

## 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 - 2023-03-0060 NP-SVP March 7, 2023
Company Name		
Company Address	*	
Contact Person	<u></u>	
Contact No.	<del></del>	
Email Address	<u>2</u>	
Company TIN	<u>4</u>	
PhilGEPS Reg. No.	<u> </u>	
Sir/Madam:		
expenses for the goo	overnment price/s including delivery charges, ads listed in <b>Annex A</b> . <u>Failure to indicate in</u> iptive brochures, catalogues, literatures and/	VAT or other applicable taxes, and other incidental formation could be basis for non -compliance, Also, or samples, if applicable.
	manufacturer, distributor, or agent in the Phili arized certification to this effect	ppines for goods listed in Annex A, please attach in your
applicable), PhilGE Sworn Statement in immediately the duly	accordance with the attached format man notarized Omnibus Sworn Statement (if prev	Permit, Mayor's Permit , PCAB License (if x Return and a notarized or unnotarized Omnibus rked as Annex B. If awarded , please submit viously submitted is unnotarized. The Certificate of usiness Permit and PHILGEPS Registration Number.
Floor 1680 F.T. Beni procurement@dsw email address(es) as	itez corner Malvar Sts., Malate, Manila or em d.gov.ph not later than 5:00 PM on March	DSWD MIMAROPA Region -BAC Secretariat at 2nd ail to: bfcumigad@dswd.gov.ph/ kcmimaropa-14, 2023 (Tuesday): Quotations submitted to different aluation. Please indicate in the subject of your email the of Submission].
		, and journ
		HARVY B. CALABIO Administrative Officer V Procurement Section Head
Terms and Condition	ons:	
Award shall be     Price Validity s	e made on per:	total quoted price lot basis  20) Calendar days
<ol><li>Services shall</li></ol>	be delivered on: 20 CD after receipt of app	
	nent: within 30 days upon final inspection	enitez corner Maivar Sts., Maiate, Manila n and acceptance ble Accounts Payable- Advice to Debit Account)
Account Nam		Account Number :
Bank Name:_	and Bank of the Philippines accounts sha	Branch:
6. Liquidated Dar	mages/Penalty: In case of failure to ma	ke full delivery within the time specified above,
the unperform	ned portion for every day of delay shall be ches ten percent (10%) of the amount of co	equal to one-tenth of one percent (0.001) of the cost o imposed. Once the cumulative amount of liquidated ontract, the Procuring Entity may rescind or terminate
the contract v	without prejudice to other courses of action ase indicate brand, model and country of origon prepancy between unit cost and total cost, uni-	n and remedies available under the circumstances.
<ol><li>Please indicat</li></ol>	e warranty:	
(Phi	spective supplier must be registered at the ICEPS). You may visit the PhilGEPS websi	e Philippine Government Electronic Procurement Sys te at www. philgeps.gov.ph to register "
Proc	urement Officer	
Contact Numbe		Signature Over Printed Name (Supplier)



DHIGEDS Dog No.

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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 - 2023-03-0060 NP-SVP

	Anna Andrew Commenter of the Comment	Date:	( should be filled up by suppplier)
Company Name	.2	MOP NP-SVP	
Company Address			
Contact Person	10		
Contact No.			
Email Address			
Company TIN	7		

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	9	Set	LAPTOP TECHNICAL SPECIFICATIONS			
			1. Processor;			
		====	CPU Architecture Technology: Processor model should at least be the latest			
			release			
			Base Speed Frequency, 2.5 GHz, up to 4.6 GHz.			
			Cores: ≥ 6 Cores			
			Cache ≥ 18MB Smart Cache			
			2. Operating System:			
			Type: Latest Stable Proprietary OS 64-bit Version: Professional version (Must have the capability to join Active Directory)			
			A certificate of Authenticity (COA), Genuine Label or Equivalent of the license from the OS provider should be provided (Holographic Image Sticker)			
			3. Office Productivity Software:			
			Type: Latest Stable Proprietary OPS for Corporate Application Perpetual			
			Version: Standard, Inclusive of Word Processor, Spreadsheet, Presentation			
			& Email for offline use			
			4. Memory:			
			Capacity: ≥16 Gb DDR4			
			Speed DDR4 - ≥ 3200mhz			
			5. Keyboard: Built-in			
			Pointing Devices/Mouse:     Type: Touchpad with multi-gesture and scrolling function and inclusive of			
			Standard Optical Mouse USB (mouse should be the same brand of the laptop being offered)			
			7. Graphics Controller: Integrated			
	=====		8, I/O Ports; All ports should be INTEGRATED/BUILT-IN			
			(no USB conversions/extension/adapters)			
_			≥ 2 x USB 3.0 port			
-			1 x headphone / microphone or combo jack 1 x RJ-45 LAN port		-	
			1 x HDMI			
			9. Display: ≥14" inch LED Display with a built-in webcam			
			10.Hard Drive: ≥ 240 GB SSD M.2			
			11. Sound Controller: Integrated/built-in High Definition Audio system			
			12. Weight: ≤ 1.5 kg, including battery			
			13. Communication: MUST BE INTEGRATED / BUILT-IN			
_			(no USB conversions/extension/adapters)			
			a .Wireless - Integrated Dual Band Wireless - 802,11 ac/a/b/g/n; Bluetooth 4 0		-	
			b.Ethernet - Integrated 10/100/1000MB Base-TX			
			14. Battery: Battery at least 6 hours' operation with one full charge			
			15. Warranty & SLA:			
			Three (3) years Hardware Warranty	Total Control of the		
			One(1) year on Mouse			
			<4 hours response time for issues reported (thru Help Desk)			
			For reported hardware replacement, the Service Provider shall be the one to			
_			pull out the unit			
			***Nothing follows***			
			Approved Budget for the Contract			
_			Six Hundred Thirty-Nine Thousand Pesos Only Php 639,000.00			
			Php 639,000.00			
_		-		Note: Please specify brand		

PURPOSE:

Purchase of Laptops for Philippine Multisectoral Nutrition Project Staff (PMNP)

PR No.:

KC-2023-03-0060

(Signature over Printed name) Supplier VAT 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. F AILURE 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 rece	eived th	ne Requ	est for
	) 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 Canvasse	er)				
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.