



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

REQUEST FOR QUOTATION

RFQ No. 2021-11-0150
Date: November 16, 2021

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

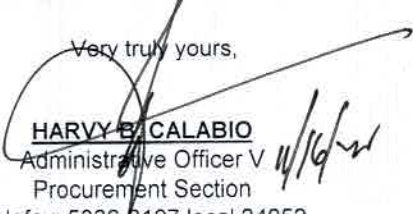
Sir/Madam:

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 19, 2021 (Friday)**.

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-IVB 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 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.
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. 2021-11-0150 from DSWD MIMAROPA Region intended for

Medical supplies for Area Coordinating Team 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.



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

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Date: _____

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

MOP: SHOPPING FOR non CONSULTING SERVICES

Item No.	Qty.	Unit	Bidder's Specifications	Unit Cost	Total Cost
1	4	set	Emergency Response Trauma Bag set		
			Bag Contents		
			1 pc - Heavy duty back pack		
			1 set - BP Apparatus (sphygmomanometer, stethoscope & carrying bag)		
			1 pc - Digital Thermometer		
			10 pcs - sterile gauze pads 4"x4"		
			10 pcs - sterile gauze pads 3"x3"		
			10 pcs - sterile gauze pads 2"x2"		
			10 pcs - sterile eye pads (4 x 6 cm)		
			10 pcs - sterile wound closure strips		
			3 rolls - sterile gauze bandage (5cm x 4.5m)		
			3 rolls - sterile gauze bandage (10cm x 4.5cm)		
			2 rolls - elastic bandage (5cm x 4.5cm)		
			2 rolls - elastic bandage (7.5cm x 450cm)		
			2 rolls - elastic bandage (10cm x 450cm)		
			2 rolls - elastic bandage (15cm x 450cm)		
			5 pcs - triangular bandage		
			1 pc - ice bag (rubberized)		
			1 pc - instant cold pack		
			1 pc - hot water bag		
			1 pc - instant hot pack		
			1 pack - plastic strips (100pcs)		
			2 pcs - emergency blanket		
			10 pcs - antiseptic towelette		
			10 pcs - sterile swabs		
			Diameter x Length (mm) (Approx.) 74.6 x 72		
			1 roll - water adhesive tape plaster (1.25cm x 5m)		
			1 roll - water adhesive tape plaster (2.5cm x 5m)		
			1 roll - water adhesive tape plaster (5cm x 5m)		
			1 pc - heavy duty EMT utility scissor		
			1 pc - stainless bandage scissor		
			1 pc - stainless surgical scissor		
			1 pc - stainless forcep (straight)		
			1 pc - stainless forcep (curved)		
			1 pc - storm whistle		
			1 bottle - povidone iodine (120ml)		
			1 bottle - hydrogen peroxide (120ml)		
			1 bottle - 70% Isopropyl alcohol (500ml)		
			10 pcs - sterile wooden tongue depressor		
			5 pcs - wooden cotton applicator (6")		
			10 sachets - Oral rehydration salts (4.1g)		
			5 pcs - disposable face shield sheets		
			1 pc - Saline Eye and Skin Solution Flush (16 oz)		
			1 pc - Buffered Eye Wash (1oz)		
			1 pc - Heavy duty Penlight with batteries		
			1 pc - CPR Pocket Mask		
			1 pc - Instant Glucose		
			***Page 1 of 2 ***		
			Place of Delivery: DSWD FO-IVB MIMAROPA 1680 F.T. Benitez Corner Malvar Sts., Malate, Manila	"Failure to indicate information could be basis for non-compliance."	
			Date of Delivery: Five (5) days upon received of approved P.O		

PURPOSE: Medical supplies for Area Coordinating Team Use

PR No.: 2021-11-0150

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



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
 Field Office MiMaRoPa Region
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Item No.	Qty.	Unit	Bidder's Specifications	Unit Cost	Total Cost
			10 pcs - Splinter Outs		
			6 pcs - Burn Gel		
			1 pc - Wound cream		
			2 pcs - Multi Trauma Blood Stop Dressing		
			10 pcs - Ammonia Inhalants		
			1 box - Latex Disposable Gloves (Large)		
			13 pcs - XL Patch Elastic Cloth Strips		
			20 pcs - Knuckle Elastic Cloth Dressing		
			12 pcs - Fingertip Elastic Cloth Dressing		
			12 pcs - Triple Antibiotic Ointment		
			5 pcs - 25 Hand Sanitizer		
			10 pcs - Sting Kill Wipes		
			1 pack - cotton balls		
			50 pcs - disposable surgical mask		
			10 pcs - safety pins		
			1 pc - First Aid Guide Book		
			1 pc - Water-resistant heavy duty tactical flashlight w/ batteries		
Approved budget for Contract 32,000.00					
*** Nothing Follows***					
*** Page 2 of 2 ***					
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