

REQUEST FOR QUOTATION

RFQ No. **KC-2023-05-0146**

Date: **May 25, 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** maybe 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 June 1, 2023 (Thursday)**. 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,


HARVY B. CALABIO
Administrative Officer V
Procurement Section Head

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: **July 03-06, 2023**
- Place of Delivery: **Within Metro Manila or CALABARZON**
- 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. GAGUA
Procurement Officer
Telefax: 5336-8106 to 07 loc. 24052
Contact Number: 09190976674

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 No.: KC-2023-05-0146

Date: _____ (should be filled up by supplier)

MOP: SHOPPING FOR NON-CONSULTING SERVICES

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	172	pax	Board and Lodging with meals for 3 days 2 nights			
2	65	pax	Board and Lodging with meals for 2 days 1 night			
			Meals : Breakfast, AM Snack, Lunch, PM Snack and Dinner			
			Plated : AM Snacks & PM Snacks (with cold beverage)			
			Buffet : Breakfast, Lunch and Dinner (Minimum of 3 viands with soup, dessert/fruits and cold drinks, no repetition of meals)			
			Title of the Activity: Mid-Year Regional Proram Review Evaluation Workshop (PREW)			
			Preferred Venue: Within National Capital Region or CALABARZON			
			Date of Activity: July 3 to July 6, 2023			
			Guaranteed Pax: 213 pax			
			Check In & Out Schedule of 175 participants			
			Check In Date and Time: July 03, 2023 ; 1:00 PM - 172 pax			
			Check Out Date and Time: July 5 2023 : 12:00 NN - 172 pax			
			Check In & Out Schedule of 65 participants			
			Check In Date and Time: July 05, 2023 ; 1:00 PM - 65 pax			
			Check Out Date and Time: July 06 2023 : 12:00 NN - 65 pax			
			Airconditioned Room double Sharing, Triple Sharing or Quad Sharing with individual bed per pax and free toiletries			
			Meal Schedule:			
			July 03, 2023: PM Snacks and Dinner (172 pax)			
			July 04, 2023 : Breakfast, AM Snacks, Lunch , PM Snacks and Dinner (172 pax)			
			July 05, 2023 : Breakfast, AM Snacks, Lunch (172 pax)			
			July 05, 2023 : PM Snacks and Dinner (65 pax)			
			July 06, 2023 : Breakfast, AM Snacks and Lunch (65 pax)			
			Type of Food Serving:			
			Menu Selection: Hotel to submit menu with minimum of at least 3 viands, soup, dessert/fruits and cold drinks. Should include vegetables per meal.			
			No repeating of meals per menu and with flexibility to participants with food restrictions.			
			Inclusion:			
			1. One (1) night complimentary superior room to be used by the organizers			
			2. Free use of Airconditioned Conference Room. Can accommodate more than 50 pax and free from noise which is detrimental to the event.			
			3. 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: Eight Hundred Ninety-Nine Thousand Nine Hundred Pesos only (Php899,900.00)	Note: Please specify brand model/origin .		

PURPOSE: Board and Lodging with meals for the KALAHI-CIDSS Mid-Year Regional Proram Review Evaluation Workshop (PREW)

PR No.: KC-2023-05-0146

☐ VAT
☐ Non-VAT

(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. **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-2023-05-0146 from DSWD MIMAROPA Region intended for the

Board and Lodging with meals for the KALAHI-CIDSS Mid-Year Regional Program Review Evaluation Workshop (PREW)

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.