



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

REQUEST FOR QUOTATION

RFQ No. 2022-07-0162 SHOPPING B  
Date: October 17, 2022

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

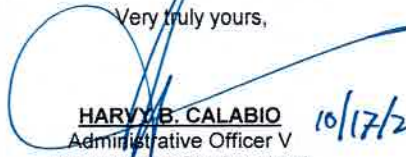
**Sir/Madam:**

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: jcgaga-a@dswd.gov.ph not later than 5:00 PM on October 21, 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,  
  
**HARRY B. CALABIO** 10/17/22  
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: 15 days upon receipt of approved PO
- Place of Delivery: DSWD FO IV - MiMaRoPa, 1680 F.T Benitez Cor., Malvar st., Malate, Manila.
- 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](http://www.philgeps.gov.ph) to register "

  
**JERICHO C. GAGA-A**  
Procurement Officer  
Telefax: 5336-8106 to 07 loc. 24052  
Contact Number: 09652364341

\_\_\_\_\_  
Signature Over Printed Name  
( Supplier)



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RFQ 2022-07-0162

Date: \_\_\_\_\_ (should be filled up by supplier)

MOP: SHOPPING B

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	260	box	N95 Mask			
			Specification:			
			FFP2 or Higher			
			10 pcs / box			
			NIOSH approved			
			Adjustable Nose Clip			
			Nose Foam			
2	130	box	Sodium Ascorbate (Vitamin C)			
			Specification:			
			Multivitamins and Mineral			
			100 Capsule per box			
			Sodium Ascorbate with Zinc			
			500 mg Vitamin C			
			10 mg Zinc			
3	130	bottle	Isopropyl Alcohol			
			specification:			
			70% Isopropyl Alcohol Solution			
			Net Weight: 1 liter			
			Disinfectant and Anti-septic			
			Hypo-Allergenic with Moisturizer			
			Pump Type			
4	130	piece	Digital Thermometer			
			Specifications:			
			Measuring Time: 60 seconds			
			Temperature Alarm Prompt, like the fever can be set emergency alarm			
			Replaceable battery, high accuracy and fast response			
			Easy to read Digital Display Automatic Shut off			
			Can be used in Oral, Rectal and Armpit			
			With free battery			
5	130	piece	Pulse Oximeter			
			Specification:			
			Easy to read Two color TFT Display			
			Light and Compact: Easy and Convenient to Operate			
			Anti-Movement Algorithm and Low Power Consumption			
			Accuracy: 80%-100% (SpO2) and 2bpm (PR)			
			Range: 35%-100% (SpO2) and 25-250bpm (PR)			
			with free battery			
6	43	set	Sphygmomanometer Digital			
			Specification:			
			Medical grade blood pressure monitoring that provides accurate and comfortable upper arm blood pressure measurement with enhanced intellisense technology.			
			Straight forward one button operation with cuff wrapping, body movement detection.			
			Hypertension indicator and irregular heartbeat detection			
7	260	pack	Interfolded Paper Towel			
			2 Ply 150 pulls			
			Hypoallergenic, Fragrance Free			
			2/Pack			
			***Nothing Follows***			
			Approved Budget for the Contract:			
			Two Hundred Ninety-Two Thousand Seven Hundred Pesos			
			Php292,700.00			
				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: Purchase of Medical Supplies for KALAHICIDSS Area Coordinating Team use.

PR No.: 2022-07-0162

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

VAT  
Non-VAT

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.

**REQUEST FOR QUOTATION RECEIVING FORM**

I Hereby certify that I \_\_\_\_\_, of

\_\_\_\_\_ has received the Request for

Quotation RFQ No. **2022-07-0162** from DSWD MIMAROPA Region intended for the

**Purchase of Medical Supplies for KALAHI-CIDSS 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.