



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

REQUEST FOR QUOTATION

RFQ No. 2022-10-0191 NP-SVP
Date: November 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 November 23, 2022 (Wednesday)**. 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
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 OFFICE, 1680 F.T. Benitez corner Malvar Sts., 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 to register "**


JERICO 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 2022-10-0191

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	2	Unit	Floor Mounted Air Conditioning Unit			
			Specifications:			
			CAPACITY: 4.0 HP			
			PERFORMANCE DATA: (Not limited to)			
			Cooling Capacity: 37,980 - 45,000 kJ/hr			
			Power Consumption: 3,530 Watts			
			Energy Efficiency Ratio (EER): 10.8 kJ/W-hr			
			Sound Level @ Low: 54 dBA			
			Power Supply: 230 V / 60 Hz / 1 Ph			
			Refrigerant Type: R22			
			PHYSICAL DATA: (Not limited to)			
			Indoor Dimension (W x H x D): 508 x 1,806 x 288 mm			
			Packaging Dimension (W x H x D): 590 x 1,910 x 380 mm			
			Weight (Net/Gross): 43.5 / 47 kg			
			Outdoor Dimension (W x H x D): 936 x 722 x 336 mm			
			Packaging Dimension (W x H x D): 1,075 x 765 x 415 mm			
			Weight (Net/Gross): 77 / 79.5 kg			
			Pipe Sizes (Liquid / Gas): ø 9.52 / ø 15.88 mm ø			
			Other Inclusions:			
			> Tax Included			
			> Free installation			
			> To be Delivered in Malate Office			
			> With Warranty			
			> Supplier to visit first the office to assess the location before delivery and installation of unit/s.			
			Nothing follows			
			Approved Budget for the Contract			
			Two Hundred Seventy-One Thousand Pesos only			
			Php271,000.00			
				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: Office Equipment (Air Conditioner) for KC-NCDDP-AF operations use

PR No.: 2022-10-0191

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.



REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I _____, of

_____ has received the **Request for**

Quotation RFQ No. 2022-10-0191 from DSWD MIMAROPA Region intended for the

Office Equipment (Air Conditioner) for KC-NCDDP-AF operations 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.