

## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Field Office MiMaRoPa Region 1680 F.T. Benitez corner Malvar Sts., Malate, Manila

## REQUEST FOR QUOTATION

				RFQ No.	2023-10-1268 NP-LOV	
				Date:	October 10, 2023	
Company Name						
Company Address						
Contact Person						
	<del>-</del>					
Contact No.	-					
Email Address	4					
Company TIN	-					
PhilGEPS Reg. No.	1					
Sir/Madam:						
expenses for the goo	ds listed in Anne	ex A Failure to		could be	icable taxes, and other inci basis for non -compliance bable.	
If you are exclusive ri quotation a duly not			in the Philippines for	goods lis	ted in Annex A, please attac	th in your
PhilGEPS Certificat in accordance with Omnibus Sworn Stat	e, latest Income the attached fo ement (if previou	e/Business Tax f rmat marked as usly submitted is t	Return and a notariz Annex B. If awarded	ed or uni , please s rtificate o	rmit , PCAB License (if ap notarized Omnibus Sworn submit immediately the duly f Platinum Membership m er.	Statement notarized
Floor 1680 F.T. Beni than 5:00 PM on Oc	tez corner Malva stober 16, 2023 r evaluation Ple e of Submission	or Sts., Malate, Ma (Monday). Quota ase indicate in the	anila or email to: pro itions submitted to dif	ferent em fil the title	A Region -BAC Secretariat t.fomimaropa@dswd.gov. ail address(es) as stated ab of the Project using this fon Very truly yours,  ARVY B. CALABIO ministrative Officer V urement Section Head	ph not later ove shall
		- Discontinuo	Tx total quoted	- Color	☐ lot basis	
Award shall be r	WAS INVESTIGATION	item basis			LIOI Dasis	
<ol> <li>Price Validity sh</li> <li>Services shall be</li> </ol>		One Hundred 1 we December 7-8, 20:	enty (120) Calendar da 23	ays		
Place of Deliver			-9			
<ol><li>Terms of Payme</li></ol>			I inspection and acce			
		ist of Due and Der			dvice to Debit Account) mber :	
Account Name: Bank Name:	-			anch:	mber	
20 B ( 20 B ) 10 B ( 20 B ) 10 B ( 20 B )	nd Bank of the P	hilippines accoun	ts shall be charged a	service fe	e	
<ol><li>Liquidated Dam</li></ol>					ne time specified above,	
					percent (0.001) of the cost of	<u> </u>
					lative amount of liquidated tity may rescind or terminate	
					under the circumstances.	
7. For goods pleas					210000000000000000000000000000000000000	
	0 0	nit cost and total co	ost, unit cost shall preva	iil,		
9. Please indicate			t the Philippine Coverns	neat Claste	ania Procurement Sustam	
			ebsite at www. philgeps		onic Procurement System register"	
Mark	Anthony A. Luz					
	urement Officer				Signature Over Printed	Name
	6-54 11 to 07 loc. 2	24052			(Supplier)	ALL REPORTS

5328-5111

Procurement Form No. 04-A (Annex A)



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Note: Prospective supplier must be registered at the Philippine
Government Electronic Procurement System (PHILGEPS). You may
visit the PHILGEPS website at your philosopy only to register

D-4		construction of the state of th
Date:		( should be filled up by supplier )
MOP: NE	1.011	

visit the PHILGER	s website at www.pniigeps.gov.pn to register	Date:
Company Name	<b>₩</b>	MOP: NP-LOV
Company Address	£	
Contact Person	6	
Contact No.		
Email Address	8	
Company TIN	*	
PhilGEPS Reg. No.	*	

22	277	pax	Board and Lodging for 1 day ( 3 Meals & 2 Snacks)  Title of the Activity: Year-End Review of SWAD Programs and Implementation  Preferred Venue: Within the Province of Oriental Mindoro Date of Activity: December 7-8, 2023  No. of Pax: 277 pax (guaranteed pax 250)		
			Implementation Preferred Venue: Within the Province of Oriental Mindoro Date of Activity: December 7-8, 2023 No. of Pax: 277 pax (guaranteed pax 250)		
			Preferred Venue: Within the Province of Oriental Mindoro Date of Activity: December 7-8, 2023 No. of Pax: 277 pax (guaranteed pax 250)		
			No. of Pax: 277 pax (guaranteed pax 250)		
			Approved Budget for the Contract: Php 600,400.00	==:!!!;	
			No of Night: 1 night		
			Check In Date and Time: December 7, 2023; 2PM		
			Check Out Dete and Time: December 8, 2023, 12PM		
			Room Sharing Airconditioned Room Triple Sharing with individual bed per pax		
			and free toiletries		
			Meal Schedule:		
			December 7, 2023: PM Snacks and Dinner		
			December 8, 2023: Breakfast, AM Snacks, Lunch		
			Type of Food Serving		
			Managed Buffet Breakfast, Lunch and Dinner		
			Plated Snacks		
			Menu Selection: Hotel to submit menu (minimum of at least 2 viands soup and dessert)		
			No repeating meal per menu		
			Inclusion.		
			Free use of Airconditioned Conference Room (can accommodate more than 300 pax and free from noise which is detrimental to the event)		
			Unlimited free coffee and drinking water		
			No obstructing pillars in the conference room Availability of electric outlets and free use of extension cords		
			With audio system and at least 2 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 sound, have fire escapes and firefighting		
			Must be structurally equipment, have fire escapes and firefighting equipment and CCTV		
			Food to be served should have vegetables and fruits and can be adjusted for Muslims and nonpork eaters		
			Free Tarpaulin/Backdrop Free use of facilities and amenities (if applicable)	 	
			The state of the s		
			NOTE: Hotels/Restaurants/Resorts should not be offering short-term lodging associated with the motel and should not be situated beside or across gambling establishment shops, nightclubs, funeral parlors, mortuaries, and other similar like		
			Rating Factors:		
			I. Availability - 5%		
			II. Location and Site Condition-		
		4	a. Accesibility-5%		
			b. Parking Space-5%		
-		-	c. Security-5%  III. Neighborhood Data		
	-	-	a. Sanitation and Health Condition-10%		
			b. Near Hospital, Police and Fire Station/Establishinants-5%		
		-	D. IXOU Frospital, Folice and Fire Otation/Establishinalitis-076		
-		-	PAGE 1 OF 2		

Procurement Form No. 04-A (Annex A)



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		S neusite at www.pringeps.gov.pri to register	Date:	( should be filled up by supplier )			
omp	any Na	ame	<u> </u>	MOP: NP-LOV			
omp	any Ac	ddress					
Contact Person Contact No. Email Address Company TIN PhilGEPS Reg. No.		son	3				
		SS					
mile	EPS K	eg. No.	<u> </u>				
tem No.	Qty.	Unit		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	
			IV. Functionality and Venue				
			a. Structural Condition-10%				
			b. Spacious and Airconditioned Function Room and Bedrooms-10%				
			c. Lighting and Ventilation-6%				
			d. Catering Services (with Halal Menu)-10%			16/	
			e. Clear Sound System-5%				
			f. Adequate and safe facilities such elevators, fire exits, escapes and equipments-10%				
			g. Maintenance and Attractiveness-10%				
			h. Amenities and Facilities-5%				
			Passing Rate 85%				
		,	TOTAL APPROVED BUDGET FOR THE CONTRACT	<b>\</b>			
		-	Six Hundred Nine Thousand Four Hundred Pesos Only	)			
-			(Php 609,400.00)				
				Note: Please specify brand model/origin.			
		1	PAGE 2 OF 2				

IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O.) at DSWD FO MIMAROPA Region, Procurement Unit within three (3) days from the date advance copy was served thru fax. 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 (RFQ) RECEIVING FORM

I hereby certify that I	Michigan Brook High Late Control of Children	, of
	has received	d the Request for
Quotation (RFQ No	) from DSWD MIMAROPA	Region intended
for	SPYMERS OF Like USAFA PROMOTED IN	
Certified by:		
Laborate American Company	AVIOLET AND SHOWN IN	
(Signature Over Printed Name of		
Contact No:		
Email Address:	and a felt-title official and a second	
RFQ Delivered by:		
(Signature Over Printed Name of	Canvasser)	
Position :		
Date /Time of Delivery :		
Note: This form shall be used and issued provider.	in cases when RFQ is personally delivered to p	rospective supplier/service