinner  |   |           |            |
|          |      |                  | Plated snacks  |   |           |            |
|          |      |                  | Menu Selection: Hotel to submit menu ( minimum of at least 2 viands, soup and dessert)   |   |           |            |
|          |      |                  | No repeating meal per menu   |   |           |            |
|          |      |                  | <b>Inclutions:</b>   |   |           |            |
|          |      |                  | Free use of Airconditioned conference room can accommodate atleast 10 pax and free from noise which is detrimental to the event. |   |           |            |
|          |      |                  | Free flowing coffee and drinking water   |   |           |            |
|          |      |                  | No obstructing pillars in the conference room  |   |           |            |
|          |      |                  | Availability of electric outlets and free use of extension cords   |   |           |            |
|          |      |                  | With audio system and at least 2 microphones   |   |           |            |
|          |      |                  | Free use of projector and whiteboards  |   |           |            |
|          |      |                  | With free strong WiFi connections  |   |           |            |
|          |      |                  | <b>Free use of parking space</b>   |   |           |            |
|          |      |                  | Facilities must be PWD and Senior Citizen Friendly   |   |           |            |
|          |      |                  | Must be structurally sound, have fire escapes and firefighting equipments and CCTV   |   |           |            |
|          |      |                  | ***page 1 of 2***  |   |           |            |
|          |      |                  |  | 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:** Regional Program Implementation Review on alternative Parental Care Program; Strengthening Partnership Amodst the Pandemic

**PR No.:** 2021-10-1011 NP LOV

**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.

  
 CATHERINE CATHY R. VICTORIO  
 Procurement Officer  
 Tel. No: 5336-8106 loc 24051-52

VAT

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

Non-VAT