



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

REQUEST FOR QUOTATION

RFQ No: 2024-04-0374-NP-SVP
Date: April 30, 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 not later than **5:00 PM on May 7, 2023 (Tuesday)**. 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: **IRFQ Number], [Deadline of Submission]**

Very truly yours,

HARVY B. CABABIO 30 APR 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: Twenty-Five (25) calendar days upon receipt of approved Purchase Order (PO)
- Place of Delivery: DSWD Field Office MIMAROPA (1680 F.T. Benitez cor. Malvar Sts., Malate, Manila)
- 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"

DAVE T. CORCORO
Procurement Officer
Telefax: 5336-8106 to 07 loc. 24052

Signature Over Printed Name
(Supplier)



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

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

RFQ No.: 2024-04-0374-NP-SVP

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
LOT 1			MEDICINES		
1	20	box	PAIN RELIEVER (100 tab/cap per box) , IBUPROFEN 200mg		
2	20	box	ANTIEMETIC (50 tab/cap per box), METOCLOPRAMIDE 10mg		
3	20	box	PARACETAMOL (100 tab/cap per box), 500mg/ 65mg		
4	20	box	ANTIDIARRHEAL/LOPERAMIDE (100 tab/cap per box)		
5	20	box	ANTI-ALLERGIES/ ANTI-HISTAMINE (100 tab/cap per box), 10mg		
6	20	box	ANTI-HYPERTENSIVE (25 tab/cap per box), 75 mcg/ 150 mcg		
7	20	box	ANTI-SPASMODIC (25 tab/cap per box)		
8	20	box	GERD MEDICINE (50 tab/cap per box), OMEPRAZOLE 40mg/ LANZOPRAZOLE 30mg		
9	20	box	MECLIZINE 25mg (50 tab/cap per box)		
10	20	piece	POVIDONE IODINE SOLUTION (120ml)		
11	20	piece	METHYL SALICYLATE EUCALYPTUS OIL, 20ml		
			NOTE: Expiration must be minimum of 18 months & maximum of 2 years from the date of manufacturing		
LOT 2			MEDICAL SUPPLIES		
1	2	piece	HOT COMPRESS PACK		
2	1	piece	COLD COMPRESS PACK		
3	1	piece	BROWN BAG		
4	2	piece	OXYGEN WITH NASAL CANNULA		
5	1	piece	NEBULIZER MACHINE WITH SALBUTAMOL NEB		
6	2	piece	PORTABLE NEBULIZER (INHALER TYPE)		
			>>>> NOTHING FOLLOWS <<<<<		
			Date of Delivery: Twenty-Five (25) calendar days upon receipt of approved Purchase Order (PO)		
			Area of Delivery: DSWD Field Office MIMAROPA (1680 F.T. Benitez cor. Malvar Sts., Malate, Manila)		
			Contact Person: MS. NICOLLE H. SAPLALA Contact Number: 0935-448-7632		
			TOTAL APPROVED BUDGET FOR THE CONTRACT Two Hundred Seven Thousand Pesos Only (Php 207,000.00)		
			PAGE 1 OF 1		
			Note: Please specify brand model/origin.		

PURPOSE: Purchase & Delivery of Medicine and Medical Supplies for DSWD Field Office MIMAROPA.

PR No.: 2024-04-0374-NP-SVP

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.