

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-2023-07-0255 Date: 27-Jul-2023	
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Company Name		
Company Address		
Contact Person		
Contact No.	The state of the s	
Email Address	The state of the s	
Company TIN	Hothero / All Memory	
PhilGEPS Reg. No.	An internal Column Colu	
Sir/Madam:	Service and the service and th	
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expenses for the good	vernment price/s including delivery charges, VAT or other applicable taxes, and other incidental distribution in the state of the state	
	anufacturer, distributor, or agent in the Philippines for goods listed in Annex A, please attach in your rized certification to this effect.	
PhilGEPS Certificate accordance with the Omnibus Sworn State	ttach copies of your Company's Business Permit, Mayor's Permit, PCAB License (if applicable), e, latest Income/Business Tax Return and a notarized or unnotarized Omnibus Sworn Statement is attached format marked as Annex B. If awarded, please submit immediately the duly notarized ement (if previously submitted is unnotarized. The Certificate of Platinum Membership maybe to Mayor's /Business Permit and PHILGEPS Registration Number.	in
1680 F.T. Benitez cor August 2, 2023 (Wed	and submit this form together with Annex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor oner Malvar Sts., Malate, Manila or email to: samdomingo@dswd.gov.ph not later than 5:00 PM on Inesday). Quotations submitted to different email address(es) as stated above shall not be considered for the subject of your email the title of the Project using this format: [RFQ Number], [Deadline or Very truly yours,	
	HARVY BACALABIO Administrative Officer V Procurement Section Head	
Terms and Condition		
Award shall be it Price Validity sh Services shall be	nall be valid until: One Hundred Twenty (120) Calendar days	
4. Place of Deliver		
	ent: within 30 days upon final inspection and acceptance	
Payment throug Account Name	th LDDAP-ADA (List of Due and Demandable Accounts Payable- Advice to Debit Account) Account Number :	
Bank Name:	Branch:	
	and Bank of the Philippines accounts shall be charged a service fee nages/Penalty: In case of failure to make full delivery within the time specified above,	
Liquidated Dam the amount of	the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of	
the unperform	ed portion for every day of delay shall be imposed. Once the cumulative amount of liquidated	
	hes ten percent (10%) of the amount of contract, the Procuring Entity may rescind or terminate	
	ithout prejudice to other courses of action and remedies available under the circumstances. se indicate brand, model and country of origin.	_
8. In case of discre	epancy between unit cost and total cost, unit cost shall prevail.	
9. Please indicate	warranty:	- m
	spective supplier must be registered at the Philippine Government Electronic Procurement Syste GEPS). You may visit the PhilGEPS website at www. philgeps.gov.ph to register "	m
	ANN M. DOMINGO	
Telefax: 5336-810		

DSWD MIMAROPA REGION

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaRoPa Region 1680 F.T. Benitez corner Malvar Sts., Malate, Manila

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

RFQ No.:	KC-2023-07-025

Date:	(should be filled up by suppplier
Date:	(should be tilled up by suppplie

MOP: NP - SVP

Company Name	3		
Company Address	*		
Contact Person			
Contact No.			
Email Address	:		
Company TIN			
PhilGEPS Reg. No.	¥		

No. Qty. Unit		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	30	pax	Activity: Project Development Workshop (PDW)			
			Date: To be scheduled			
			Venue: within Santa Maria, Romblon			
			Guaranteed Pax: 27 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,			
2			safety and Finance			
	48	pax	Date: 17 August 2023			
	48	pax	Date: 18 August 2023			
			Venue: within Santa Maria, Romblon			
			Guaranteed Pax: 43 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: No repeating meal per menu and with flexibility to participants with food restrictions.			
3	40	pax	Activity: Operations & Maintenance Training			
			Date: August 24, 2023			
			Venue: within Santa Maria, Romblon			
			Guaranteed Pax: 36 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	14	pax	Activity: Project Sustainability Planning Workshop			
			Date: 14 December 2023			
			Venue: within Santa Maria, Romblon			
			Guaranteed Pax: 13 pax			
			Type of Serving:			
			Meals: AM Snack, Lunch & PM Snack			
			Plated: AM and PM Snacks (with cold beverage)		7	
			Lunch: Buffet (3 Main dish with soup, dessert and beverages)			
			Note: No repeating meal per menu and with flexibility to participants with food restrictions.			1
			Nothing follows Page 1 of 1			
			TOTAL APPROVED BUDGET FOR THE CONTRACT: Ninety Thousand Pesos only (Php90,000.00)	Note: Please specify brand model/origin .		

PURPOSE:	CEAC Activities wi	th meals for the	Municipality of	Sta. Maria, Ro	mblon for PMNP	Implementati

PR No.: KC-2023-07-0255

	VAT
	Non-VAT
(Signature over Printed name)	



REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I		, of
		has received the Request for
Quotation RFQ No.	KC-2023-07-0255	from DSWD MIMAROPA Region intended for the
CEAC Activities with I	meals for the Municipality (of Sta. Maria, Romblon for PMNP Implementation
Certified by:		
(Signature Over Printed Contact: Email Address:	d Name of Supplier)	
RFQ Delivered by:		
(Signature Over Printer Position: Date / Time of Delivery	d Name of Canvasser)	
Note: This form shall b provider.	ne used and issued in cases	when RFQ is personally delivered to prospective supplier/service