



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

REQUEST FOR QUOTATION

RFQ No. 2023-10-1316 NP-SVP

Date: October 24, 2023

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

Sir/Madam:

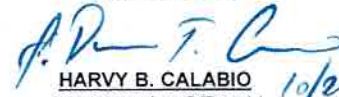
Please quote your government price/s including delivery charges, VAT or **other applicable taxes**, and other incidental expenses for the goods listed in **Annex A**. **Failure to indicate information could be basis for non-compliance**. Also, furnish us with descriptive brochures, catalogues, literatures 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: agsampan@dswd.gov.ph** not later than **5:00 PM on October 31, 2023 (Tuesday)**. 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 10/24/2023
Administrative Officer V
Procurement Section Head

Terms and Conditions:

1. Award shall be made on per: item basis total quoted price lot basis
2. Price Validity shall be valid until: One Hundred Twenty (120) Calendar days
3. Services shall be delivered on: 15 cd upon receipt of approved PO

4. Place of Delivery: WITHIN PUERTO PRINCESA PALAWAN (Please see attached file for reference for delivery)

5. 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**

6. 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.

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:

10. 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 "


ARIE B. SAMPAN
Procurement Officer

Telefax: 5336-8106 to 07 loc. 24052
Contact Number: **09984746898**

Signature Over Printed Name
(Supplier)



Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PHILGEPSS). You may visit the PHILGEPSS website at www.philgeps.gov.ph to register

RFQ No. 2023-10-1316

Date: _____ (should be filled up by supplier)

Company Name: _____
Company Address: _____
Contact Person: _____
Contact No.: _____
Email Address: _____
Company TIN: _____
PhilGEPSS Reg. No.: _____

MOP: NP-SVP

| 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 | Unit Cost | Total Cost |
|--|------|-------|---|---|-----------|------------|
| Lot 1 | | | | | | |
| 1 | 1 | pcs | Blood Pressure Monitor, Digital | | | |
| 2 | 1 | pcs | Thermal Scanner, Gun Type | | | |
| 3 | 1 | pcs | Pulse Oximeter | | | |
| 4 | 3 | pouch | First Aid Kit Set | | | |
| Place of Delivery: Bahay Pag-asa Puerto Princesa City - Purok Paglaun IV, Brgy Mangingisda, Puerto Princesa City | | | | | | |
| Approved Budget for the Contract: Php 3,585.00 | | | | | | |
| Lot 2 | | | | | | |
| 1 | 1 | pcs | Blood Pressure Monitor, Digital | | | |
| 2 | 1 | pcs | Thermal Scanner, Gun Type | | | |
| 3 | 1 | pcs | Pulse Oximeter | | | |
| 4 | 1 | pcs | Examination Table | | | |
| 5 | 1 | pcs | Weighting Scale, Specifications Dial Type 2 in 1 (Max. Weighing: 120kg, Min Value per Division: 0.5kg, Height Range to be measured: 70-190cm, Minimum Value of Height per Division 0.5cm, Load Platform Area (LxW): 375x275mm, Measurement (LxWxH): 695x266x930mm, Net Weight: 15kg, Gross weight: 17kg | | | |
| 6 | 1 | pcs | Ambu Bag Resuscitator, Manual, PVC, with oxygen tube mask bag valve | | | |
| 7 | 1 | pcs | I V Stand, Adjustable Bar Hooks with wheels, chrome plated 5" Foot star base, stainless steel pole, adjustable with knob-type lock | | | |
| 8 | 1 | pcs | Nebulizer Machine, With Mouthpiece, with mask for pedia & adult and with filters. | | | |
| 9 | 1 | pcs | Hospital Bed, Specifications: Bar Type dotted 2 bed frame design, high durable retractable built in crank, bed size 2130 x 970 x 500mm, 5" special wheels with breaks, Max Load 250 kgs, 1 set of aluminum sliding side rails. | | | |
| 10 | 1 | pcs | Wheelchair, foldable, seat width: 47cm, seat height: 48cm, seat depth: 41cm, Bearing: 100kg, Net weight: 11kg, Solid front wheel: 6" inch, Solid rear wheel: 16/20 inches | | | |
| 11 | 1 | tank | Oxygen Tank, 20lbs, with content refill | | | |
| 12 | 1 | pcs | Mechanical Height Rod, Portable, Floor Standing, Measuring Range: Min. 11.5cm (4.53" inch) Max. 205cm (80.71" inch) | | | |
| 13 | 2 | pouch | First Aid Kit Set | | | |
| 14 | 1 | pcs | Stethoscope | | | |
| 15 | 1 | pcs | Aspirator mask, 6800 Mask Type, 2 6001CN Cartridge, with 10pcs of 6800 breathing cotton | | | |
| 16 | 1 | box | Facemask Surgical, Disposable, 3 ply with earloop 50pcs/box | | | |
| Place of Delivery: Bahay Pag-Asa Youth Center (BPGC) - Palawan Agricultural Center, Irawan, Puerto Princesa City | | | | | | |
| Approved Budget for the Contract: Php 58,210.00 | | | | | | |
| ***nothing follows** | | | | | | |
| TOTAL APPROVED BUDGET FOR THE CONTRACT: Sixty-One Thousand Seven Hundred Ninety-Five Pesos Only (Php61,795.00) | | | | Note: Please specify brand model/origin. | | |

PURPOSE: Medical Supplies for the support to BPA Operation in Puerto Princesa City
PR No.: 2023-10-1316 NP-SVP

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.