



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

REQUEST FOR QUOTATION

RFQ No.: 2024-02-0138 NP-LOV
Date: March 27, 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.

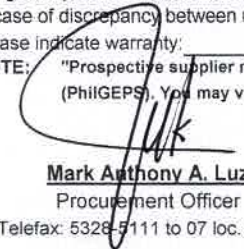
Please accomplish and submit this form together with Annex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor 1680 F.T. Benitez corner Malvar Sts., Malate, Manila **or email to: maaluz@dswd.gov.ph** not later than **5:00 PM on April 3, 2024 (Wednesday).** Quotations submitted to different email 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: May 8-10, 2024
- Place of Delivery: Hotel within Palawan
- 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"


Mark Anthony A. Luz
Procurement Officer
Telefax: 5328-9111 to 07 loc. 24052

Signature Over Printed Name
(Supplier)



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Date: _____ (should be filled up by supplier)

MOP: NP-LOV

Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____
 Email Address : _____
 Company TIN : _____
 PhilGEPs 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	80	pax	Board and lodging for the conduct of SLP's Learning and Development Intervention on Program Management Toward. Delivery of Quality Service		
NOTE: IF THE TOTAL NUMBER OF THE PARTICIPANTS EXCEEDS THE GUARANTEED PARTICIPANTS, THE AGENCY WILL BE BILLED FOR THE ACTUAL NUMBER BUT NOT MORE THAN THE MAXIMUM NO. OF PARTICIPANTS			Preferred Venue: Hotel within Palawan Date of Activity: May 8-10, 2024 Guaranteed Pax: 70 pax Check In/Out Date and Time: May 8, 2024; 12:00 PM May 10, 2024; 12:00 PM Room Sharing: Airconditioned, Triple and/or double sharing with INDIVIDUAL BED PER PAX and bathrooms with Hot and Cold Shower with enough toiletries (towel, toothpaste, soap, and shampoo) drinking water with utensils, coffee, wifi, tv with cable connection, with available iron for clothes. Meal Schedule: ✓ May 8, 2024: Lunch, Pm snacks, Dinner ✓ May 9, 2024: Breakfast, AM Snacks, Lunch, PM Snacks, Dinner ✓ May 10, 2024: Breakfast, AM Snacks Type of Food Serving Managed Buffet: Breakfast(6 am), Lunch(12 nn) and Dinner (6 pm) Plated Snacks: AM Snacks 9:00 am, PM Snacks 3 pm ✓ Menu Selection: The hotel to submit menu 3 main dish including vegetables, soup, dessert ✓ No repeating meal per menu ✓ Hotel will submit proposed menu of the day a week before the training schedule ✓ Food to be served should have vegetables and fruits and can be adjusted for Muslims and nonpork eaters Inclusion: ✓ Structurally sound and safe for occupancy with enough Fire escapes, Fire Fighting Equipments, CCTV, Elevators and Stairs Facilities must be PWD and Senior Citizens-Friendly ✓ "Use of Airconditioned function room (can accommodate 100 pax) and Guest Rooms with cable TV		
			APPROVED BUDGET FOR THE CONTRACT: Four Hundred Sixteen Thousand Pesos Only (Php 416,000.00)		
			Note: Please specify brand model/origin.		
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PURPOSE: Board and Lodging for the conduct of SLP Recalibration Activity on Livelihood Implementation and Workplace Development

PR No.: 2024-02-0138

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.

