



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 - 2023-03-0044 SHOPPING-B  
Date: March 23, 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 may be 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: [bfcumigad@dswd.gov.ph](mailto:bfcumigad@dswd.gov.ph) not later than **5:00 PM on March 31, 2023 (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,

  
HARVY B. CALABIO  
Administrative Officer V  
Procurement Section Head

3-24-2023

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: 20 CD after receipt of approved Purchase Order
- Place of Delivery: DSWD FO MIMAROPA - 1680 F.T. Benitez St., cor Malavar 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 "

BRYAN F. CUMIGAD  
Procurement Officer

Contact Number: 09203446606

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

RFQ KC - 2023-03-0044 SHOPPING B

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

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	25	Piece	Cartolina Assorted Colors			
2	5	Box	MARKER PEN, Permanent, 12/box, Black			
3	2	Box	Whiteboard Marker, 12/box, Black			
4	10	Box	SIGN PEN NEEDLE POINT 0.5mm (Black), 12pcs/box			
5	9	Box	SIGN PEN NEEDLE POINT 0.5mm (Blue), 12pcs/box			
6	10	Box	PENCIL WITH ERASER, 12pcs/box			
7	2	Box	ENVELOPE, Expanding, legal 380MM x 250 mm, with string and eyelet or elastic strap, 100 pcs/box			
8	220	Piece	Stationery Moleskin Rubber Diary Strap Notebook with String Lock A5 size			
9	2	Piece	STAPLER STANDARD TYPE, load cap: 200 staples min, with remover			
10	2	Box	STAPLE WIRE, STANDARD, 5000 wires per box #35			
11	5	Roll	TAPE, TRANSPARENT, 1"			
12	4	Ream	MULTI COPY, A4 BOND PAPER, 80 gsm, size:210mm x 297mm			
13	8	Pack	Special Board Paper for Certificate, A4 250gsm, 30pcs/pack			
14	220	Piece	Clear Card Case, A4 for certificate			
15	2	Pack	Clear Plastic Horizontal (3x4") Name Tag with metal badge clips, 50-cs/pack			
			*** Nothing follows***			
			TOTAL APPROVED BUDGET FOR THE CONTRACT:			
			Sixty Six Thousand Pesos only (Php 66,000.00)			
				Note: Please specify brand model/origin .		

PR No.: KC-2023-03-0044

(Signature over Printed name)  
Supplier

<input type="checkbox"/>	VAT
<input type="checkbox"/>	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 (RFQ) RECEIVING FORM

I hereby certify that I \_\_\_\_\_, of \_\_\_\_\_ has received the Request for Quotation (RFQ No. KC-2023-03-0044) from DSWD MIMAROPA Region intended for \_\_\_\_\_.

**Certified by:**

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

Contact No: \_\_\_\_\_

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.*