

## 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-2023-07-0254
		Date: 27-Jul-2023
Company Name	4	
Company Address	*	
Contact Person		
Contact No.		
Email Address	<del></del>	
	C. A. SHARLING P. SHARLING	
Company TIN		
PhilGEPS Reg. No.	Configuration of the state of t	
Sir/Madam:		
expenses for the good		VAT or other applicable taxes, and other incidental ormation could be basis for non -compliance. Also, r samples, if applicable.
	anufacturer, distributor, or agent in the Philipprized certification to this effect.	pines for goods listed in Annex A, please attach in your
PhilGEPS Certificate accordance with the Omnibus Sworn State	e, latest Income/Business Tax Return and a attached format marked as Annex B. If aw	ermit, Mayor's Permit , PCAB License (if applicable), a notarized or unnotarized Omnibus Sworn Statement in varded , please submit immediately the duly notarized The Certificate of Platinum Membership maybe Registration Number.
1680 F.T. Benitez cor August 2, 2023 (Wed	ner Malvar Sts., Malate, Manila <u>or email to: s</u> Inesday). Quotations submitted to different e	DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor samdomingo@dswd.gov.ph not later than 5:00 PM on mail address(es) as stated above shall not be considered for the Project using this format: [RFQ Number], [Deadline of weight truly yours,
		HARVY B. CALABIO Administrative Officer V Procurement Section Head
Terms and Conditio	ns:	7
	made on per:	total quoted price lot basis Co) Calendar days
Place of Deliver		
5. Terms of Paym	ent: within 30 days upon final inspection in LDDAP-ADA (List of Due and Demandab	and acceptance ole Accounts Payable- Advice to Debit Account) Account Number :
Bank Name:		Branch:
	and Bank of the Philippines accounts shall	
<ol><li>Liquidated Dam the amount of</li></ol>		ke full delivery within the time specified above, qual to one-tenth of one percent (0.001) of the cost of
the unperform	ed portion for every day of delay shall be i	mposed. Once the cumulative amount of liquidated
		ntract, the Procuring Entity may rescind or terminate
	ithout prejudice to other courses of action se indicate brand, model and country of origin	and remedies available under the circumstances.
<ol><li>In case of discr</li></ol>	epancy between unit cost and total cost, unit	
9. Please indicate		
	Specifive supplier must be registered at the GEPS You may visit the PhilGEPS websit	e Philippine Government Electronic Procurement System e at www. philgeps.gov.ph to register "
SHEIWE	ANNIM. DOMINGO	
Proci	rement Officer	
Telefax: 5336-810	**************************************	Signature Over Printed Name
	6 to 07 loc. 24052	Signature Over Printed Name

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Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement

RFQ No.:	KC-2023-07-0254
Date:	( should be filled up by suppplie

System (PHILGEPS).	ou may visit the PHILGEPS	Date: ( show
Company Name	1	MOP: NP - SVP
Company Address		
Contact Person		
Contact No.		
Email Address		
Company TIN	‡	
PhilGEPS Reg. No.		

No.	Qty.	Unit	PARTICULARS	10	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	60	pax	Activity: Project Development Workshop (PDW)				
			Date: To be Scheduled				
			Venue: within Capidiocan, Rombion				
			Guaranteed Pax: 54 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 w food restrictions.	rith			
2	4-		Activity: Community Volunteers' Training (CVT) Procurement & Is safety and Finance	nfra,			
	140	pax	Date: 17 August 2023				
	140	pax	Date: 18 August 2023				
			Venue: within Casidiocan Romblon				
		_\(II	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)				
			<b>Note:</b> No repeating meal per menu and with flexibility to participants w food restrictions.	/ith			
3	65	pax	Activity: Operations & Maintenance Training				
			Date: August 24, 2023				
			Venue: within Could gow, Romblon				
			Guaranteed Pax: 59 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)				
			<b>Note:</b> No repeating meal per menu and with flexibility to participants v food restrictions.	vith			
4	15	pax	Activity: Project Sustainability Planning Workshop				
			Date: 14 December 2023				
			Venue: within Casidiocan, Rombien				
			Guaranteed Pax: 14 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 v food restrictions.	vith			
			***Nothing follows*** Page 1 of 2				
			TOTAL APPROVED BUDGET FOR THE CONTRACT: Two Hundred Ten Thousand Pesos only (Php210,000.00)		Note: Please specify brand model/origin .		

PURPOSE:	CEAC Activities with meals for the Municipality of Calidiocan Romblon for PMNP Implementatio	-
FURFUSE.	CEAC ACTIVITIES WITH MEALS for the Municipality of Candiocal Rombion for FWINF implementation	**

KC-2023-07-0254 PR No.:

(Signature over Printed name)

VAT Non-VAT



provider.

## REQUEST FOR QUOTATION RECEIVING FORM

Hereby certify that I	<del></del>	
		has received the Request for
Suotation RFQ No.	KC-2023-07-0254	from DSWD MIMAROPA Region intended for the
EAC Activities with	meals for the Municipality	of Cajidiocan Romblon for PMNP Implementation
ertified by:		
Signature Over Printer	d Name of Supplier)	
Contact: mail Address:		<del></del>
RFQ Delivered by:		
Signature Over Printer	d Name of Canvasser)	
Commercial	C.	

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