



REQUEST FOR QUOTATION

RFQ No. KC-2024-03-0031  
 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](mailto: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,

**HARVY B. CALABIO**  
 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 Gloria, Oriental Mindoro
- 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](http://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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RFQ No.: KC-2024-03-0031

Date: \_\_\_\_\_ (should be filled up by supplier)

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) <small>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.</small>	Unit Cost	Total Cost
1			<b>Activity: Project Development Workshop (2 days)</b>			
	30	pax	Date: April 18, 2024			
	30	pax	Date: April 19, 2024			
			Guaranteed Pax per schedule of activity: 20 pax			
			Location: Within the Municipality of Victoria, Oriental Mindoro			
			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			<b>Activity: SP Implementation Workshop (2 days)</b>			
	49	pax	Date: June 26, 2024			
	49	pax	Date: June 27, 2024			
			Guaranteed Pax per schedule of activity: 32 pax			
			Location: Within the Municipality of Victoria, Oriental Mindoro			
			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			
			<b>***Nothing follows***</b>			
			<b>Approved Budget for the Contract</b>			
			<b>Seventy-Nine Thousand Pesos only</b>			
			<b>Php79,000.00</b>			
Page 1 of 1				Note: Please specify brand model/origin .		

PURPOSE: Catering Services for the Conduct of Community Empowerment Activity Cycle of KALAHI-CIDSS PAMANA Area  
Coordinating Team in Gloria, Oriental Mindoro

PR No.: KC-2024-03-0031

VAT  
 Non-VAT

**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.**



**REQUEST FOR QUOTATION RECEIVING FORM**

I Hereby certify that I \_\_\_\_\_ of

\_\_\_\_\_ has received the Request for

Quotation RFQ No. **KC-2024-03-0031** from DSWD MIMAROPA Region intended for the

**Catering Services for the Conduct of Community Empowerment Activity Cycle of KALAHI-CIDSS PAMANA Area Coordinating Team in Gloria, Oriental Mindoro**

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.