



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

REQUEST FOR QUOTATION

RFQ No. 2024-01-0051 NP-SVP
Date: January 26, 2024

Company Name _____
Company Address _____
Contact Person _____
Contact No. _____
Email # _____
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: ccvictorio@dswd.gov.ph not later than **5:00 PM on February 2, 2024 (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: March 21-22, 2024 ; June 20-21, 2024 ; October 19-20, 2024 ; December 19-20, 2024
- Place of Delivery: SLP Office, Calapan, 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 to register "


CATHERINE CATHY R. VICTORIO
Procurement Officer
Telefax: 5336-8106 to 07 loc. 24052
Contact Number: 09984746898

Signature Over Printed Name
(Supplier)



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Date: _____ (should be filled up by supplier)

Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____
 Email Address : _____
 Company TIN : _____
 PhilGEPS 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
1	25	pax	Catering Service for 8 days			
	17 guaranteed	pax	SLP 2024 Provincial Quarterly Consultation Dialogue with Partners Agencies (Oriental Mindoro)			
			Venue: SLP Office, Calapan, Oriental Mindoro (Venue of the meeting will be coordinated to the supplier)			
			Dates			
			March 21-22, 2024			
			June 20-21, 2024			
			September 19-20, 2024			
			December 19-20, 2024			
			Menu/Time of Serving,			
			AM Snack: 9:30 AM Pasta/Sandwich/Noodles and bottled water/juice			
			Lunch: 12:00 NN Rice, Meat/Fish Dish, Vegetable Dish and bottled water/juice			
			PM Snack: 3:00 PM Sandwich and juice/soda drinks			
			Meals should be flexible for non pork eaters as per the request of the end-user			
			Supplier shall submit the menu 2 weeks before the meeting			
			Menu/Time of Serving			
			nothing follows			
TOTAL APPROVED BUDGET FOR THE CONTRACT:						
One Hundred Thousand Pesos Only						
(Php 100,000.00)						
				Note: Please specify brand model/origin .		

PURPOSE: SLP 2024 Provincial Quarterly Consultation Dialogue with Partners Agencies (Oriental Mindoro)

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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.