

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

REQUEST FOR QUOTATION

				RFQ No.	2023-03-0555-NP-SVP April 11, 2023
Company Name	3				
Company Address):				
Contact Person					
Contact No.	-		====		
Email Address	-				
	-		- C		
ompany TIN	<u> </u>				
hilGEPS Reg. No.					
Sir/Madam:					
Please quote your go expenses for the goo furnish us with descri	ds listed in Ann	ex A. Failure to	indicate information	could b	olicable taxes, and other incidental be basis for non -compliance. Also, icable.
f you are exclusive n quotation a duly not			in the Philippines for	goods li	sted in Annex A, please attach in your
duly notarized Omnib Membership maybe Please accomplish a Floor 1680 F.T. Beni ater than 5:00 PM o	ous Sworn State submitted in lie and submit this f tez corner Malv on April 18, 202	ement (if previously to of the Mayor's /f orm together with ar Sts., Malate, Mi 3 (Tuesday), Quo	y submitted is unnoted Business Permit and Annex A to DSWD Manila or email to: protesting to protesting to protesting to the submitted to	PHILGE MIMAROF ocureme different	ded , please submit immediately the he Certificate of Platinum PS Registration Number. PA Region -BAC Secretariat at 2nd ent.fomimaropa@dswd.gov.ph not email address(es) as stated above the title of the Project using this format:
shall not be consider RFQ Number], [De			in the subject of you	ir email ti	he title of the Project using this format.
iti di tamber i, ibe	Bolline of Oubli	mooronj.			Very truly yours,
				f.	7-7.071
				Ad	ARVY B. CALABIO ministrative Officer V surement Section Head
Terms and Condition	ons:				
1. Award shall be r	nade on per	Titem basis	x total quoted	price	Not basis
		5 to 10 to 1	nty (120) Calendar d		
Services shall be	e delivered on:	As per scheduled	1117 [120] Columbus C	-12	
4. Place of Deliver	y MIMAROF	A Youth Center (N	IYC) Brgy. Poblacion	, Bansud	, Oriental Mindoro
5. Terms of Payme			inspection and acco		Advise to Debit Account)
Account Name		List of Due and De			Advice to Debit Account) umber :
Bank Name:			В	ranch:	
**Note: Non La	nd Bank of the I	Philippines accoun	ts shall be charged a	service :	fee
6. Liquidated Dam	ages/Penalty:	In case of failu	re to make full delive	ry within	the time specified above,
the amount of	the liquidated da	amages shall be at	least equal to one-te	e the cun	ne percent (0.001) of the cost of nulative amount of liquidated
damages reach	es ten percent	(10%) of the amoun	nt of contract, the Pro	curina E	ntity may rescind or terminate
the contract w	thout prejudice	to other courses of	f action and remedie	s availab	le under the circumstances.
7. For goods pleas	se indicate brand,	model and country	of origin.		
		unit cost and total co	ost, unit cost shall prev	ail	
9. Please indicate	warranty:	must be realistered	the Philippine Course	mont Elect	ronic Procurement System
			the Philippine Governi bsite at www. philgeps.		ronic Procurement System register"
1/-	1. /	~			
A Company of the Comp	T. CORCORO				8
	rement Officer 6-8106 to 07 loc.	24052			Signature Over Printed Name (Supplier)
Telefay 533					

Procurement Form No. 04-A (Annex A)



Company Name

Company Address
Contact Person
Contact No.

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 Phillppine Government Electronic Procurement System (PHILGEPS). You may visit the PHILGEPS website at www.philgeps.gov.ph to register RFQ No.: 2023-03-0555-NP-SVP

Date: ______ (should be filled up by supplier)

MOP: NP- SVP

Compa PhilGE		N	e			
PhilGE	DC D.		<u></u>			
	P3 RE	eg. No.	:			
Item No.	Qty.	Unit		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	10	session	PSYCHIATRIC CONSULTATION (WITH CERTIFICATE)			
2	10	session	ONLINE COUNSELING (WITH CERTIFICATE)			
3	15	session	PSYCHOTHERAPY (WITH REPORT)			
4	5		ASSESSMENT BATTERY FOR CICL (WITH REPORT)			
5 5		hour	PSYCHOLOGIST APPEARANCE FEE (MINIMUM FEE)			
			>>>> NOTHING FOLLOWS <<<<<			
			Date of Delivery: Twenty (20) Calendar Days upon receipt of approved			
			Purchase Order (PO)			
			Area of Delivery: MIMAROPA Youth Center (MYC) Brgy. Poblacion.			
			Bansud, Oriental Mindoro			
			Contact Person: MS. ERIKA DANA C. BALMES			
			Contact Number: 0997-500-0186			
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			TOTAL APPROVED BUDGET FOR THE CONTRACT			
			One Hundred Fifteen Thousand Five Hundred Pesos Only)		
			(Php 115,500.00)	1		
			V. F. (3)33337	Note: Please specify brand model/origin.		
			PAGE 1 OF 1			

PURPOSE:	Psychological Services for MIMAROPA Youth Center (MYC) Residents,	
PR No.:	2023-03-0555-NP-SVP	VAT Non-VA
		☐ Non-vA

(Signature over printed name) Supplier