



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

REQUEST FOR QUOTATION

RFQ No. 2024-01-0014 NP-SVP
 Date: JANUARY 16, 2024

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

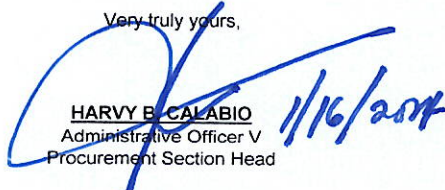
Sir/Madam:

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 and bfcumigad@dswd.gov.ph** not later than **5:00 PM on January 22, 2024 (Monday)**. 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: **January 2024 to December 2024**
- Place of Delivery: **DSWD SWADT ROMBLON**
- 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"**


BRYAN F. CUMIGAD
 Telefax: 5336-8106, to 07 loc. 24052
 Contact Number: 09203446606

 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 basis for non-compliance."	Unit Cost	Total Cost
1	2,112	bottle	SERVICE PROVIDER FOR THE SUPPLY AND DELIVERY OF PURIFIED DRINKING WATER FOR CY 2024 OF SWADT ROMBLON			
			PURIFIED DRINKING WATER <i>Content 5 gallons per bottle (176 bottles/month)</i> Minimum of 16 stages of purification/filtration process Shape and Quality of Bottle Round and polycarbonated process Inclusion 2 unit, Hot and Cold Bottom Load Dispenser with front cover *Quarterly cleaning of water dispensers Requirements *Monthly submission of Water Test Laboratory Certificate from DOH accredited water testing laboratory * BFAD Certificate * Mayor's permit * Sanitary Permit for the duration of the contract Period covered January 2024 to December 2024 Terms of Payment Government Procedure Billing Period Monthly Location SWADT Romblon Note: Subject to actual consumption and based on verified invoice receipt **** Nothing follows ****			
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 0 auto;"> TOTAL APPROVED BUDGET FOR THE CONTRACT: Six Thousand Pesos Only (Php 63,360.00) </div>						
				Note: Please specify brand model/origin .		

PURPOSE: Service Provider for the Supply and Delivery of Purified Drinking Water for CY 2024

PR No.: 2024-01-0014 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.