



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-2023-06-0180

Date: June 27, 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 JULY 4, 2023 (Tuesday)**. 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. GALABIO
Administrative Officer V
Procurement Section Head

27 JUN 2023

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: **Aug. 1-4 & Aug. 7 to 11, 2023**
- Place of Delivery: **ROMBLON, ROMBLON**
- 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 "

Ma. Kahllel Kristal M. Ferranco
Telefax: 5336-8106 to 07 loc. 24052
Contact Number: 09456535745/09152653142

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

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

Annex A

RFQ No. KC-2023-06-0180

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.	_____

[illegible]

PURPOSE:	PURCHASE REQUEST FOR CATERING SERVICES FOR THE CONDUCT OF MUNICIPAL TRAINING ON BARANGAY PARTICIPATORY DEVELOPMENT PLANNING ON ROMBLON CAPITAL.
PR No.:	KC-2023-06-0180

(Signature over Printed name)
Supplier

	VAT	Non-VAT
1. <i>Business</i>	100	100
2. <i>Business</i>	100	100
3. <i>Business</i>	100	100
4. <i>Business</i>	100	100
5. <i>Business</i>	100	100
6. <i>Business</i>	100	100
7. <i>Business</i>	100	100
8. <i>Business</i>	100	100
9. <i>Business</i>	100	100
10. <i>Business</i>	100	100
11. <i>Business</i>	100	100
12. <i>Business</i>	100	100
13. <i>Business</i>	100	100
14. <i>Business</i>	100	100
15. <i>Business</i>	100	100
16. <i>Business</i>	100	100
17. <i>Business</i>	100	100
18. <i>Business</i>	100	100
19. <i>Business</i>	100	100
20. <i>Business</i>	100	100
21. <i>Business</i>	100	100
22. <i>Business</i>	100	100
23. <i>Business</i>	100	100
24. <i>Business</i>	100	100
25. <i>Business</i>	100	100
26. <i>Business</i>	100	100
27. <i>Business</i>	100	100
28. <i>Business</i>	100	100
29. <i>Business</i>	100	100
30. <i>Business</i>	100	100
31. <i>Business</i>	100	100
32. <i>Business</i>	100	100
33. <i>Business</i>	100	100
34. <i>Business</i>	100	100
35. <i>Business</i>	100	100
36. <i>Business</i>	100	100
37. <i>Business</i>	100	100
38. <i>Business</i>	100	100
39. <i>Business</i>	100	100
40. <i>Business</i>	100	100
41. <i>Business</i>	100	100
42. <i>Business</i>	100	100
43. <i>Business</i>	100	100
44. <i>Business</i>	100	100
45. <i>Business</i>	100	100
46. <i>Business</i>	100	100
47. <i>Business</i>	100	100
48. <i>Business</i>	100	100
49. <i>Business</i>	100	100
50. <i>Business</i>	100	100
51. <i>Business</i>	100	100
52. <i>Business</i>	100	100
53. <i>Business</i>	100	100
54. <i>Business</i>	100	100
55. <i>Business</i>	100	100
56. <i>Business</i>	100	100
57. <i>Business</i>	100	100
58. <i>Business</i>	100	100
59. <i>Business</i>	100	100
60. <i>Business</i>	100	100
61. <i>Business</i>	100	100
62. <i>Business</i>	100	100
63. <i>Business</i>	100	100
64. <i>Business</i>	100	100
65. <i>Business</i>	100	100
66. <i>Business</i>	100	100
67. <i>Business</i>	100	100
68. <i>Business</i>	100	100
69. <i>Business</i>	100	100
70. <i>Business</i>	100	100
71. <i>Business</i>	100	100
72. <i>Business</i>	100	100
73. <i>Business</i>	100	100
74. <i>Business</i>	100	100
75. <i>Business</i>	100	100
76. <i>Business</i>	100	100
77. <i>Business</i>	100	100
78. <i>Business</i>	100	100
79. <i>Business</i>	100	100
80. <i>Business</i>	100	100
81. <i>Business</i>	100	100
82. <i>Business</i>	100	100
83. <i>Business</i>	100	100
84. <i>Business</i>	100	100
85. <i>Business</i>	100	100
86. <i>Business</i>	100	100
87. <i>Business</i>	100	100
88. <i>Business</i>	100	100
89. <i>Business</i>	100	100
90. <i>Business</i>	100	100
91. <i>Business</i>	100	100
92. <i>Business</i>	100	100
93. <i>Business</i>	100	100
94. <i>Business</i>	100	100
95. <i>Business</i>	100	100
96. <i>Business</i>	100	100
97. <i>Business</i>	100	100
98. <i>Business</i>	100	100
99. <i>Business</i>	100	100
100. <i>Business</i>	100	100

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-2023-06-0180** from DSWD MIMAROPA Region intended for the

PURCHASE REQUEST FOR CATERING SERVICES FOR THE CONDUCT OF MUNICIPAL TRAINING ON BARANGAY PARTICIPATORY DEVELOPMENT PLANNING ON ROMBLON CAPITAL.

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.