



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

REQUEST FOR QUOTATION

RFQ No. KC-2024-03-0030
Date: 12-Mar-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: samdomingo@dswd.gov.ph not later than **5:00 PM on March 19, 2024 (Tuesday).** 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,

HARVEY E. GALABIO
Administrative Officer V
Procurement Section Head

13 MAR 2024

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: **Proposed date**
- Place of Delivery: **within Calatrava, 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 "


SHEIWE ANN M. DOMINGO
Procurement Officer
Telefax: 5336-8106 to 07 loc. 24052
Contact Number: 0910-750-7941

Signature Over Printed Name
(Supplier)



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

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

MOP Shopping for Non-Consulting Services

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	58	pax	Activity: Project Proposal Development Workshop (2 days) Date: April 11, 2024 Guaranteed Pax per schedule of activity: 52 pax Location: Within the Municipality of Calatrava, Romblon Type of Serving: Snacks for AM and PM: Plated, with Beverage Lunch: Buffet (3 Main dish with soup, dessert and beverages) Note: Different Set of Dishes per day			
2	34	pax	Activity: MDC Criteria Workshop Date: May 7, 2024 Guaranteed Pax per schedule of activity: 31 pax Location: Within the Municipality of Calatrava, Romblon Type of Serving: Snacks for AM and PM: Plated, with Beverage Lunch: Buffet (3 Main dish with soup, dessert and beverages) Note: Different Set of Dishes per day			
3	12	pax	Activity: Technical Desk Review Date: May 14, 2024 Guaranteed Pax per schedule of activity: 10 pax Location: Within the Municipality of Calatrava, Romblon Type of Serving: Snacks for AM and PM: Plated, with Beverage Lunch: Buffet (3 Main dish with soup, dessert and beverages) Note: Different Set of Dishes per day			
4	34	pax	Activity: MDC Meeting for PRA Date: May 23, 2024 Guaranteed Pax per schedule of activity: 31 pax Location: Within the Municipality of Calatrava, Romblon Type of Serving: Snacks for AM and PM: Plated, with Beverage Lunch: Buffet (3 Main dish with soup, dessert and beverages) Note: Different Set of Dishes per day			
Nothing follows Page 1 of 2						
TOTAL APPROVED BUDGET FOR THE CONTRACT: Two Hundred Ten Thousand Five Hundred Pesos Only (Php210,500.00)				Note: Please specify brand model/origin .		

PURPOSE: Catering Services for the Conduct of Community Empowerment Activity Cycle of KALAHI-CIDSS KKB Area Coordinating Team in Calatrava, Romblon

PR No.: KC-2024-03-0030

VAT
 Non-VAT



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

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Date: _____ (should be filled up by supplier)

Company Name : _____
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MOP Shopping for Non-Consulting Services

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
5			Activity: Sub-Project Implementation Workshop (SPIW) (2 days)			
	101	pax	Date: June 18, 2024			
	101	pax	Date: June 19, 2024			
			Guaranteed Pax per schedule of activity: 91 pax			
			Location: Within the Municipality of Calatrava, Romblon			
			Type of Serving:			
			Snacks for AM and PM: Plated, with Beverage			
			Lunch: Buffet (3 Main dish with soup, dessert and beverages)			
			Note: Different Set of Dishes per day			
6			Activity: Operation & Maintenance Training (3 days)			
	27	pax	Date: June 26, 2024			
	27	pax	Date: June 27, 2024			
	27	pax	Date: June 28, 2024			
			Guaranteed Pax per schedule of activity: 24 pax			
			Location: Within the Municipality of Calatrava, Romblon			
			Type of Serving:			
			Snacks for AM and PM: Plated, with Beverage			
			Lunch: Buffet (3 Main dish with soup, dessert and beverages)			
			Note: Different Set of Dishes per day			
Nothing follows Page 2 of 2						
TOTAL APPROVED BUDGET FOR THE CONTRACT: Two Hundred Ten Thousand Five Hundred Pesos Only (Php210,500.00)					Note: Please specify brand model/origin	

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REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I _____, of _____ has received the **Request for**

Quotation RFQ No. **KC-2024-03-0030** from DSWD MIMAROPA Region intended for the

Catering Services for the Conduct of Community Empowerment Activity Cycle of KALAHI-CIDSS KKB Area Coordinating Team in Calatrava, Romblon

Certified by:

(Signature Over Printed Name of Supplier)
Contact: _____
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.