

REQUEST FOR QUOTATION

RFQ No. **KC-2023-02-0001 NP- SVP**

Date: **February 28, 2023**

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

Sir/Madam:

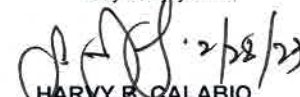
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in **Annex A. Failure to indicate information could be basis for non-compliance.** Also, furnish us with descriptive brochures, catalogues, literatures and/or 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 (if applicable), PhilGEPS Certificate, latest Income/Business Tax Return and a notarized or unnotarized Omnibus Sworn Statement in accordance with the attached format marked as Annex B.** If awarded, please submit immediately the duly notarized Omnibus Sworn Statement (if previously submitted is unnotarized). 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: kcmimaropa-procurement@dswd.gov.ph** not later than **5:00 PM on March 6, 2023 (Monday).** 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. GALABIO
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: **Proposed dates**
- Place of Delivery: **DSWD Regional Office, 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: 09190976674

Signature Over Printed Name
(Supplier)



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 KC-2023-02-0001 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) 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
			Provision of Meals for 1 day (Meals + 2 Snacks)			
			Unit Heads Monthly Meeting			
			Date/s:			
1	17	pax	20 March 2023			
2	17	pax	11 April 2023			
3	17	pax	08 May 2023			
4	17	pax	05 June 2023			
5	17	pax	03 July 2023			
6	17	pax	07 August 2023			
7	17	pax	04 September 2023			
8	17	pax	02 October 2023			
9	17	pax	06 November 2023			
10	17	pax	04 December 2023			
	Total pax: 170		Type of Serving:			
			Snacks for AM and PM: Plated, with Beverage (fresh fruit juice)			
			Lunch: Buffet [3 Main dish with soup, dessert (fruits) and beverages (fruit juice); should include vegetables per meal]			
			Overflowing Coffee			
			Note: Different Set of Dishes per activity and with flexibility to participants with food restrictions.			
			Provision of Meals for 2 days (Meals + 2 Snacks)			
			1st RPMT Meeting			
11	117	pax	Day 1 - 117 pax - 27 March 2023			
			Guaranteed pax per conduct of activity: 105 pax			
12	62	pax	Day 2 - 62 pax - 28 March 2023			
			Guaranteed pax per conduct of activity: 55 pax			
			Type of Serving:			
			Snacks for AM and PM: Plated, with Beverage (fresh fruit juice)			
			Lunch: Buffet [3 Main dish with soup, dessert (fruits) and beverages (fruit juice); should include vegetables per meal]			
			Overflowing Coffee			
			Note: Different Set of Dishes per activity and with flexibility to participants with food restrictions.			
			Provision of Meals for 2 days (Meals + 2 Snacks)			
			2nd RPMT Meeting			
13	117	pax	Day 1 - 117 pax - 28 September 2023			
			Guaranteed pax per conduct of activity: 105 pax			
14	62	pax	Day 2 - 62 pax - 29 September 2023			
			Guaranteed pax per conduct of activity: 55 pax			
			Type of Serving:			
			Snacks for AM and PM: Plated, with Beverage (fresh fruit juice)			
			Lunch: Buffet [3 Main dish with soup, dessert (fruits) and beverages (fruit juice); should include vegetables per meal]			
			Overflowing Coffee			
			Note: Different Set of Dishes per activity and with flexibility to participants with food restrictions.			
			Nothing follows			
			TOTAL APPROVED BUDGET FOR THE CONTRACT:			
			Two Hundred Sixty-Four Thousand Pesos Only (Php 264,000.00)			
				Note: Please specify brand model/origin .		

PURPOSE: Catering Services for the Monthly Unit Heads Meeting and RPMT Meeting 2 Semester
PR No.: KC-2023-02-0001 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.



REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I _____, of

_____ has received the **Request for**

Quotation RFQ No. KC-2023-02-0001 NP- SVP from DSWD MIMAROPA Region intended for the

Catering Services for the Monthly Unit Heads Meeting and RPMT Meeting 2 Semester

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.