

Contact Number: 09203446606

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

REQUEST FOR QUOTATION

		RFQ No Date:	KC - 2023-03-0092 NP-SVP March 27, 2023
		Date.	marqui 21, 2020
Company Name			
Company Address	8		
Contact Person			
Contact No.			
Email Address	:		
Company TIN	\$2	Š;	
PhilGEPS Reg. No.	4	6 -	
Sir/Madam:			
for the goods listed in	vernment price/s including delivery charges, Annex A Failure to indicate information, catalogues, literatures and/or samples, if a	could be basis for ne	
	nanufacturer, distributor, or agent in the Phili prized certification to this effect.	ppines for goods listed i	n Annex A, please attach in your
PhilGEPS Certificat in accordance with Omnibus Sworn State	ttach copies of your Company's Business e, latest Income/Business Tax Return ar the attached format marked as Annex B ement (if previously submitted is unnotarized /Business Permit and PHILGEPS Registrat	nd a notarized or unno if awarded , please sub i. The Certificate of P	starized Omnibus Sworn Statement omit immediately the duly notarized
1680 F.T. Benitez co procurement@dsw address(es) as stated	nd submit this form together with Annex A to mer Malvar Sts., Malate, Manila or email to d.gov.ph not later than 5:00 PM onApril 3 d above shall not be considered for evaluation mat: [RFQ Number], [Deadline of Submi	b: bfcumigad@dswd.g., 2023 (Monday). Quol n. Please indicate in the ission].	Lations submitted to different email as subject of your email the title of the very rull yours, LARLY & CALABIO dministrative Officer V
Terms and Conditi	ons:	Pro	curement Section Head
Award shall be Price Validity s	made on per:item basis shall be valid until: One Hundred Twenty (X total quoted price 120) Calendar days	lot basis
3. Services shall			
4. Place of Delive	San Fernando, Rombion		
5. Terms of Payr	nent; within 30 days upon final inspect igh LDDAP-ADA (List of Due and Deman	dable Accounts Paval	ple- Advice to Debit Account)
Account Nam		Acco	unt Number :
Bank Name:	Land Bank of the Philippines accounts s	Brand a sen	
Liquidated Da	mages/Penalty: In case of failure to	make full delivery wit	hin the time specified above,
the amount of	of the liquidated damages shall be at least	st equal to one-tenth o	f one percent (0.001) of the cost of
the unperform	med portion for every day of delay shall thes ten percent (10%) of the amount of	be imposed. Once the contract, the Procuri	no Entity may rescind or terminate
the contract	without prejudice to other courses of ac	tion and remedies ava	liable under the circumstances.
For goods ple	ase indicate brand, model and country of ori-	gin.	
Please indical	crepancy between unit cost and total cost, un te warranty:		
10. NOTE: "Pr (Ph	ospective supplier must be registered a iliGEPS). You may visit the PhilGEPS we ANA CUMIGAD	t the Philippine Gover bsite at www. philgep	nment Electronic Procurement System s.gov.ph to register "
Pro	curement Officer		
200 100 1000 20	er: 09203446606		Signature Over Printed Name (Supplier)



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

RFQ KC - 2023-03-0092	MP-SVP	

ne PHILGEP's website at www.pningeps.gov.pn to register		Date:	(should be filled up by suppolier)
Company Name	1	MOP: NP-SVP	
Company Address	.1		
Contact Person	*		
Contact No.			
Email Address			
Company TIN			
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
			Catering services for 1 Meal & 2 Snacks for CEAC Activities			
1	528	pax	Community Volunteers Training			
			25-28 April 2023 (4 days)			
			Venue: San Fernando, Rombton			
			Type of Serving:			
			Snacks for AM and PM: Plated, with Beverage			
			Lunch: Buffet (3 Main dish with soup, dessert and beverages)			
			Note: Different Set of Dishes per day			
			Guranteed pax: 119 per conduct of activity			
2	86	pax	Operations and Maintenance Training			
		-	05 May 2023			
			Venue: San Fernando, Rombion			
		-	Type of Serving:			
			Snacks for AM and PM: Plated, with Beverage			
_		-	Lunch: Buffet (3 Main dish with soup, dessert and beverages)			
			Guranteed pax: 77			
3	50	pax	Sustainable Planning Workshop			
			21 April 2023			
			Venue: San Fernando, Rombion		-	
			Type of Serving:			
	_	2	Snacks for AM and PM: Plated, with Beverage			
			Lunch: Buffet (3 Main dish with soup, dessert and beverages)			
	-	}	Guranteed pax: 45			
4	56	pax	Municipal Accountability Reporting			
	1		18 August 2023			
			Venue: San Fernando, Rombton			
			Type of Serving:			
			Snacks for AM and PM: Plated, with Beverage			
-	-	-	Lunch: Buffet (3 Main dish with soup, dessert and beverages)			
		1-	Guranteed pax: 50			
			Nothing follows			
		1	Approved Budget for the Contract			
	-	-	Three Hundred Sixty Thousand Pesos Only Php 360,000.00			
			- Participant		-	
				Note: Please specify brand model/origin .		

Catering services for the conduct of Learning and Development Interventions on Community Empowerment Activity Cycle
Catering services for the conduct of Ecuring and Service product of the conduct of Ecuring and Services for the Conduct of Ecu
(CEAC) in National Community Driven Development Program (NCDDP) Additional Financing for Local Government Units (LGU)

and Community Volunteers of the Municipality of San Fernando, Romblon

KC-2023-03-0092 PR No.:

PURPOSE:

	VAT
	Non-VA
(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. 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

hereby certify that I				, of
S AC			nas received th	e Request for
			MIMAROPA F	Region intended
	DSWD FO MIMAR			
Certified by:				
(Signature Over Printe	ed Name of Supplier)			
Contact No:	5			
Email Address:				
RFQ Delivered by:				
1.70	ed Name of Canvasse			
Position:				
Date /Time of Deliver	y:			

Note: This form shall be used and issued in cases when RFQ is personally delivered to prospective supplier/service provider.