



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
FIELD OFFICE - MIMAROPA
1680 F.T. Benitez Corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION

RFQ No. 2021-09-0085
Date: November 10, 2021

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

Sir/Madam:

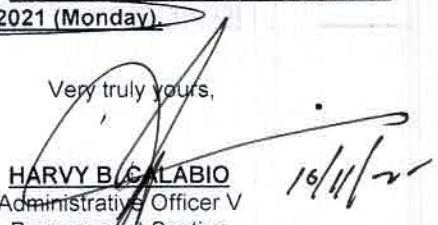
Please quote your government price/s including delivery charges, VAT or **other applicable taxes**, and other incidental expenses for the goods listed in **Annex A**. Failure to indicate information could be basis for non-compliance. Also, furnish us with descriptive brochures, catalogues, literatures 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) 5336-8107 local 24052 or email to: kc4bprocurement2@gmail.com** not later than **5:00PM on November 15, 2021 (Monday)**.

Very truly yours,


HARVY B. CALABIO
Administrative Officer V
Procurement Section

Telefax: 5336-8107 local 24052

Terms and Conditions:

1. Award shall be made on per. item basis total quoted price lot basis
2. Price Validity shall be valid until: **One Hundred Twenty (120) Calendar days**
3. Services shall be delivered **Five (5) days upon received of approved P.O**
4. Place of Delivery: **DSWD FO-MIMAROPA 1680 F.T. Benitez corner Malvar Sts., Malate, Manila**
5. 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**
6. 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.**
7. For goods please indicate brand, model and country of origin.
8. In case of discrepancy between unit cost and total cost, unit cost shall prevail.
9. Please indicate warranty:
10. NOTE: "Prospective supplier must be registered at the Philippine Government Electronic Procurement (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph to register"

JAYSON B. LAGARDE
Procurement Officer
Tel. No: 5336-8107 local 24052

Signature Over Printed Name
(Supplier)



REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I _____ of _____ has received the **Request for**

Quotation RFQ No. **2021-09-0085** from DSWD MIMAROPA Region intended for

Medical supplies for RPMO use.

Certified by:

(Signature Over Printed Name of Supplier)
Contact: _____
Email Address: _____

RFQ Delivered by:

(Signature Over Printed Name of Canvasser)
Position: _____
Date / Time of Delivery: _____

Note: This form shall be used and issued in cases when RFQ is personally delivered to prospective supplier/service provider.



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

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Date: _____

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

MOP: SHOPPING FOR GOODS

Item No.	Qty.	Unit	Bidder's Specifications	Unit Cost	Total Cost
1	275	box	DISPOSABLE SURGICAL MASK MATERIAL: non-woven + filter cotton TYPE: anti-dust, haze, smoke and germs COLOR: any color SIZE: 17.5cm * 9.5cm QUANTITY: 50 pcs per box SPECIFICATIONS: soft breathable, soft fibrous material, 3 layer stretchy loops for closely fit, easy to wear and off; effective protection from dust, germs, smoke, ashers, pollen and allergies.		
2	550	pcs	FACE SHIELD TYPE: Three quarter length clear visor, 7.5 inches SIZE: available in full length and 3/4 length SPECIFICATION: designed for procedures and environments where risk of exposure to blood and/or bodily fluids through splashing is possible; resistant to fogging, equipped with foam band and headband; clear of maximum visibility can be worn with or without glasses or goggles		
3	30	box	ISOPROPYL ALCOHOL MAIN INGREDIENT: 70% isopropyl alcohol NET WEIGHT/VOLUME: 1 gallon FEATURE: rubbing alcohol antiseptic and disinfectant, kills 99.9% of germs, hypoallergenic with moisturizer		
4	110	pcs	Alcohol Spray bottle transparent Portable Disinfection Spray Bottle with hook keychain 60ml (Assorted colors)		
5	55	pack	Tissue Paper 2ply, 12 rolls/pack It is made from 100% virgin pulp with no elemental chlorine and artificial whiteners. It's perfectly hygienic for sensitive use.		
6	5	galon	Liquid hand soap Kills 99.9% of Germs and Bacteria		
7	10	pcs	Disinfectant Spray 170grams Kills 99.9% of Germs and Bacteria		
8	60	sets	First Aid Kit First aid kit (1 storage bag, 1 piece of gauze, 1 roll triangular bandage, 1 self-generated flashlight, 1 instant cold ice pack, 1 pack of band-aid, 1 emergency blanket, 1 roll of elastic bandage, 10 alcohol disinfection tablets, 2 clean wipes, 1 roll edical tape, 1 emergency contact card, 1 roll of silicone tourniquet, 5 safety pins, 1 pair small scissors, pair of tweezers, 1 whistle, 1 stainless steel card, 1 first aid manual)		
9	63	pcs	Rolled Splint - 36" Approved Budget Cost: 129,885.00 *** Nothing Follows *** *** Page 1 of 1 ***		
			Place of Delivery: DSWD FO-MIMAROPA 1680 F.T. Benitez corner Malvar Sts., Malate, Manila Date of Delivery: Five (5) days upon received of approved P.O	"Failure to indicate information could be basis for non-compliance."	

PURPOSE: Medical supplies for RPMO use.

PR No.: 2021-09-0085

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.

JAYSON B. LAGARDE
Procurement Officer
Telefax: 5336-8107 local 24052

(Signature over printed name)
Supplier

VAT
 Non-VAT