



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

REQUEST FOR QUOTATION

RFQ No. 2024-04-0323 Shopping-B

Date: April 15, 2024

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

**Sir/Madam:**

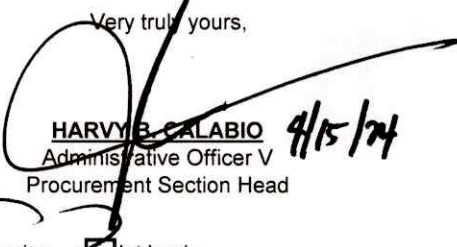
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. **Failure to indicate information could be basis for non-compliance.** Also, furnish us with descriptive brochures, catalogues, literatures and/or 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: [ejcnolasco@dswd.gov.ph](mailto:ejcnolasco@dswd.gov.ph) not later than **5:00 PM on April 22, 2024 (Monday)**. 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** 4/15/24  
 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 (20) Calendar Days after receipt of Approved Purchase Order
- Place of Delivery: Pantawid Provincial Operation Office, 2nd Floor Alg Commercial Building, Ma. Roxas St., Brgy. Liwayway, Odiongan, Romblon
- 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 "**

**EMMA JOY C. NOLASCO**

Telefax: 5336-8106 to 07 loc. 24052  
 Contact Number: 09994602492

\_\_\_\_\_  
 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 : \_\_\_\_\_  
 PhilGEPS Reg. No. : \_\_\_\_\_

MOP: Shopping-B

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
<b>SUPPLY AND DELIVERY OF OFFICE SUPPLIES FOR PANTAWID POO, ROMBLON FOR 2nd QUARTER, 2024</b>						
1	51	jar	GLUE, all-purpose, 200 grams			
2	51	box	STAPLE WIRE, standard			
3	102	roll	TAPE, packaging, 48 mm			
4	51	roll	TAPE, transparent, 24mm			
5	51	roll	TAPE, transparent, 48 mm			
6	51	box	CLIP, backfold, 25mm			
7	51	box	CLIP, backfold, 32mm			
8	51	box	CLIP, backfold, 50mm			
9	85	piece	CORRECTION TAPE, film based type, 8meters			
10	102	pad	NOTEPAD, stick-on, 76mm x 76mm (3" x 3")			
11	165	ream	PAPER, MULTICOPY A4, 80gsm			
12	165	ream	PAPER, MULTICOPY LEGAL, 80 gsm			
13	20	piece	Certificate Holder, A4 Size: 210mm x 297mm (8.27 x 11.69) w/ 2 hangers for portrait or landscape orientations; Super Clear Transparency			
14	4	piece	Document Tray File Organizer(4-Tier Metal)			
15	17	pad	Daily Time Record			
16	9	bundle	WHITE FOLDER, legal, 50 pieces per bundle			
17	3	bottle	INK EPSON 001, Magenta			
18	3	bottle	INK EPSON 001, Yellow			
19	2	piece	Ink, Canon, PG 71, Black			
20	2	piece	Ink, Canon, GI -71, Cyan			
21	2	piece	Ink, Canon, GI -71, Magenta			
22	2	piece	Ink, Canon, GI -71, Yellow			
23	186	piece	Sign pen, black, liquid/gel ink, 0.5mm ball needle point			
*****NOTHING FOLLOWS*****						
<b>TOTAL APPROVED BUDGET FOR THE CONTRACT:</b>						
One Hundred Three Thousand Six Hundred Thirty Three Pesos and 41/00 Only (Php103,633.41)						
page 1 of 1						
Note: Please specify brand model/origin .						

PURPOSE: SUPPLY AND DELIVERY OF OFFICE SUPPLIES FOR PANTAWID POO, ROMBLON FOR 2nd QUARTER, 2024

PR No.: 2024-04-0323

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.

## Omnibus Sworn Statement (Revised)

*[shall be submitted with the Bid]*

REPUBLIC OF THE PHILIPPINES )  
CITY/MUNICIPALITY OF \_\_\_\_\_ ) S.S.:

### AFFIDAVIT

I, [Name of Affiant], of legal age, [Civil Status], [Nationality], and residing at [Address of Affiant], after having been duly sworn in accordance with law, do hereby depose and state that:

1. *[Select one, delete the other:]*

*[If a sole proprietorship:]* I am the sole proprietor or authorized representative of [Name of Bidder] with office address at [address of Bidder];

*[If a partnership, corporation, cooperative, or joint venture:]* I am the duly authorized and designated representative of [Name of Bidder] with office address at [address of Bidder];

2. *[Select one, delete the other:]*

*[If a sole proprietorship:]* As the owner and sole proprietor, or authorized representative of [Name of Bidder], I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached duly notarized Special Power of Attorney;

*[If a partnership, corporation, cooperative, or joint venture:]* I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached [state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable)];

3. [Name of Bidder] is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, **by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;**

4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;

5. [Name of Bidder] is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. *[Select one, delete the rest:]*

*[If a sole proprietorship:]* The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

*[If a partnership or cooperative:]* None of the officers and members of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

*[If a corporation or joint venture:]* None of the officers, directors, and controlling stockholders of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. *[Name of Bidder]* complies with existing labor laws and standards; and
8. *[Name of Bidder]* is aware of and has undertaken the responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:
  - a. Carefully examining all of the Bidding Documents;
  - b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
  - c. Making an estimate of the facilities available and needed for the contract to be bid, if any; and
  - d. Inquiring or securing Supplemental/Bid Bulletin(s) issued for the *[Name of the Project]*.
9. *[Name of Bidder]* did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.
10. In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_ day of \_\_\_, 20\_\_ at \_\_\_\_\_, Philippines.

*[Insert NAME OF BIDDER OR ITS AUTHORIZED REPRESENTATIVE]*  
*[Insert signatory's legal capacity]*  
Affiant



## REQUEST FOR QUOTATION (RFQ) RECEIVING FORM

I hereby certify that I \_\_\_\_\_, of \_\_\_\_\_ has received the Request for Quotation (RFQ No. \_\_\_\_\_) from DSWD MIMAROPA Region intended for \_\_\_\_\_.

### Certified by:

\_\_\_\_\_

(Signature Over Printed Name of Supplier)

Contact No: \_\_\_\_\_

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.*