



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-2024-03-0038
 Date: 13-Mar-2024

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

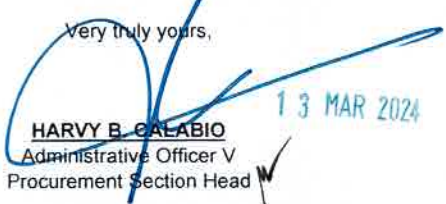
Sir/Madam:

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 20, 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. GALABIO
 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: Proposed date
- Place of Delivery: within Abra De Ilog, Occidental 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 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)



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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

Table with 7 columns: Item No., Qty., Unit, PARTICULARS, Bidder's Specifications, Unit Cost, Total Cost. Contains two main activity rows (1 and 2) and a budget summary section circled in blue.

PURPOSE: Catering Services for the Conduct of Community Empowerment Activity Cycle of KALAHI-CIDSS PAMANA Area Coordinating Team in Abra De Ilog, Occidental Mindoro

PR No.: KC-2024-03-0038

VAT
Non-VAT



REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I _____, of

_____ has received the Request for

Quotation RFQ No. **KC-2024-03-0038** 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 Abra De Ilog, Occidental 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.