



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

REQUEST FOR QUOTATION

RFQ No. 2023-09-1213 NP-LOV

Date: September 15, 2023

Company Name : \_\_\_\_\_  
Company Address : \_\_\_\_\_  
Contact Person : \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Company TIN : \_\_\_\_\_  
PhilGEPS Reg. No. : \_\_\_\_\_

Sir/Madam:

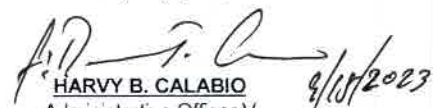
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. **Failure to indicate information could be basis for non-compliance.** Also, furnish us with descriptive brochures, catalogues, literatures and/or 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: [eicnolasco@dswd.gov.ph](mailto:eicnolasco@dswd.gov.ph) not later than **5:00 PM on September 22, 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

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: OCTOBER 16-21, 2023
- Place of Delivery: HOTEL WITHIN PUERTO GALERA, ORIENTAL MINDORO
- 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](http://www.philgeps.gov.ph) to register "

  
**EMMA JOY C. NOLASCO**

Telefax: 5336-8106 to 07 loc 24052  
Contact Number: 09994602492

Signature Over Printed Name  
(Supplier)



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Company Name \_\_\_\_\_  
Company Address \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Contact No. \_\_\_\_\_  
Email Address \_\_\_\_\_  
Company TIN \_\_\_\_\_  
PhilGEPS Reg. No. \_\_\_\_\_

MOP: NP-LOV

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	75	pax	Board and Lodging for 6 days and 5 nights			
	71 guaranteed pax		Training on Kilos Unad Social Case Management for Newly Hired Project Development Officers II			
			Preferred Venue: Hotel within Puerto Galera, Oriental Mindoro			
			Date of Activity: October 16-21, 2023			
			No. of Pax for 1st Batch: 38 pax (guaranteed pax = 36)			
			No. of Pax for 2nd Batch: 37 pax (guaranteed pax = 35)			
			No. of Nights: 5 nights			
			Check In Date and Time: October 16, 2023, 12nn Monday			
			Check Out Date and Time: October 21, 2023, 12nn Saturday			
			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:			
			October 16, 2023: Lunch, PM Snack and Dinner			
			October 17-20, 2023: Breakfast, AM Snack, Lunch, PM Snack and Dinner			
			October 21, 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			
			All food (meal and snacks) should be good for number of pax but stretchable for additional 3-5pax			
			*****NOTHING FOLLOWS*****			
			page 1 of 2			
				Note: Please specify brand model/origin.		

PURPOSE: Training on Kilos Unad Social Case Management for Newly Hired Project Development Officers II

PR No.: 2023-09-1213 NP-LOV

☐ VAT  
☐ Non-VAT

(Signature over Printed name)  
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. **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.





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MOP: NP-LOV

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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
			<b>INCLUSION:</b>			
			Free Use <b>Two (2)</b> of Airconditioned and Spacious Conference Room from 7:00am to 6:00pm (can accommodate all pax and training team in each room and free from noise which is detrimental to the event)			
			Free flowing coffee, drinking water and nuts/candies			
			No obstructing pillars in the conference room			
			Availability of electric outlets and free use of extension cords			
			With audio system and at least four (4) microphones			
			Free use of Projector and Whiteboards			
			With free strong wifi connections			
			Free use of parking space			
			Facilities must be PWD and Senior Citizen Friendly			
			Must be structurally sound, have fire escapes and firefighting equipments and CCTV			
			Food to be served should have vegetables and fruits and can adjust for Muslim and non pork eaters			
			Free one (1) Complimentary Room for the Secretariat for then whole duration of the training and one (1) day early check-in			
			Free Hygiene Kit (face mask, alcohol, etc.)			
			Free use of facilities and amenities (if applicable)			
			NOTE: Hotel/Restaurants/Resorts should not be offering short term lodging associated with motel and should not be situated beside or across gambling establishment shops, night clubs, funeral parlors, mortuaries and other similar like			
			<b>*****NOTHING FOLLOWS*****</b>			
			<b>TOTAL APPROVED BUDGET FOR THE CONTRACT:</b> <b>Seven Hundred Fifty Thousand Pesos Only</b> <b>(Php 750,000.00)</b>			
			page 2 of 2			
				Note: Please specify brand model/origin.		

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(Signature over Printed name)  
Supplier

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