



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

REQUEST FOR QUOTATION

RFQ No.: 2023-12-1418 NP-SVP

Date: December 15, 2023

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

Sir/Madam:

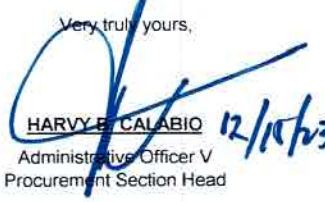
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. **Failure to indicate information could be basis for non-compliance.** Also, furnish us with descriptive brochures, catalogues, literatures and/or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


HARVEY 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: Fifteen (15) Calendar Days upon receipt of Approved Purchase Order (PO)
- Place of Delivery: DSWD Field Office MIMAROPA (1680 F.T. Benitez cor. Malvar Sts., Malate, Manila)
- 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**
- 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 to register"


DAVE T. CORCORO
Procurement Officer
Telefax: 5336-8106 to 07 loc. 24052

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 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.**

Paano Sagutan ang Client Satisfaction Measurement Form (CSMF)?



1.



Kumuha ng CSMF na nakalagay sa harap ng opisina o di kaya humingi ng kopya sa isa sa mga empleyado at isulat ang mga pangunahing impormasyon tulad ng pangalan, tirahan, edad, kasarian, sektor, uri ng kliyente at pangalan ng empleyado na nag-aasikaso.

(Get a CSMF placed in front of the office or ask for a CSMF for from one of the office employees and fill in the basic information such as Name, Address, Age, Sex, Sector, Type of Client, and Name of the employee in charge.)

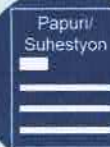
2.



Bilugan ang numero para sa antas ng iyong kasiyahan, habang markahan naman ng tsek(✓) ang kahon sa likurang bahagi para sa antas ng serbisyong natanggap at markang "5" sa pinakamataas habang markang "1" ang pinakamababa.

(Circle the number for your level of satisfaction, while check (✓) the box on the back for the level of satisfaction with each service provided to you, mark "5" for the highest while mark "1" for the lowest.)

3.



Sulatan ang kahon ng Papuri o kung meron kang mungkahi o suhestyon sa nasabing serbisyo o di kaya sulatan ang kahon para sa inyong reklamo/mungkahi para sa ikabubuti ng serbisyo ng aming opisina.

(Write in the compliment box or if you have a suggestion on the said service or write in the complaint box or suggestion for the betterment of our service.)

4.



Ihulog ang namarkahang CSMF sa box na nakalagay sa loob ng opisina.
(Drop the filled up CSMF in the box inside the office.)

ARTA: complaints@arta.gov.ph

CCB: email@contactcenterngbayan.gov.ph

DSWD: grievance.fomimaropa@dswd.gov.ph

#BawatBuhayMahalagaSaDSWD