

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

REQUEST FOR QUOTATION

		RFQ No. 2023-01-0021 NP-LOV
		Date: December 27, 2022
Company Name		
Company Address	4	
Contact Person		
Contact No.	i i	
Email Address		
Company TIN	ž	
PhilGEPS Reg. No.	<u> </u>	
Sir/Madam:	7 1 1 1 1 1 1 1 1	
expenses for the goo	18 HOURS BEEN AND SERVICE AND THE RESIDENCE OF THE SERVICE AND	charges, VAT or other applicable taxes, and other incidental icate information could be basis for non -compliance. Also, es and/or samples, if applicable.
	nanufacturer, distributor, or agent in turized certification to this effect.	the Philippines for goods listed in Annex A, please attach in your
PhilGEPS Certificate accordance with the Omnibus Sworn State	e, latest Income/Business Tax Retu e attached format marked as Anne	siness Permit, Mayor's Permit, PCAB License (if applicable), urn and a notarized or unnotarized Omnibus Sworn Statement in x B. If awarded, please submit immediately the duly notarized otarized.) The Certificate of Platinum Membership maybe LGEPS Registration Number.
1680 F.T. Benitez col January 3, 2022 (Tu	rner Malvar Sts., Malate, Manila <u>or e</u> <u>esday).</u> Quotations submitted to diffe	nex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor remail to: ccrvictorio@dswd.gov.ph not later than <u>5:00 PM on</u> erent email address(es) as stated above shall not be considered for e title of the Project using this format: [RFQ Number], [Deadline of
Submission ₁ .		Vonstruhkours
		Very truly yours,
		HARVY B CALABIO Administrative Officer V Procurement Section Head
Terms and Conditio	ns:	
	hall be valid until: One Hundred Two	
	oe delivered on: October 17-20, 20	23
Security Commence of the Comme	ent: within 30 days upon final ins	spection and acceptance emandable Accounts Payable- Advice to Debit Account)
Account Name	i:	Account Number :
Bank Name: **Note: Non La	and Bank of the Philippines accoun	
Liquidated Dan the amount of	nages/Penalty: In case of failu the liquidated damages shall be a	re to make full delivery within the time specified above, t least equal to one-tenth of one percent (0.001) of the cost of
		shall be imposed. Once the cumulative amount of liquidated int of contract, the Procuring Entity may rescind or terminate
the contract w	ithout prejudice to other courses	of action and remedies available under the circumstances.
	se indicate brand, model and country repancy between unit cost and total of	
9. Please indicate	warranty:	
		ed at the Philippine Government Electronic Procurement System S website at www. philgeps.gov.ph to register "
CATHERINE	CATHY R. VICTORIO	
Proc	urement Officer	
	6 to 07 loc. 24052	Signature Over Printed Name
Contact Number:	U9984/46898	(Supplier)

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Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PHILGEPS). You may visit the PHILGEPS

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website at www.pniigeps.go	v.pn to register	Date:	
Company Name	4	MOP:	NP-LOV
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Contact Person	-		
Contact No.	·		
Email Address	<u> </u>		
Company TIN	- F		
PhilGEPS Reg. No.	<u> </u>		

No.	Qty.	Unit	PARTICULARS	Bidder's Specifications (Please fill out the specifications in the space provided) NOTE: Supplier must state here either the statement of compliance either "COMPLY" or "NOT COMPLY". "Failure to indicate information could be basis for non-compliance."	Unit Cost	Total Cost
320	40 quaranteed	pax	Board and Lodging for 3 days 2023 Regional Integrated Performance Review and Evaluation Workshop			
32.0	Juaranteet	pax	(IPREW)			
			Venue: NCR / CALABARZON			
			Date: October 17-20, 2022			
			Check in; October 17, 2022 / 12:00 NN			
			Check out: October 20, 2022 / 12:00 NN			
			Meals schedule:			
			Oct. 17: Lunch, PM snack, Dinner			
			Oct. 18-19: Breakfast, AM snack, Lunch, PM snack, Dinner			
			Oct. 20: Breakfast, AM snack			
			Type of serving:			
_			Managed Buffet: Breakfast(6 00AM), Lunch(12:00PM)			
			Dinner(6:00PM) Ploted creek AM prock(9:00AM) PM encek(3:00PM)			
			Plated snack: AM snack(9:00AM), PM snack(3:00PM) Menu Selection:			
			Hotel to submit the menu (Minimum of atleast 2 viands, soup, dessert,			
			beverages			
			2 Hotel will submit proposed menu one week before the schedule			
			3. No repeating menu/meals			
			Inclusions:			
			Room occupancy should allow IATF guidelines and protocols			
			2. Structurally sound and safety for occupancy with enough fire escapes, fire			
			fighting equipment, CCTV, elevators and stairs			
			3. Facilities must be PWD and Senior. Citizen Friendly			
-			Air-conditioned venue with air humidifiers			
-			5. No obstructing pillars in the conference room			
			6. The session hall/conference room is free from noise w/c is detrimental to the event/ meeting			
			7. With registration area			
			8. Free use of telephone line, projector w/ screen, speaker podium, sound			
			system w/ 3 microphones, electric outlets, extension cords, whiteboard and			
			whiteboard marker & eraser and other amenities			
			Free Wi-Fi access for both guest and function rooms			
			10. Free use of parking space			
			11. Venue must be in new-normal setup with provision of acrylic barriers.			
			alcohol and sanitizers and extra face masks for the participants, 2 meter			
			distancing among the participants			
		-	12. Venue must have a large monitor TV screen for the conference call and other necessary, materials/technology, for conference call			
_			13. At least one (1) hotel staff/attendant available at any given time during the			-
			session to assist the secretariat in logistical concerns			
			14. At least one (1) hotel staff/attendant to act as marshal to remind the hotel			
			health protocols			
			15. Free complimentary room for the Regional Director and the Secretariat			
			16. Provision of complimentary room for the advance party/secretariat team			
			17. Preferably, with available hotel mini-bus/vehicle			
			Notes:			
			End-user shall inform the Service Provider one to two weeks the exact date			
			of the activity			
-			The Secretariat will rpovide the final list of participants in the first day of the activity			
			If the total no. of participants exceeds the guaranteed participants, the agency			
			will be billed for the actual no.			
-	_	-	FOTAL APPROVED BUDGET FOR THE CONTRACT.			
-		-	Two Hundred Sixty-Four Thousand Pesos Only	Note: Please specify brand		
			(Php 264,000.00)	model/origin .		
_			V P. actions (1)			

PURPOSE:

2023 Regional Integrated Performance Review and Evaluation Workshop (IPREW)

PR No.:

2023-01-0021 NP-LOV

		VAT
		Non-VAT
nature over Printed name)	-	

(Signature over Printed name) Supplier