



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

REQUEST FOR QUOTATION

RFQ No. 2021-10-0136
Date: November 2, 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) 5336-8106 to 07 loc. 24051-52~~ or email to: kc4bprocurement2@gmail.com not later than 5:00PM on November 8, 2021 (Monday).

Very truly yours,

HARVY B. GALABIO
Administrative Officer V
Procurement Section

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

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: SAN JOSE, OCCIDENTAL MINDORO
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 System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph to register"

SHARON F. PASCASIO
Procurement Officer

Tel. No: 5336-8106 Local 24051-52

Signature Over Printed Name
(Supplier)



Procurement Form No. 04-A (Annex A)
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"

RFQ No. 2021-10-0136
Date: (should be filled up by suppliers)
MOP: SHOPPING

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

Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications	Unit Cost	Total Cost
			CLUSTER AREA COORDINATING TEAM MEETINGS			
			Specifications: Catering Services for AC Meetings for cluster of CALINTAAN, RIZAL, ABRA DE ILOG and MAGSAYSAY, OCCIDENTAL MINDORO Venue: SAN JOSE, OCCIDENTAL MINDORO			
1	15	pax	AREA COORDINATING MEETING Date: Nov 9 and 29, 2021 Venue: SWADT Office and Virtual Conference Meeting Meals: Packed AM and PM snack; and Lunch Buffet Guaranteed Pax: 15 Buffet: Lunch (minimum of 2 viands with soup, dessert/fruits and cold drinks, flowing coffee, pica-pica. No repetition of meals)			
2	15	pax	TECHNICAL FACILITATOR TEAM MEETING Date: Nov 12 and 22, 2021 Venue: SWADT Office and Virtual Conference Meeting Meals: Packed AM and PM snack; and Lunch Buffet Guaranteed Pax: 15 Buffet: Lunch (minimum of 2 viands with soup, dessert/fruits and cold drinks, flowing coffee, pica-pica. No repetition of meals)			
3	15	pax	MUNICIPAL FINANCIAL ANALYST TEAM MEETING Date: Nov 15 and Dec 1, 2021 Venue: SWADT Office and Virtual Conference Meeting Meals: Packed AM and PM snack; and Lunch Buffet Guaranteed Pax: 15 Buffet: Lunch (minimum of 2 viands with soup, dessert/fruits and cold drinks, flowing coffee, pica-pica. No repetition of meals)			
4	15	pax	COMMUNITY EMPOWERMENT FACILITATOR MEETING Date: Nov. 19 and Dec 7, 2021 Venue: SWADT Office and Virtual Conference Meeting Meals: Packed AM and PM snack; and Lunch Buffet Guaranteed Pax: 15 Buffet: Lunch (minimum of 2 viands with soup, dessert/fruits and cold drinks, flowing coffee, pica-pica. No repetition of meals)			
			*** Nothing Follows ***			
			Approved Budget Cost: Php 60,000.00			
				Note: Please specify brand/ model/ origin Please fill up the space for Bidder's "Failure to indicate information could be basis for non-compliance."		
			Page 1 of 1			

PURPOSE: Area Coordinating Team Meeting for cluster of CALINTAAN, RIZAL, ABRA DE ILOG and MAGSAYSAY, OCCIDENTAL MINDORO

PR No.: 2021-10-0136

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 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.

Sharon F. Pascasio
SHARON F. PASCASIO
 Procurement Officer

 (Signature over printed name)
 Supplier

VAT
 Non-VAT

REQUEST FOR QUOTATION RECEIVING FORM

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

Quotation RFQ No. 2021-10-0136 from DSWD MIMAROPA Region intended for
**Catering services for Area Coordinating Team Meeting for cluster of
CALINTAAN, RIZAL, ABRA DE ILOG and MAGSAYSAY, OCCIDENTAL
MINDORO**

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.