

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

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

REQUEST FOR QUOTATION

				RFQ No.: Date:	2024-02-0169 NP-LOV February 21, 2024
Company Name	3				
Company Address	-				
Contact Person	-				
Contact No.	3				
Email Address	3				
Company TIN	*				
PhilGEPS Reg. No.	<u>Y</u>				
	•				
Sir/Madam:					
	ds listed in Anne	ex A. Failure to	indicate information	n could b	licable taxes, and other incidental be basis for non -compliance. Also, cable.
If you are exclusive n quotation a duly not		ALL CONTRACTOR OF THE PROPERTY	in the Philippines for	goods lis	sted in Annex A, please attach in your
PhilGEPS Certificat in accordance with Omnibus Sworn Stat submitted in lieu of the	e, latest Income the attached fo ement (if previou ne Mayor's /Busi	e/Business Tax f rmat marked as usly submitted is a ness Permit and I	Return and a notaria Annex B. If awarded unnotarized. The Ce PHILGEPS Registrat	zed or ur d , please ertificate tion Numb	
Floor 1680 F.T. Beni February 26, 2024 (tez corner Malva Monday). Quota e indicate in the	ar Sts., Malate, Ma tions submitted to	anila <u>or email to: ma</u> o different email add	ress(es) a	PA Region -BAC Secretariat at 2nd swd.gov.ph not later than 5:00 PM on as stated above shall not be considered ing this format: [RFQ Number],
				1.5	Very truly yours, IARVY B. GALABIO 2 1 FEB 202 Impostrative Officer V
				Proc	curement Section Head
Terms and Condition	ons:				
 Award shall be r 	made on per:	item basis	x total quoted	d price	lot basis
7.0			enty (120) Calendar d	ays	
 Services shall b Place of Deliver 	이번 등이 나는 아이를 가게 된다면 하는데 뭐 꾸	March 12-15 2024 ncesa, Palawan	V		
5. Terms of Payme			I inspection and acc	eptance	
1,427		ist of Due and De			Advice to Debit Account)
Account Name Bank Name:	:			Account M Branch:	Number :
	nd Bank of the P	hilippines accour	nts shall be charged a		fee
Liquidated Dam	ages/Penalty:	In case of failu	re to make full delive	ry within	the time specified above,
the amount of	the liquidated da	mages shall be at	least equal to one-te	nth of on	e percent (0.001) of the cost of
					nulative amount of liquidated ntity may rescind or terminate
					le under the circumstances.
7. For goods pleas	se indicate brand,	model and country			
9. Please indicate	Warranty:				
			t the Philippine Govern bebsite at www. philgeps		ronic Procurement System register"
15 cm					
	Anthony A. Luz urement Officer	ž.			Signature Over Printed Name
	8-5111 to 07 loc.	24052			(Supplier)

DSWD REGION

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Field Office MiMaRoPa Region

1680 F.T. Benitez corner Malvar Sts., Malate, Manila

Note: Prospective supplier must be registered at the Philippine RFQ No.: 2024-02-0169 Government Electronic Procurement System (PHILGEPS). You may visit the PHILGEPS website at www.philgeps.gov.ph to register Date: (should be filled up by supplier) Company Name MOP: NP-LOV Company Address Contact Person Contact No. **Email Address** Company TIN PhilGEPS Reg. No. Bidder's Specifications (Please fill out the specifications in the space provided) NOTE: Supplier must state here either the Qtv Unit Cost **Total Cost** Unit statement of compliance either "COMPLY" or "NOT COMPLY", Failure to indicate No information could be basis for noncompliance" Board and Lodging for 3 days (Orientation and Workshop on DROMIC 60 pax Reporting Guideslines and Protocol on March 12-15, 2024) Preferred Venue: Hotel within Puerto Princesa, Palawan Date of Activity: March 12-15, 2024 NOTE: IF THE Guaranteed Pax: 55 pax TOTAL NUMBER OF THE PARTICIPANTS Check In Date and Time: **EXCEEDS THE** March 12, 2024; 8:00 AM for Secretariat (3 pax) GUARANTEED March 12, 2024; 12:00 PM for Participants(57 pax) PARTICIPANTS, THE Check Out Date and Time: March 15,2024 for all; 2:00 PM AGENCY WILL BE BILLED FOR THE Room Sharing: Airconditioned, Triple and/or double sharing **ACTUAL NUMBER** with INDIVIDUAL BED PER PAX and bathrooms with Hot and BUT NOT MORE Cold Shower with enough toiletries (towel, toothpaste, soap, THAN THE and shampoo) drinking water with utensils, coffee, wifi, tv with MAXIMUM NO. OF cable connection, with available iron for clothes. **PARTICIPANTS** Meal Schedule: March 12, 2024: Lunch for 3 pax (Secretariat) March 12, 2024: 60 pax (PM Snacks, Dinner) March 13-14, 2024: 60 pax (Breakfast, AM Snacks, Lunch, PM Snacks, Dinner) March 15, 2024: (Breakfast, AM Snacks, Lunch) Type of Food Serving Managed Buffet: Breakfast(6 am), Lunch(12 nn) and Dinner (6 pm) Plated Snacks: AM Snacks 9:30 am, PM Snacks 3 pm Menu Selection: The hotel to submit menu 3 main dish including vegetables, soup, dessert No repeating meal per menu Hotel will submit proposed menu of the day a week before the training schedule Food to be served should have vegetables and fruits and can be adjusted for Muslims and nonpork eaters Inclusion: Structurally sound and safe for occupancy with enough Fire escapes, Fire Fighting Equipments, CCTV, Elevators and Stairs Facilities must be PWD and Senior Citizens-Friendly "Use of Airconditioned function room (can accommodate 100 pax) and Guest Rooms with cable TV APPROVED BUDGET FOR THE CONTRACT: Four Hundred Sixty Eight Thousand Pesos Only (Php 468,000,00) Note: Please specify brand model/origin. PAGE 1 OF 2 PURPOSE: Accommodation with meals for 3 days Board and Lodging for Orientation and Workshop on DROMIC Reporting Guidelines and Protocol on March 12-15, 2024 PR No.: 2024-02-0169 VAT Non-VAT (Signature over printed name) Supplier



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RFQ No.: 2024-02-0169

	S website at www.philgeps.gov.ph to register	Date:	(should be filled up by supplier)
Company Name	I	MOP: NP-LOV	
Company Address			
Contact Person			
Contact No.	\$.		
Email Address	1.4%		
Company TIN	147		
PhilGEPS Reg. No.	*		
		Bidder's Specifications	

tem 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 noncompliance"	Unit Cost	Total Cost
			The Session Hall/Function Hall/Conference Hall is free noise whick is detrimental to the event/activity/meeting			
			FREE Wi-fi access to both Guest/ Function Halls and Rooms			
			"Free flowing of Brewed Coffee and Tea/Drinking Water			
			Atleast one (1) Hotel Attendant/Staff available at any given time during session to assist the Secretariat with Logistic Concerns			
			"Two (2) Tarpaulin free of charge -Welcome Tarpaulin (10L x 4H) & Design to be sent by the organizer -Welcome Display on Monitor Ty to be displayed in the lobby			
			*One (1) complimentary room for the secretariat			
			Function Room Arrangements:			
			"FREE use of Fully-Airconditioned Session Hall/Conference Room, spacious for activities and can accommodate 60 participants from 7:00am until 7:00pm			
			"No obstructing pillars in the Conference Hall/Room and should be high ceilling *Tables and chairs: Round table type with cloth "Strong Wi-Fi connection (free of charge) for Conference Hall and Room			
			"FREE Use of Projector with Screen with splitter, Good to High-Quality Audio System, with at least 3-4 wireless microphones, availability of electric outlets and extension cords in the Conference Hall, Rostrum with 1 Philippine Flagpole and other Amenities			
			*FREE Pencil/Ballpen and Notepads for the participants daily			
			>>> nothing follows<<<			
			Contact Person: Alexander C. Catugas Contact Number: 09664665545			
-						
			APPROVED BUDGET FOR THE CONTRACT: Four Hundred Sixty Eight Thousand Pesos Only			
			(Php 468,000.00)	Note: Please specify brand model/origin.		
			PAGE 1 OF 1			

PURPOSE:	: Accomodation with meals for 3 days Board and Lodging for Orientation and Workshop on DROMIC Reporting Guidelines and Protocol on Ma	rch 12-15, 2024
PR No.: 2024	4-02-0169	VAT Non-VAT
	(Signature over printed name) Supplier	





ADMINISTRATIVE DIVISION DSWD FIELD OFFICE MIAMROPA

DSWD-GF-008| REV 01 / 12 OCT 2021

REQUEST FOR QUOTATION (RFQ) RECEIVING FORM

I hereby certify that I	, of
	has received the Request for
Quotation (RFQ No) from DSWD MIMAROPA Region intended
for	The state of the s
Certified by:	
(Signature Over Printed Name of Supplier)	
Contact No:	
Email Address:	
RFQ Delivered by:	
(Signature Over Printed Name of Canvass	er)
Position:	
Date /Time of Delivery:	
Note: This form shall be used and issued in cases w	then RFQ is personally delivered to a prospective supplier/service provider.
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