



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-2023-04-0110

Date: May 19, 2023

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

Sir/Madam:

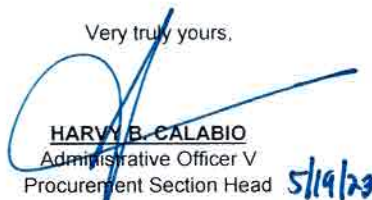
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in **Annex A**. Failure to indicate information could be basis for non-compliance. Also, furnish us with descriptive brochures, catalogues, literatures and/or 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: kcmimaropa-procurement@dswd.gov.ph not later than **5:00 PM on May 23, 2023 (Tuesday)**. 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,


HARVEY B. CALABIO
Administrative Officer V
Procurement Section Head **5/19/23**

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 on: 15 days upon receipt of approved Purchase Order
- Place of Delivery: N/A
- 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"


JERICO C. GACA-A
Procurement Officer

Telefax: 5336-8106 to 17 loc. 24052
Contact Number: 09190976674 / 09652364341

Signature Over Printed Name
(Supplier)



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-2023-04-0110

Date: _____ (should be filled up by supplier)

MOP: NP- SVP

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

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	1	lot	REPAIR AND REPLACEMENT OF DEFECTIVE PARTS OF MOTOR VEHICLE WITH PLATE #: SAB-9519			
			Parts, Materials and Scope of Works:			
			Perform 140k PMS Check Up			
			Oil Filter Assy			
			Fuel Filter			
			Air Filter			
			Aircon Filter			
			Drain Plug Washer			
			Engine Oil (Turbo XP)			
			Engine Flushing			
			Miscellaneous			
			Rags			
			Sand Paper			
			Brake Cleaner			
			Engine Detailing			
			Battery Checking			
			Engine Decarbonization			
			Radiator Coolant			
			Brake Fluid			
			Power Steering Fluid			
			Automatic Transmission Fluid			
			EGR Intake Cleaning			
			Rear Differential Gear Oil			
			Transmission Gear Oil			
			Timing Belts Component			
			Fuel Treatment			
			Washer Fluids			
			Antibacterial			
			Full Rust Proofing			
			Clutch Component			
2	1	lot	Labor			
			Mode of payment: Government Procedure			
			Delivery Period: 15 CD after receipt of approved PO			
			**** Nothing follows ****			
			Total Approved Budget for the Contract: One Hundred Thirty-One Thousand Pesos only (Php131,000.00)	Note: Please specify brand model/origin .		

PURPOSE: Repair and Replacement of Defective Parts of RP-Vehicle SAB 9159 (STRADA)

PR No.: KC-2023-04-0110

 (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. 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 RECEIVING FORM

I Hereby certify that I _____, of

_____ has received the **Request for**

Quotation RFQ No. **KC-2023-04-0110** from DSWD MIMAROPA Region intended for the

Repair and Replacement of Defective Parts of RP Vehicle SAB 9159 (STRADA)

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.