



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-2024-03-0034

Date: 13-Mar-2024

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

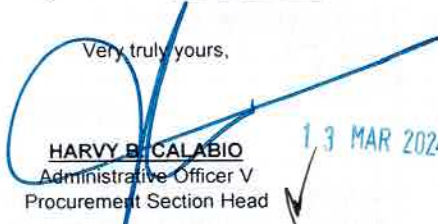
Sir/Madam:

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.

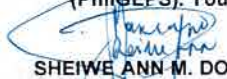
Additionally, please attach copies of your **Company's Business Permit, Mayor's Permit, PCAB License (if applicable), PhilGEPS Certificate, latest Income/Business Tax Return** and a notarized or unnotarized Omnibus Sworn Statement in accordance with the attached format marked as Annex B. If awarded, 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. 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 Bulalacao, 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 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)



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 : _____
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			Activity: Project Development Workshop (2 days)			
	23	pax	Date: April 11, 2024			
	23	pax	Date: April 12, 2024			
			Guaranteed Pax per schedule of activity: 20 pax			
			Location: Within the Municipality of Bulalacao, 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			Activity: SP Implementation Workshop (2 days)			
	36	pax	Date: June 18, 2024			
	36	pax	Date: June 19, 2024			
			Guaranteed Pax per schedule of activity: 32 pax			
			Location: Within the Municipality of Bulalacao, 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			
			Nothing follows			
			Approved Budget for the Contract			
			Fifty-Nine Thousand Pesos only			
			Php59,000.00			
			Page 1 of 1			
				Note: Please specify brand model/origin.		

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

PR No.: KC-2024-03-0034

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-2024-03-0034** 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 Bulalacao, 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.

