

REQUEST FOR QUOTATION

RFQ No. KC-2023-07-0240

Date: 26-Jul-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.

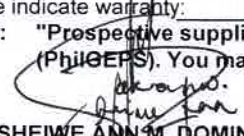
Please accomplish and submit this form together with Annex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor 1680 F.T. Benitez corner Malvar Sts., Malate, Manila **or email to: samdomingo@dswd.gov.ph** not later than **5:00 PM on July 31, 2023 (Monday)**. Quotations submitted to different email 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

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: Proposed date
- Place of Delivery: within Bansud, Oriental Mindoro
- 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 "


SHEIVE ANN M. DOMINGO
Procurement Officer

Telefax: 5336-8106 to 07 loc. 24052
Contact Number: 0910-750-7941

Signature Over Printed Name
(Supplier)



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

RFQ No.: KC-2023-07-0240

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	70	pax	Activity: Project Proposal Development Workshop			
			Date: July 31, 2023			
			Venue: within Bansud, Oriental Mindoro			
			Guaranteed Pax: 63 pax			
			Type of Serving:			
			Meals: AM Snack, Lunch & PM Snack			
			Plated: AM and PM Snacks (with cold beverage)			
			Lunch: Buffet (3 Main dish with soup, dessert and beverages)			
			Note: Different Set of Dishes			
2	45	pax	Activity: MDC Meeting for Criteria Setting Workshop			
			Date: August 8, 2023			
			Venue: within Bansud, Oriental Mindoro			
			Guaranteed Pax: 41 pax			
			Type of Serving:			
			Meals: AM Snack, Lunch & PM Snack			
			Plated: AM and PM Snacks (with cold beverage)			
			Lunch: Buffet (3 Main dish with soup, dessert and beverages)			
			Note: Different Set of Dishes			
3			Activity: MDC Meeting for Project Resource Allocation			
	45	pax	Date: August 22, 2023			
	45	pax	Date: August 23, 2023			
			Venue: within Bansud, Oriental Mindoro			
			Guaranteed Pax: 41 pax per conduct of activity			
			Type of Serving:			
			Meals: AM Snack, Lunch & PM Snack			
			Plated: AM and PM Snacks (with cold beverage)			
			Lunch: Buffet (3 Main dish with soup, dessert and beverages)			
			Note: Different Set of Dishes			
4			Activity: Community Volunteers' Training (CVT) Procurement & Infra, safety and Finance Operations & Maintenance Training			
	140	pax	Date: September 5, 2023			
	140	pax	Date: September 6, 2023			
	140	pax	Date: September 7, 2023			
			Venue: within Bansud, Oriental Mindoro			
			Guaranteed Pax: 126 pax per conduct of activity			
			Type of Serving:			
			Meals: AM Snack, Lunch & PM Snack			
			Plated: AM and PM Snacks (with cold beverage)			
			Lunch: Buffet (3 Main dish with soup, dessert and beverages)			
			Note: Different Set of Dishes			
			Nothing follows			
			Page 1 of 2			
			TOTAL APPROVED BUDGET FOR THE CONTRACT: Three Hundred Ninety-Two Thousand Five Hundred Pesos only (Php392,500.00)	Note: Please specify brand model/origin .		

PURPOSE: Catering Services for Community Empowerment Activity Cycle (CEAC) for the KKB Community Grants Implementation of Bansud, Oriental Mindoro

PR No.: KC-2023-07-0240

(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.

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Date: _____ (should be filled up by suppli

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 "COMPLY or "NOT COMPLY". "Failure to indicate information could be basis for non-compliance."	Unit Cost	Total Cost
5	120	pax	Activity: Operations and Maintenance Training Date: September 20, 2023 Venue: within Bansud, Oriental Mindoro Guaranteed Pax: 108 pax Type of Serving: Meals: AM Snack, Lunch & PM Snack Plated: AM and PM Snacks (with cold beverage) Lunch: Buffet (3 Main dish with soup, dessert and beverages) Note: Different Set of Dishes			
6	40	pax	Activity: Municipal Accountability Report & Functionality Audit and Sustainability Workshop Date: December 4, 2023 Venue: within Bansud, Oriental Mindoro Guaranteed Pax: 108 pax Type of Serving: Meals: AM Snack, Lunch & PM Snack Plated: AM and PM Snacks (with cold beverage) Lunch: Buffet (3 Main dish with soup, dessert and beverages) Note: Different Set of Dishes			
			Nothing follows Page 2 of 2			
			TOTAL APPROVED BUDGET FOR THE CONTRACT: Three Hundred Ninety-Two Thousand Five Hudred Pesos only (Php392,500.00)	Note: Please specify brand model/origin .		

PURPOSE: Catering Services for Community Empowerment Activity Cycle (CEAC) for the KKB Community Grants Implementation of Bansud, Oriental Mindoro

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Signature over Printed name
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REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I _____, of

_____ has received the **Request for**

Quotation RFQ No. KC-2023-07-0240 from DSWD MIMAROPA Region intended for the

Catering Services for Community Empowerment Activity Cycle (CEAC) for the KKB Community Grants Implementation of Bansud, Oriental Mindoro

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.