

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-2023-06-0213	
Date:	June 29, 2023	

Company Name	
Company Address	2
Contact Person	5
Contact No.	
Email Address	1
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: jcgaga-a@dswd.gov.ph not later than 5:00 PM on July 6, 2023 (Thursday). 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 formar [RFQ Number], [Deadline of Submission].

ly yours erv tr HARVY B. CALABIO

Procurement Section Head

Terms and Conditions:

- 1. Award shall be made on per: item basis
 - X total quoted price I lot basis 2. Price Validity shall be valid until: One Hundred Twenty (120) Calendar days
 - 3. Services shall be delivered on: August 1-4 and August 8-11, 2023
 - 4. Place of Delivery: Within Mogpog, Marinduque

5. Terms of Payment:	within 30 days upon final inspection and acceptance
Payment through LI	DDAP-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

In case of failure to make full delivery within the time specified above, 6. Liquidated Damages/Penalty: 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.

7. For goods please indicate brand, model and country of origin.

8. In case of discrepancy between unit cost and total cost, unit cost shall prevail.

9. Please indicate warranty:

pspective supplier must be registered at the Philippine Government Electronic Procurement Syste 10. NOTE: (PhiGEPS). You may visit the PhilGEPS website at www. philgeps.gov.ph to register "

JERICHO C SAGA-A

Officer Procurement Telefax: 5336-8106 to 7 loc. 24052 Contact Number: 09190976674

Signature Over Printed Name (Supplier)

Procurement Form No. 04-A (Annex A)

DSWD MIMAROPA REGION

PhilGEPS Reg. No.

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 website at www.philgeps.gov.ph to register

RFQ No.: KC-2023-06-0213

Date: (should be filled up by suppoller)

Company Name	:	MOP: SHOPPING FOR NON-CONSULTING SERVICES
Company Address	:	
Contact Person	:	
Contact No.	:	
Email Address	1V	
Company TIN	· · · · · · · · · · · · · · · · · · ·	

ltem 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 " <u>COMPLY</u> or "NOT COMPLY". "Failure to indicate Information could be basis for non-compliance."	Unit Cost	Total Cost
1	121	pax	Catering Services for Municipal Training on Barangay Participatory Development Planning			
			Date: Batch 1- August 1-4, 2023			-14
			Batch 2 - August 8-11, 2023			
			Venue: Mogpog, Marinduque			
			Meals: AM Snack, Lunch, PM Snack & Dinner			
		6	Guaranted Pax: 109 pax			
			Plated: AM and PM Snacks (with cold beverage)			
			Buffet: Lunch (Minimum of 3 viands with soup, desserts/fruits and cold drinks, no repetition of meals)			
			Packed: Dinner (Minimum of 3 viands with soup, desserts/fruits and cold drinks, no repetition of meals)			
			****Nothing Follows****			
			TOTAL APPROVED BUDGET FOR THE CONTRACT: Three Hundred Eighty-Seven Thousand Two Hundred Pesos Only (Php387,200.00)			
_	199					
		-				
	· · · · · ·					
				Note: Please specify brand model/origin .		
		Caterin	g Service for the conduct of Municipal Training on Barangay Participator	y Development Planning of Mo	gpog,	

PURPOSE:

Marinduque

KC-2023-06-0213 PR No.:

(Signature over Printed name)

VAT Non-VAT Annex A

Supplier

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. F AILURE 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-2023-06-0213	213 from DSWD MIMAROPA Region intended for the	

Catering Service for the conduct of Municipal Training on Barangay Participatory Development Planning of Mogpog, Marinduque

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.