

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

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

REQUEST FOR QUOTATION

Company Name Company Address Contact No. Email Address Company TIN PhilicEPS Reg. No Sir/Madam: Please quote your government price/is 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-compillance. 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 notanized certification to this effect. Additionally, please attach copies of your Company's Business Permit, Mayor's Permit, PCAB License (if applicable) PhilicEPS Certificate, latest income/Business Tax Return and a notarized or unnotarized Omnibus Sworn Stateme in accordance with the attached format marked as Annex B. If awarated, please submit timediately the duly notarized Ornibus Sworn Statemen in accordance with the attached format marked as Annex B. If awarated, please submit immediately the duly notarized Ornibus Sworn Statemen in accordance with the attached format marked as Annex B. If awarated, please submit immediately the duly notarized Ornibus Sworn Statemen in accordance with the attached format marked as Annex A to DSWO MIMAROPA Region -BAC Secretariat at 2nd Floor 1680 FT. Benitez comer Malvar Sts. Malate, Manila or email to: procurement.fornimaropa@dewd.gov.ph not laten 1690 PM on November 15, 2023 (Thursday), Quotations submitted to different email address(s) as stated above shall not be considered for evaluation. Please indicate in the subject of your email the fit of the Procure using his format (RFQ Number I, I)Deadline of Submission) **Vent Your Section Head** **Terms and Conditions:** 1. Award shall be made on per:			RFQ No.	
Company Address Contact No Email Address : Company TIN PhiliCEPS 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 PhiliCEPS Certificate, latest Income/Business Tax Return and a notarized or unnotarized Omnibus Sworn Statemen in accordance with the attached format marked as Annex B. If awarded, please submit immediately the duly rotarized Ormibus Sworn Statement, (if previously submitted is unnotarized. The Certificate of Platinum Membership maybe submitted in lieu of the Mayor's flusiness 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 FT. Benitez corner Malvar Sts. Maiate, Manila or email to: procurement.femimaropa@dswd.gov.ph not late than 5:00 PM on November 16, 2023 (Thursday), Quotations submitted to different email address(g) as stated above shall not be considered for evaluation Please indicate in the subject of your email the tie of the Project using this format IRFQ Number 1, IDeadline of Submission) **Very truly yours.** **Terms and Conditions:** 1. Award shall be made on per			Date	November 9, 2023
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2. Price Validity shall be valid until: One Hundred Twenty (120) Calendar days 3. Services shall be delivered on: Twenty (20) Calendar Days upon receipt of Approved Purchase Order (PO) 4. Place of Delivery: See attached Annex A 5. Terms of Payment: within 15-30 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" DAVE T. CORCORO Procurement Officer Signature Over Printed Name			(Ix total quoted price)	□lot basis
4. Place of Delivery: See attached Annex A 5. Terms of Payment: within 15-30 days upon final Inspection and acceptance Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable- Advice to Debit Account) Account Name: 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 resclind 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" DAVE T. CORCORO Procurement Officer Signature Over Printed Name	2. Price Validity sh	all be valid until: One Hundred Twee	nty (120) Calendar days	WAS THE STATE OF STAT
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Telefax 3320-3111(0.3113.100, 24032		rement Officer -5111 to 5115 loc. 24052		Signature Over Printed Name (Supplier)

Procurement Form No. 04-A (Annex A)



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaRoPa Region

			PAGE 1 OF 1			
			(Php 120,000.00)	Note: Please specify brand model/origin.		
			One Hundred Ten Thousand Pesos Only			
			TOTAL APPROVED BUDGET FOR THE CONTRACT			
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1			Contact Number: 0926-635-7446			
			Contact Person: MR. ANTHONY T. MATE			
	. 0					
-	-	_	Purok Paglaun IV, Brgy, Mangingisda, Puerto Princes City, Palawan			
			> BAHAY PAG-ASA PUERTO PRINCESA CITY (BPA PPC)			
			Palawan Agricultural Center, Irawan, Puerto Princes City, Palawan			
			Area of Delivery: > BAHAY PAG-ASA YOUTH CENTER (BPYC)			
1			Purchase Order (PO)			
1			Date of Delivery: Twenty (20) calendar days upon receipt of approved			
1						
			>>>> NOTHING FOLLOWS <<<<			
+			Note: See attached distribution list and full specifications of each item			
1			kick drum: bass drum 22inches *16 inches			
1			cymbal crash 14 inch, floor tom 16 inches, snare drum 14 inches *5.5 inches,			
+	2	set	> Tom tom 1-12inches *10 inches, hi-hat 12 inches, tom drum 2-13 inch 8*11 inch,			
+	4		BEATBOX/ CAJON DRUM SET			
1	1	unit	GUITAR AMPLIFIER, 15 WATTS			
1	1		ELECTRIC GUITAR STRATOCASTER (5 pick-ups position & 2 tone control)			
+	13		ACOUSTIC GUITAR (with port for amplifier, 40 inches) UKELELE CONCERT (23 inches)			
1				for non-compliance"		
	Qty.	Unit		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	Unit Cost	Total Cost
ŀ				Bidder's Specifications (Please fill out the specifications in		
J	FOR	eg. No.		Didded Cassifications		
		eg. No.				
	Addre: any Til					
	ct No.		*			
	ct Pers		<u>·</u>			
		ime idress		MOP: NP-SVP		
-	any Ma	mo	*	MOD. ND SVD		
			PS website at www.philgeps.gov.ph to register	Date:	snould be miled up	by supplier)

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.

Supplier