

## 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-2023-07-0253
		Date: 27-Jul-2023
Company Name		
Company Address		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Contact Person	\$	_
Contact No.		
Email Address	÷ × 400	
Company TIN	3	
PhilGEPS Reg. No.	7	The second secon
Sir/Madam:		
expenses for the goo	overnment price/s including delivery chards listed in <b>Annex A</b> . <u>Failure to indica</u> ptive brochures, catalogues, literatures	arges, VAT or other applicable taxes, and other incidental ate information could be basis for non -compliance. Also, and/or samples, if applicable.
	nanufacturer, distributor, or agent in the arized certification to this effect.	Philippines for goods listed in Annex A, please attach in your
PhilGEPS Certificate accordance with the Omnibus Sworn State	e, latest Income/Business Tax Return e attached format marked as Annex E	ness Permit, Mayor's Permit, PCAB License (if applicable), in and a notarized or unnotarized Omnibus Sworn Statement in B. If awarded, please submit immediately the duly notarized arized. The Certificate of Platinum Membership maybe SEPS Registration Number.
August 2, 2023 (Wee	dnesday). Quotations submitted to diffe	ail to: samdomingo@dswd.gov.ph not later than 5:00 PM on erent email address(es) as stated above shall not be considered for the of the Project using this format: [RFQ Number], [Deadline of Very truly yours,
		HARVY B./CALABIO Administrative Officer V Procurement Section Head
Terms and Conditio	ns:	The Charles Control of Charles Control of Charles
<ol> <li>Award shall be</li> <li>Price Validity st</li> <li>Services shall t</li> </ol>	hall be valid until: One Hundred Twen	X total quoted price lot basis
4. Place of Delive	CONTRACTOR OF THE PROPERTY OF	
	ent: within 30 days upon final inspe	
	gh LDDAP-ADA (List of Due and Dem e:	andable Accounts Payable- Advice to Debit Account) Account Number :
Bank Name:		Branch:
	and Bank of the Philippines accounts	s shall be charged a service fee
<ol><li>Liquidated Dan the amount of</li></ol>		to make full delivery within the time specified above, east equal to one-tenth of one percent (0.001) of the cost of
the unperform damages reac	ed portion for every day of delay sha hes ten percent (10%) of the amount	all be imposed. Once the cumulative amount of liquidated of contract, the Procuring Entity may rescind or terminate
7 For goods place	ithout prejudice to other courses of a se indicate brand, model and country of	action and remedies available under the circumstances.
	se indicate brand, model and country of epancy between unit cost and total cost	
<ol><li>Please indicate</li></ol>	warranty;	22.15.15.17.19.16.19.16.16.16.15.17.17.17.17.17.17.17.17.17.17.17.17.17.
10. NOTE: "Pro	Spective supplier must be registered GEPS). You may visit the PhilGEPS v	at the Philippine Government Electronic Procurement System website at www. philgeps.gov.ph to register "
	ANNUM. DOMINGO	
Telefax: 5336-810		Signature Over Printed Name
Contact Number:		(Supplier)



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

REQ No :	KC-2023-07-025

Date:	( should be filled up by supp

Company Name	:
Company Address	1
Contact Person	18
Contact No.	
Email Address	4
Company TIN	

MOP: NP - SVP

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	24	pax	Activity: Project Development Workshop (PDW)			
			Date: To be Scheduled			*
			Venue: within San Jose, Romblon			
			Guaranteed Pax: 22 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: No repeating meal per menu and with flexibility to participants with food restrictions.			
2			Activity: Community Volunteers' Training (CVT) Procurement & Infra, safety and Finance			
	35	pax	Date: 16 August 2023		1.5	
	35	pax	Date: 17 August 2023			
			Venue: within San Jose, Romblon			
			Guaranteed Pax: 32 pax per conduct of activity			U
			Type of Serving:			
			Meals: AM Snack, Lunch & PM Snack			V
			Plated: AM and PM Snacks (with cold beverage)			
			Lunch: Buffet ( 3 Main dish with soup, dessert and beverages)  Note: No repeating meal per menu and with flexibility to participants with food restrictions.			
3	36	pax	Activity: Operations & Maintenance Training			
-		Pun	Date: August 22, 2023			H-17-11-11-11-11-11-11-11-11-11-11-11-11-
_			Venue: within San Jose, Romblon			
-			Guaranteed Pax: 33 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: No repeating meal per menu and with flexibility to participants with food restrictions.			
4	20	pax	Activity: Project Sustainability Planning Workshop			
		<u> </u>	Date: 13 December 2023			
			Venue: within San Jose, Romblon			
			Guaranteed Pax: 18 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: No repeating meal per menu and with flexibility to participants with food restrictions.			
			***Nothing follows*** Page 1 of 2			
			TOTAL APPROVED BUDGET FOR THE CONTRACT: Seventy-Five Thousand Pesos only (Php75,000.00)	Note: Please specify brand model/origin .		

PURPOSE:

CEAC Activities with meals for the Municipality of San Jose, Rombion for PMNP Implementation

PR No.:

KC-2023-07-0253

(Signature over Printed name)

VAT Non-VAT



## REQUEST FOR QUOTATION RECEIVING FORM

Hereby certify that I		
		has received the Request for
Quotation RFQ No.	KC-2023-07-0253	from DSWD MIMAROPA Region intended for the
CEAC Activities with I	neals for the Municipality	of San Jose, Rombion for PMNP Implementation
Certified by:		
(Signature Over Printed	I Name of Supplier)	<del></del>
Contact: Email Address		
RFQ Delivered by:		
(Signature Over Printed Position:	Name of Canvasser)	
Date / Time of Delivery	ro .	

Note: This form shall be used and issued in cases when RFQ is personally delivered to prospective supplier/service provider.