



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

REQUEST FOR QUOTATION

RFQ No. **KC-2023-02-0017 SHOPPING B**

Date: **March 8, 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 15, 2023 (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,

HARVY B. CALABIO
Administrative Officer V
Procurement Section Head

3-9-23-

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 **7-15 CD after receipt of approved Purchase Order**
- Place of Delivery: **1680 Benitez St, cor, 1004 Gen. Malvar St, Malate, Manila, Metro 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"**

Ma. Kahliel Kristal M. Ferranco

Telefax: 5336-8106 to 07 loc. 24052
Contact Number: **09456535745/09152653142**

Signature Over Printed Name
(Supplier)



REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I _____ of

_____ has received the **Request for**

Quotation RFQ No. KC-2023-02-0017 from DSWD MIMAROPA Region intended for the

Purchase of office supplies of Philippine Multi-Sectoral Nutrition Project and Abra De Ilog 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.



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RFQ KC-2023-02-0017 SHOPPING B

Date: _____ (should be filled up by supplier)

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

MOP: SHOPPING B

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
1	8	boxes	BALL POINT PEN, I-Gel GI-165 0.5Mm Ballpen , 12 Pcs 3Colors Available (6 PCS BLACK-6 PCS BLUE)			
2	20	pieces	CORRECTION TAPE, Disposable, Gear Type, Single Line Tape, 8 meters (min), 5mm width			
3	1	packs	ENVELOPE, Expanding, legal, 380MM x 250 mm, with string and eyelet or elastic strap. 10s/ pack			
4	4	boxes	FOLDER, with TAB, LEGAL, Tagboard, Leaf Dimension:240mm x 365mm, Tab: 13mm, 50/pack			
5	4	jars	GLUE, Multi-Purpose. 240 grams			
6	3	boxes	MARKER PEN, Permanent, 12/box, Black			
7	60	reams	PAPER, MULTICOPY, 80gsm, size: 210mm x 297mm (A4)			
8	33	reams	PAPER, MULTICOPY, 80gsm, size: 216mm x 330mm (Legal)			
9	6	pieces	PUNCHER, Paper, Heavy duty, With two hole guide, 1, Diameter of hole: 7mm (approx), Distance between 2 holes: 70mm (0.5mm) center-to-center, Punching depth: 12mm, With lever lock			
10	9	books	RECORD BOOK, 500 PAGES, size: 214mm x 278mm min			
11	9	pieces	STAPLER, STANDARD TYPE, load cap: 200 staples min, with remover			
12	10	boxes	STAPLE WIRE, STANDARD, 5000 wires per box #35			
13	7	rolls	TAPE, MASKING, width: 24mm (±1mm)			
14	7	rolls	TAPE, PACKAGING, width: 48mm (±1mm)			
15	7	rolls	TAPE, TRANSPARENT, width: 24mm (±1mm)			
16	9	boxes	Paper clips, vinyl regular size 50mm			
17	17	boxes	Paper Fastener, assorted color 70mm, 50/box			
18	30	piece	CARTOLINA, multicolored			
19	15	packs	PARCHMENT PAPER for certificates, 80gsm size: A4, 50 pcs/pack			
20	5	Piece	White Board (30*45 cm)			
21	4	boxes	White Board Marker Black (12pcs/box)			
22	3	piece	White Board Eraser			
23	4	pieces	RULER, PLASTIC, 450MM, 1 piece in individual plastic			
24	6	pieces	SCISSORS, symmetrical, blade length: 65mm, 1 piece			
25	21	bottles	EPSON (L3210) INK 003, BLACK-Epson			
26	3	bottles	EPSON (L3210) INK 003, YELLOW-Epson			
27	3	bottles	EPSON (L3210) INK 003, MAGENTA-Epson			
28	3	bottles	EPSON (L3210) INK 003, CYAN-Epson			
29	2	units	Heavy duty long arm stapler			
30	1	pack	Long brown envelop size 13 (100 pcs/Pack)			
31	2	boxes	Pencil no. 2 (12 pcs/Box)			
Nothing follows						
Approved Budget for the Contract						
Fifty-Two Thousand Four Hundred Pesos only						
Php62,400.00						
				Note: Please specify brand model/origin .		

PURPOSE: Purchase of office supplies of Philippine Multi-Sectoral Nutrition Project and Abra De Ilog use.

PR No.: KC-2023-02-0017

☐ 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.