



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

REQUEST FOR QUOTATION

RFQ No: 2024-01-0022 NP-SVP
 Date: January 25, 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.

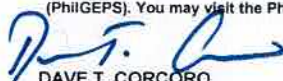
Please accomplish and submit this form together with Annex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor 1680 F.T. Benitez corner Malvar Sts., Malate, Manila or email to: procurement.fomimaropa@dswd.gov.ph not later than **5:00 PM on February 1, 2024 (Thursday)**. Quotations submitted to different 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: Monthly
 - 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: _____
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

Telefax: 5328-5111 to 5115 loc. 24052

 Signature Over Printed Name
 (Supplier)



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Date: _____ (should be filled up by supplier)

MOP: NP-SVP

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

Item No.	Qty.	Unit	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	12	months	<p>SERVICE PROVIDER FOR THE PREVENTIVE MAINTENANCE OF PABX LINES OF DSWD MIMAROPA REGIONAL OFFICE FOR CY-2024</p> <p>SCOPE OF WORKS:</p> <ol style="list-style-type: none"> Quarterly on-site maintenance and corrective technical assistance of PABX system, weekdays and weekends Unlimited remote maintenance support or telephone assistance support for immediate/interim resolution of technical/maintenance issues Free provision of emergency technical services beyond the regular business days and hours Provisions of free services units for diagnostics of failed components and/or equipment parts to determine cause of failure and subjects to separate parts for approval of the customer Annual general maintenance services for the existing equipment scheduled on an end-user preferred date and time which include general equipment board & surface cleaning, board testing, alarms assessment, rectification and review/audit of current programs and configurations Liaison services for the telephone companies for the effective use of the existing PSTN/Trunks usage connected to the PABX system One-year warranty for new units All major repairs will be subject on the actual assessment by the Service Provider <p>Inclusions:</p> <ul style="list-style-type: none"> > Tax Inclusive > Monthly site visits and reports > Monthly Billing <p>Computation: Php18,500.00/month x 12 monthss = Php222,000.00 >>>> NOTHING FOLLOWS <<<<</p> <p>Date of Delivery: Monthly Area of Delivery: DSWD Field Office MIMAROPA (1680 F.T. Benitez cor. Malvar Sts., Malate, Manila)</p>		
			<p>TOTAL APPROVED BUDGET FOR THE CONTRACT Two Hundred Twenty-Two Thousand Pesos Only (Php 222,000.00)</p>		
<p>PAGE 1 OF 1</p>					

Note: Please specify brand model/origin.

PURPOSE: Service Provider for the Preventive Maintenance of PABX Lines at DSWD Field Office MIMAROPA for CY-2024.

PR No.: 2024-01-0022 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 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.