

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:	o. KC-2023-05-0139 May 24, 2023
		Date.	Way 24, 2023
Company Name	:		
Company Address	:		
Contact Person	:		
Contact No.	:		
Email Address	:		
Company TIN	:		
PhilGEPS Reg. No.	•		
Sir/Madam:			
expenses for the goods	ernment price/s including delivery charge listed in Annex A . <u>Failure to indicate</u> ive brochures, catalogues, literatures and	information could be	basis for non -compliance. Also,
	nufacturer, distributor, or agent in the Ph red certification to this effect.	ilippines for goods liste	ed in Annex A, please attach in your
PhilGEPS Certificate, in accordance with the Omnibus Sworn Statem	ach copies of your Company's Business latest Income/Business Tax Return ar e attached format marked as Annex B nent (if previously submitted is unnotarize Mayor's /Business Permit and PHILGEP	nd a notarized or unr b. If awarded , please s ed. The Certificate of	notarized Omnibus Sworn Statement submit immediately the duly notarized Flatinum Membership maybe
1680 F.T. Benitez corne 5:00 PM on May 31, 20		o: kcmimaropa-proc I to different email add	urement@dswd.gov.ph not later than
			Very truly yours,
			ARVY CALABIO ministrative Officer V 2 4 MAY 2023
Terms and Conditions		Proc	curement Section Head
1. Award shall be ma		X total quoted price (120) Calendar days	☐ lot basis
	delivered on: June 26-30, 2023		
 Place of Delivery: Terms of Paymen 	Within Puerto Princesa City, Palav within 30 days upon final inspection		
	LDDAP-ADA (List of Due and Demand		
Account Name: Bank Name:		Accol	ınt Number : h:
**Note: Non Lan	d Bank of the Philippines accounts sh		
Liquidated Damas the amount of the	ges/Penalty: In case of failure to reliquidated damages shall be at leas		thin the time specified above, of one percent (0.001) of the cost of
the unperformed	l portion for every day of delay shall b	e imposed. Once the	cumulative amount of liquidated
	s ten percent (10%) of the amount of nout prejudice to other courses of act		
7. For goods please	indicate brand, model and country of ori	igin.	
 In case of discrep Please indicate w 	eancy between unit cost and total cost, unarranty.	nit cost shall prevail.	
10. NOTE: "Prosp	ective supplier must be registered at		nment Electronic Procurement System
(PhilGE	EPS). You may visit the PhilGEPS web	osite at www. philgep	s.gov.ph to register "
	O.C. GAGA-A		
	<u>ment Officer</u> 3106-to 07 loc. 24052		Signature Over Printed Name
	nber: 09190976674		(Supplier)



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			PHILGEPS). You may visit the PHILGEPS	RFQ No.: KC-2023-	05-0139	
ebsite at	www.philge	ps.gov.pn	to register	Date:	(should be filled up b	y suppplier)
ompany	y Name		<u>:</u>	MOP: SHOPPING FOR N	ON-CONSULT	TING SERVICES
ompan	y Address		<u>u</u>			
ontact l	Person		:			
ontact l	No.		<u>:</u>			
mail Ad	dress		1			
ompan	y TIN		<u> </u>			
hilGEP	S Reg. No.		<u>:</u>			
Item				Bidder's Specifications		
No.	Qty.	Unit	PARTICULARS	(Please fill out the specifications in the space provided) NOTE: Supplier must state here either the statement of compliance either "COMPLY". "Failure to indicate information could be basis for non-compliance."	Unit Cost	Total Cost
1 46		pax	Board and Lodging with meals for 5 days 4 nights			
			Meals : Breakfast, AM Snack, Lunch, PM Snack and Dinner			
			Plated : AM Snacks & PM Snacks (with cold beverage)			
			Buffet : Breakfast, Lunch & Dinner (Minimum of 3 viands with soup, dessert/fruits and cold drinks, no repetition of meals)			
			Title of the Activity: KALAHI-CIDSS Human Resource National and Regional Program Management Conference			
			Preferred Venue: Within Puerto Princesa City, Palawan			
			Date of Activity: June 26-30, 2023 Guaranteed Pax: 41 pax			
			Check In Date and Time: June 26, 2023 ; 1:00 PM			
			Check Out Date and Time: June 30, 2023 : 12:00 NN			
			Airconditioned Room double or triple Sharing with individual bed per pax and free toiletries			
			Meal Schedule:			
			June 26, 2023: PM Snacks and Dinner			
			June 27, 2023 : Breakfast, AM Snacks, Lunch , PM Snacks and Dinner			
			June 28, 2023 : Breakfast, AM Snacks, Lunch , PM Snacks and Dinner			
			June 29, 2023 : Breakfast, AM Snacks, Lunch , PM Snacks and Dinner			
			June 30, 2023 : Breakfast, AM Snacks and Lunch			
			Type of Food Serving: Menu Selection: Hotel to submit menu with minimum of at least 3 viands, soup, dessert/friuts and			
			cold drinks. Should include vegetables per meal.			
			No repeating of meals per menu and with flexibility to participants with food restrictions.			
			Inclusion:			
			One (1) night complimentary superior room to be used by the organizers Free use of Airconditioned Conference Room. Can accommodate more than 50 pax and free			
			from noise which is detrimental to the event.			
			Airconditioned Conference Room can be use starting 10:00am of Day 1 for arriving participants.			
			4. No obstructing pillars in the conference room.			
			5. Availability of electric outlets and free use of extension cords.			
			6. With audio system and at least 5 microphones.			
			7. Free use of projector and whiteboards.			
			8. Free use of reliable and uninterruptible wifi connection.			
			9. Free use of parking space.			
			10. Free flowing coffee and drinking water.			
			11. Facilities must be PWD and Senior Citizen Friendly			
			12. Must be structurally sound, have fire escapes and firefighting equipments and CCTV			
			13. Free Tarpaulins/Backdrops (1-inside & 1-outside of conference hall)			
			14. Free use of facilities and amenities (if applicable)			
			NOTE: Hotel/Restaurants/Resorts should not be offering short term lodging associated with motel and should not be situated beside or across gambling establishment shops, night clubs, funeral parlors, mortuaries and other similar alike.			
			Nothing follows			
			TOTAL APPROVED BUDGET FOR THE CONTRACT: Four Hundred Seventy-Eight Thousand Four Hunred Pesos only (Php478,400.00)	Note: Please specify brand model/origin .		
URPC	SE:		and Lodging with meals for the KALAHI-CIDSS Human Resource National and	Regional Program Managemer	nt	
		Confere				
PR No.	:	KC-202	3-05-0139			
						VAT
				(Signature over Drinted nema)		Non-VAT
				(Signature over Printed name)		



provider.

REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I			and the second second						_ , of
					has r	eceived the	e Req	uest for	
Quotation RFQ No.									
Board and Lodging Management Conferer		for the	KALAHI-CIDSS	Human	Resource	National	and	Regional	Program
Certified by:									
(Signature Over Printed	Name of Supp	olier)							
Contact: Email Address:									
RFQ Delivered by:									
(Signature Over Printed	Name of Canv	/asser)							
Position: Date / Time of Delivery:									
Note: This form shall be	used and issu	ed in cas	es when RFQ is p	ersonally	delivered to	prospectiv	ve sup	plier/servic	:e