



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

REQUEST FOR QUOTATION

RFQ No.: 2024-04-0289 NP-SVP
Date: April 4, 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 11, 2024 (Thursday).** 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 4/4/2024
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: 15 calendar days upon receipt of approved Purchases Order
- Place of Delivery: MIMAROPA Youth Center Poblacion, Bansud, Oriental Mindoro
- 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: 5328-5111 to 07 loc. 24052

Signature Over Printed Name
(Supplier)



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RFQ No.: 2024-04-0289

Date: _____ (should be filled up by supplier)

MOP: NP-SVP

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	pax	30	Service provider for the Psychological assessment/clinical diagnosis (with psychological assessment report after 2 months of assessment		
			Assessment Procedure (online or face to face):		
			Clinical Interview with the patient		
			Collaretal Interview with Caregiver and Social Worker		
			Tests to be administered (online or face to face)		
			Reynold's Intellectual Assessment Scale (RIAS)		
			The Personality Inventory for DSM-5 (PID-5) - Adult or Basic Personality Inventory (18 yrs old and above)		
			Post-Traumatic Stress Disorder Checklist for DSM-5 (PTSD DSM-5)		
			Beck Depression Inventory (DBI)		
			Bender Gestalt Visual Motor Test (BVGMT)		
			Kinetic Family Drawing (KFD for teenager)		
			Sach's Sentence Completion Test (SSCT)		
			Thematic Apperception Test (TAT)		
			Note: That the range of test can be varied depending on the profile or ability of the client to write and read the instruments presented. Some tests may be added or changes along the process to suit the needs of the clients		
			8:00 am to 5:00 pm subject to scheduling/ booking procedures		
			Contract will be valid for the calendar year 2024		
			Payment will be issued after the service has been rendered as need arises only		
			All session should be private and confidential		
			>>> NOTHING FOLLOWS<<<		
			Contact person: Erika Dana C. Baimes - 0981 723 0644		
			Delivery date: 15 calendar days upon receipt of approved Purchases Order		
			Delivery address: MIMAROPA Youth Center Poblacion, Bansud, Oriental Mindoro		
			TOTAL APPROVED BUDGET FOR THE CONTRACT Three Hundred Thirty Six Thousand Pesos Only (Php 336,000.00)		
			PAGE 1 OF 1		
			Note: Please specify brand model/origin.		

PURPOSE: **Service provider for the Psychological assessment/clinical diagnosis**

PR No.: 2024-04-0289

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.