

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

REQUEST FOR QUOTATION

| | | RFQ No. 2023-09-1205 NP-SVP |
|--|--|---|
| | | Date September 14, 2023 |
| Company Name | | |
| Company Address | | |
| Contact Person | E | |
| Contact No. | 2 | |
| Emai # | | |
| Company TIN | 1 | |
| PhilGEPS Reg. No. | <u> </u> | |
| Sir/Madam: | | |
| goods listed in Annex | ernment price/s including delivery charges, VAT or other a A. Failure to indicate information could be basis foliteratures and/or samples, if applicable. | |
| If you are exclusive ma duly notarized certificati | nufacturer, distributor, or agent in the Philippines for good on to this effect. | Is listed in Annex A, please attach in your quotation a |
| Certificate, latest Inco attached format mark | ach copies of your Company's Business Permit, Mayor' me/Business Tax Return and a notarized or unnotarized ted as Annex B. If awarded , please submit immediate unnotarized. The Certificate of Platinum Membership mation Number. | d Omnibus Sworn Statement in accordance with the ely the duly notarized Omnibus Sworn Statement (if |
| Benitez corner Malvar 2023(Thursday). Quot | submit this form together with Annex A to DSWD MIMAR Sts., Malate, Manila or email to: ccrvictorio@dswd.ations submitted to different email address(es) as stated of your email the title of the Project using this format: [RFQ] | above shall not be considered for evaluation. Please Number I, [Deadline of Submission]. Very truly yours, |
| Terms and Conditions | K. | Administrative Officer V Procurement Section Head |
| Award shall be m Price Validity sha | ade on per: item basis X tota Il be valid until: One Hundred Twenty (120) Calendar da | al quoted price lot basis |
| Services shall be | delivered on: within 30 CD upon receipt of approved P | 0 |
| Place of Delivery: Torms of Paymer | DSWD MIMAROPA FO 1680 F.T. Benitez St. cor Mal within 30 days upon final inspection and acceptance | |
| | LDDAP-ADA (List of Due and Demandable Accounts Pa | |
| Account Name: | | count Number : |
| Bank Name: **Note: Non Lan | d Bank of the Philippines accounts shall be charged a s | |
| Liquidated Dama | ges/Penalty: In case of failure to make full delivery | within the time specified above, |
| | e liquidated damages shall be at least equal to one-tent portion for every day of delay shall be imposed. Once | |
| damages reache | s ten percent (10%) of the amount of contract, the Proc | uring Entity may rescind or terminate |
| | nout prejudice to other courses of action and remedies indicate brand, model and country of origin. | available under the circumstances. |
| | pancy between unit cost and total cost, unit cost shall preva | il. |
| Please indicaté w | varranty: | |
| (PhHGI | ective supplier must be registered at the Philippine Go EPS). You may visit the PhilGEPS website at www. philo | |
| CATHERINE CA | ATHY R. VICTORIO | |
| | ement Officer | |
| Telefax: 5336-8106 | 10 U7 10C. 24U32 | Signature Over Printed Name |



Procurement Form No. 04-A (Annex A) 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

| to register | HILGEPS). You may visit the PHILGEPS website at www.philgeps.gov.ph | RFQ No. 2023-09-1205 | |
|-------------------|---|----------------------|---------------------------------------|
| 5tt. 014747474441 | | Date: | (should be filled u by suppplier) |
| Company Name | £ | MOP: NP-SVP | |
| Company Address | | | |
| Contact Person | * | | |
| Contact No. | | | |
| Email Address | | | |
| Company TIN | | | |
| PhilGEPS Reg. No. | | | |
| | | | |

| tem 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 | Unit Cost | Total Cost |
|------------|------|------|--|---|-----------|------------|
| | 111 | | Purchase of Supplementary Feeding Program (SFP) Advocacy Materials | | | |
| 1 | 50 | DC | SFP ADVOCACY JACKET | | | |
| - | 20 | pc | Specifications | | | |
| | | | Size. 5 Small, 5 large, 40 Free size | | | |
| | | | Color Navy Blue | | | |
| | | | Style: Wind Breaker Jacket with Hood, with 2 Inside Pocket and 2 Outside Zip Pocket | | | |
| | | | Material Nylon and Polyester water resistant material | | | |
| | | | Others: With DSWD and SFP embroidered design on chest and back | | | |
| 2 | 32 | 222 | BREASTFEEDING ADVOCACY POLO SHIRT | | | |
| 2 | 32 | рс | Specifications | | | |
| | | | Size 3 XL, 4 Large, 5 Medium, 13 Small | | - | |
| _ | | | Polo T-shirt with collar and sleeves lined with blue/ black | | | |
| | | - | Material: Honey-combed cotton textile with 2 plastic button | | | |
| | | | With embroidered breast feeding month logo (on upper right part of polo shirt), SFP logo (on right sleeve), DSWD logo (on left sleeve) | | | |
| 3 | 50 | pc | SFP ADVOCACY POLO SHIRT | P ADVOCACY POLO SHIRT | | |
| -2 | | F.S | Specifications: | | | |
| | | | Size: 7 XL, 8 Large, 13 Medium, 22 Small | | | |
| | | | Button: 2 plastic button | | | |
| | | | Color: White | | | |
| | | | Material: 65% Polyester 35% Cotton | | | |
| | | | Others: With embroidered design on sleeves, chest and back | | | |
| 4 | 80 | pax | SFP ADVOCACY UMBRELLAS | | | |
| | | | Specifications: | | | |
| | | | Size L37" x H 22" | | | |
| | | | Fold: Automatic three folds | | | |
| | | | Color: 40 Black, 40 Grey | | | |
| | | | Printing: with SFP and DSWD logo | | | |
| | | | Material: 100% Fast drying Polyester Pongee with UV protection | | | |
| | | | ***nothing follows*** | | | |
| | | | FOTAL APPROVED BUDGET FOR THE CONTRACT: | | | |
| | | | | Note: Please specify brand model/origin . | | |
| | | | One Hundred Twenty-Nine Thousand Nine Hundred Pesos | | | |

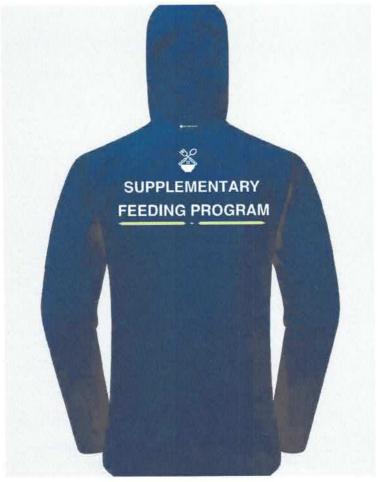
| | | 23/10 | Contract of the Contract of th | A SECOND SECOND |
|----------|-------------|---------------|--|-----------------------|
| PURPOSE: | Durahaga of | Cumplamantani | Feeding Program (SFF | Ol Advancey Materials |
| PURPUSE. | Purchase or | Supplementary | reeding Program (Sri | AUVUCACY MALEHAIS |

PR No.: 2023-09-1205 NP-SVP

> VAT Non-VAT

(Signature over Printed name) Supplier



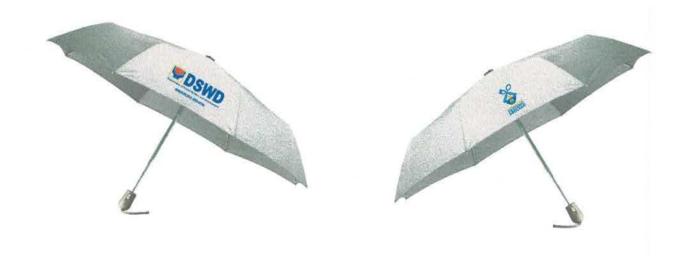














Polo T-shirt with 2 plastic buttons in front, collar and sleeves lined with blue/ black

Material: Honey-combed cotton textile

With embroidered breast feeding month logo (on upper right part of polo shirt), SFP logo (on right sleeve), DSWD logo (on left sleeve)