



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

REQUEST FOR QUOTATION (1ST EXTENSION)

RFQ No: 2024-02-0107 NP-SVP
Date: February 28, 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 March 6, 2024 (Wednesday)**. 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]**.

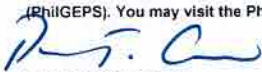
Very truly yours,


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: Twenty (20) 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)



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
 Field Office MiMaRoPa Region
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RFQ No.: 2024-02-0107 NP-SVP

Date: _____ (should be filled up by supplier)

MOP: NP-SVP

Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____
 Email Address : _____
 Company TIN : _____
 PhilGEPSS 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	1	lot	REPAIR AND REPAINTING OF ROOF OF THE MAIN BUILDING		
			SCOPE OF WORK:		
			GENERAL REQUIREMENTS		
			1.1. Mobilization and Demobilization		
			1.2. Safety Equipments/ PPE		
			1.3. Temporary Facilities		
			ROOF REPAIRS		
			2.1. Repair of Flashings		
			2.2. Cleaning of gutters and cutting of branches near the roof (including disposal of garbage outside the DSWD Compound)		
			2.3. Application of Vulcaseal to all teckscrew heads and all holes of cut on the roof		
			PAINTING WORKS (METAL) 690 SQUARE METERS		
			3.1. Materials		
			- Cleaning Supplies/ Painting Accessories		
			- Epoxy Primer (1 coat @ all roof sheets)		
			- Roof Guard paint (Final Coat) - 2 coatings		
			3.2. Manpower		
			- Project Supervisor (1)		
			- Laborer (6)		
			- Skilled Worker (4)		
			3.3. Equipment		
			- Minor Tools (10% of Labor Cost)		
			INDIRECT COST		
			- Profit		
			- OCM		
			- Value Added Tax		
			>>>> NOTHING FOLLOWS <<<<<		
			Date of Delivery: Twenty (20) calendar days upon receipt of approved Purchase Order (PO)		
			Area of Delivery: DSWD Field Office MIMAROPA (1680 F.T Benitez cor. Malvar Sts., Malate, Manila)		
			TOTAL APPROVED BUDGET FOR THE CONTRACT Three Hundred Forty-Four Thousand Four Hundred Pesos Only (Php 344,400.00)		
					Note: Please specify brand model/origin.
			PAGE 1 OF 1		

PURPOSE: Service Provider for the Repair and Maintenance of the Roof of DSWD Field Office MIMAROPA Main Building.

PR No.: 2024-02-0107 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.



GENERAL SERVICES SECTION
FIELD OFFICE MIMAROPA
 DSWD-AS-GF-035 REV 02 | 07 OCT 2022

BILL OF QUANTITIES

Item No.		Quantity	Unit	Material Cost	Crew	Unit Cost	Amount
Name of Project:		REPAIR AND REPAINTING OF ROOF OF THE MAIN BUILDING		Location: 1680 Benitez St, cor, 1004 Gen. Malvar St, Malate, Manila, Metro Manila			
Total Project Cost		PHP	342,234.38	Project Duration: 20		Calendar Days	
Source of Fund:				Mode of Procurement: By Contract			
Date:		January 24, 2023		Source of Manpower: Contractor			
DRN:							
GENERAL REQUIREMENTS							
1	1.1	Mobilization and Demobilization	1.00	lot			
	1.2	Safety Equipments / PPE	1.00	lot			
	1.3	Temporary facilities	1.00	lot			
SUB - TOTAL (GENERAL REQUIREMENTS)							
ROOF REPAIRS							
2	2.1	Repair of Flashings	1.00	lot			
	2.2	Cleaning of gutters and cutting of branches near the roof (including disposal of garbage outside DSWD compound)	1.00	lot			
	2.3	Application of vulcaseal to all teckscrew heads and other holes or cut on the roof	1.00	lot			
SUB - TOTAL (ROOF REPAIRS)							
3 Painting Works (Metal) 690 sqm							
3.1	Materials:						
		Cleaning Supplies / Painting Accesories	1	lot			
		Epoxy Primer (1 coat @ all roof sheets)	30	gal			
		Roof Guard Paint (final Coat) - 2 coatings	50	gal			
3.2	Manpower :						
		Project Supervisor	15.00	days	1.00		
		skilled worker	15.00	days	6.00		
		laborer	15.00	days	4.00		
3.3	Equipment:						
		Minor tools (10% of Labor Cost)	1.00	lot			
SUB - TOTAL (Painting Works(Concrete/Metal/Wood Surfaces))							
A	Total Direct Cost (Material, Labor and Equipment)						
B	Contractor Profit (15% of Direct Cost)						
C	OCM (10% of Direct Cost)						
D	Value Added Tax (5% of A+B+C)						
TOTAL PROJECT COST							

Submitted by: _____
 Signature and Printed Name of Supplier

Date:

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 _____.

Certified by:

(Signature Over Printed Name of Supplier)

Contact No: _____

Email Address: _____

RFQ Delivered by:

(Signature Over Printed Name of Canvasser)

Position: _____

Date /Time of Delivery: _____

Note: This form shall be used and issued in cases when RFQ is personally delivered to prospective supplier/service provider.