



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

REQUEST FOR QUOTATION

RFQ No. 2022-09-0973 NP- SVP

Date: September 23, 2022

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, PCAB License, 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 MIMAROPA Region -BAC Secretariat at 2nd Floor 1680 F.T. Benitez corner Malvar Sts., Malate, Manila or email to: lglicop@dswd.gov.ph not later than **5:00 PM on September 30, 2022 (FRIDAY)**. Quotations submitted to different email address(es) as stated above shall not be considered for evaluation. Please indicate in the subject of your email the title of the Project using this format: **[RFQ Number], [Deadline of Submission]**.

Very truly yours,


HARVEY B. CALABIO
Administrative Officer V
Procurement Section Head

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 on: PERIOD OF OCTOBER - DECEMBER 2022 (14 DAYS ON CALL VEHICLE SERVICE)
- Place of Delivery: VEHICLE SERVICE WITHIN THE PROVINCE OF OCCIDENTAL MINDORO
- Terms of Payment: within 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. 24052

Signature Over Printed Name
(Supplier)



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RFQ No. 2022-09-0973 NP- SVP

Date: _____ (should be filled up by supplier)

MOP: NP- SVP

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

| Item No. | Qty. | Unit | PARTICULARS | Bidder's Specifications (Please fill out the specifications in the space provided) | Unit Cost | Total Cost |
|----------|------|------|---|--|-----------|------------|
| 1 | 1 | van | SERVICE PROVIDER FOR VAN RENTAL (14 DAYS ON-CALL SERVICE) | | | |
| | | | VEHICLE TYPE: Hi-Ace Commuter Van, 16-Seater Excluding the Driver, With Not Less Than 4-Doors | | | |
| | | | NO. OF DAYS: 14 Days for Every Municipalities in Province of OCCIDENTAL MINDORO (ON-CALL) | | | |
| | | | PERIOD COVERAGE OF VEHICLE: October to December 2022 | | | |
| | | | DATE/TIME, PICK-UP POINT/DROP-OFF POINT PLACE AND VICE-VERSA: | | | |
| | | | TIME AND PLACE OF PICK-UP POINT: 7:00 am - 8:00 am / DSWD SWADT-OCCIDENTAL MINDORO OFFICE | | | |
| | | | TIME AND PLACE OF DROP-OFF POINT: 5:00 pm / Place to be Arranged within Municipalities of Occidental Mindoro | | | |
| | | | SPECIFICATIONS: | | | |
| | | | Four-Wheeled and Air-Conditioned Passenger Van | | | |
| | | | With Locally Manufactured Chassis and Body | | | |
| | | | With Engine Displacement Not Exceeding 2200 cc for Gasoline and 3000 cc for Diesel | | | |
| | | | Atleast 2020 Model | | | |
| | | | INCLUSION: | | | |
| | | | Service Provider to Shoulder Toll Fees and Other Expenses of the Driver (Meals, Accommodations, Etc.) | | | |
| | | | 1 Driver per Vehicle | | | |
| | | | Load Allowance of the Driver to Contact Passengers Throughout the Contract Period | | | |
| | | | Passenger's Insurance Against Accidental including All Expenses on Medical (including but limited to medical | | | |
| | | | OTHER REQUIREMENTS: | | | |
| | | | Licensed Driver | | | |
| | | | Driver must be COVID-19 Negative and FULLY Vaccinated (Medical Certificate/Vaccine Card as Proof) | | | |
| | | | Regular Disinfection of the Vehicle | | | |
| | | | MODE OF PROCUREMENT: Government Procurement | | | |
| | | | *****NOTHING FOLLOWS***** | | | |
| | | | Total Approved Budget for the Contract: | Note: Please specify brand model/origin .Please fill up the space for Bidder's specification | | |
| | | | One Hundred Twelve Thousand Pesos Only (Php 112,000.00) | "Failure to indicate information could be basis for non-compliance." | | |

PURPOSE: VEHICLE SERVICE FOR THE USED BY DSWD CIS PSP-AICS STAFF DURING PAYOUTS IN OCCIDENTAL MINDORO

PR No.: 2022-09-0973 NP- SVP

VAT
 Non-VAT

(Signature over Printed name)
Supplier

IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O.) at DSWD FO MIMAROPA Region, Procurement Section within three (3) days from the date advance copy was served thru email. 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.