



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

REQUEST FOR QUOTATION

RFQ No. 2024-04-0313 NP-SVP  
Date: APRIL 15, 2024

Company Name \_\_\_\_\_  
Company Address \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Contact No. \_\_\_\_\_  
Email Address \_\_\_\_\_  
Company TIN \_\_\_\_\_  
PhilGEPS Reg. No. \_\_\_\_\_

Sir/Madam:

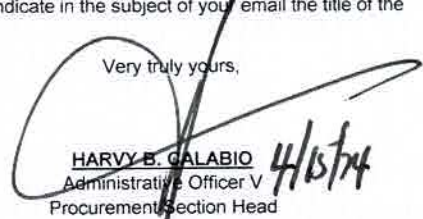
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in **Annex A**. **Failure to indicate information could be basis for non-compliance**. Also, furnish us with descriptive brochures, catalogues, literatures 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: [procurement.fomimaropa@dswd.gov.ph](mailto:procurement.fomimaropa@dswd.gov.ph) and [bfcumigad@dswd.gov.ph](mailto:bfcumigad@dswd.gov.ph) not later than **5:00 PM on April 19, 2024 (Friday)**. 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: April - December 2024
- Place of Delivery: DSWD SWAD Office - Occidental Mindoro, Burgos Street, Brgy. Pag-Assa, San Jose, 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](http://www.philgeps.gov.ph) to register "

  
**BRYAN F. CUMIGAD**

Telefax: 5336-8106 to 07 loc. 24052  
Contact Number: 09203446606

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 : \_\_\_\_\_  
PhilGEPSS Reg. No. : \_\_\_\_\_

MOP: NP-SVP

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	1	unit	VAN Rental for 14 days (On Call) for use of DSWD Staff and SPPMO during Social Pension Payout and Validation in Occidental Mdo.			
			Venue : Within the Province of Occidental Mindoro			
			Period : April - December 2024			
			Specification :			
			Vehicle type: HI-ACE Commuter Van			
			15 seater with not less than 4 doors			
			No. of days: 14 days (on-call)			
			Drop-off and Pick-up Point :			
			Place to be arranged within the Province of Occidental Mindoro			
			Time of Drop-off and Pick-up between :			
			7:00 am - 8:00am and 5:00 pm			
			Inclusions :			
			1 driver per vehicle			
			can accommodate atleast 15-16 passengers			
			Gas, oil and other repair maintenance of vehicle throughout the contract period.			
			Load allowance for the drivers to contact the passengers.			
			Passenger's insurance against accidental including all expenses and medical (including but not limited to laboratory/hospitalizations/medicines and other procedures needed.)			
			Other requirements :			
			Licensed Driver			
			Driver must be Covid-19 Negative and fully vaccinated (Medical certificate/Vaccine card as proof			
			Mode of Payment :			
			Government Payment Term			
			***NOTHING FOLLOWS***			
			Contact Person: Debie Rechyl J. Buccat			
			Contact No.: 9453042301			
			Delivery Address: Burgos St., Brgy Pag Asa, San Jose, Occidental Mindoro - SWAD Office			
			<b>TOTAL APPROVED BUDGET FOR THE CONTRACT:</b> One Hundred Forty Thousand Pesos Only (Php 140,000.00)			
				Note: Please specify brand model/origin .		

PURPOSE: VAN Rental for 14 days (On Call) for use of DSWD Staff and SPPMO during Social Pension Payout and Validation in Occidental Mdo.

PR No.: RFQ No. 2024-04-0313

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 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.