



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

REQUEST FOR QUOTATION

RFQ No. 2023-07-0903 NP-LOV

Date: July 7, 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: ejcnolasco@dswd.gov.ph not later than 5:00 PM on July 14, 2023 (Friday). 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. CALABIO
Administrative Officer V
Procurement Section Head

7/7/2023

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: SEPTEMBER 12-15, 2023
- Place of Delivery: HOTEL WITHIN PALAWAN
- 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 "

EMMA JOY C. NOLASCO

Telefax: 5336-8106 to 67 loc. 24052
Contact Number: 09994602492

Signature Over Printed Name
(Supplier)



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RFQ 2023-07-0903 NP-LOV

Date: _____

(Should be filled up by the bidder)

MOP: NP-LOV

Company Name _____
 Company Address _____
 Contact Person _____
 Contact No. _____
 Email Address _____
 Company TIN _____
 PhilGEPS Reg. No. _____

Item 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	29	pax	Board and Lodging (4 days and 3 nights)			
	26	guaranteed pax	TRAINING ON TRAUMA-INFORM CARE FOR CITY/MUNICIPAL LINKS (CASE MANAGER)			
			Preferred Venue: Hotel within Palawan			
			Date of Activity: September 12-15, 2023			
			Check In Date and Time: September 12, 2023, 12nn Tuesday			
			Check Out Date and Time: September 15, 2023 12nn Friday			
			Room Sharing: Airconditioned Room, Twin/Triple Sharing with Individual bed per pax and complete toiletries (may be subjected to LGUs existing guidelines on COVID 19 Health and Safety Protocols)			
			MEAL SCHEDULE:			
			September 12, 2023: Lunch, PM Snack and Dinner			
			September 13, 2023: Breakfast, AM Snack, Lunch, PM Snack and Dinner			
			September 14, 2023: Breakfast, AM Snack, Lunch, PM Snack and Dinner			
			September 15, 2023: Breakfast and AM Snack			
			TYPE OF FOOD SERVING:			
			Managed Buffet Breakfast, Lunch and Dinner			
			Plated Snacks			
			Menu Selection: Hotel to submit Menu (minimum of rice, 2 viands, 1 vegetable, side dish, soup, dessert, drinks) upon submission of RFQ			
			No repeating meal per menu			
			*****NOTHING FOLLOWS*****			
			page 1 of 2			
			Note: Please specify brand model/origin.			

PURPOSE: TRAINING ON TRAUMA-INFORM CARE FOR CITY/MUNICIPAL LINKS (CASE MANAGER)

PR No.: 2023-07-0903 NP-LOV

 (Signature over Printed name)
 Supplier
VAT
Non-VAT

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.

Warrant for arrest and the subpoena)

Company Name	3
Company Address	4
Contact Person	2
Contact No.	2
Email Address	2
Company TIN	4
PhilGEPS Reg. No.	3

[illegible]

☐ VAT
☐ Non-VAT

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