



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

REQUEST FOR QUOTATION

RFQ No. 2024-05-0446 NP-LOV
Date: May 28, 2024

Company Name _____
Company Address _____
Contact Person _____
Contact No. _____
Email # _____
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.

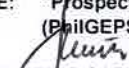
Additionally, please attach copies of your Company's Business Permit, Mayor's Permit, PCAB License (if applicable), PhilGEPS Certificate, latest Income/Business Tax Return and a notarized or unnotarized Omnibus Sworn Statement in accordance with the attached format marked as Annex B. If awarded, please submit immediately the duly notarized Omnibus Sworn Statement (if previously submitted is unnotarized). The Certificate of Platinum Membership may be 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: ccrvictorio@dswd.gov.ph not later than **5:00 PM on June 4, 2024 (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: **[RFQ Number], [Deadline of Submission]**.

Very truly yours,

HARVY B. CALABIO
Administrative Officer V
Procurement Section Head
28 MAY 2024

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: June 18-21, 2024
- Place of Delivery: Metro Manila
- 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 to register "


CATHERINE CATHY R. VICTORIO
Procurement Officer
Telefax: 5336-8106 to 07 loc. 24052
Contact Number: 09984746898

Signature Over Printed Name
(Supplier)



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RFQ No. 2024-05-0446

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	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	65	pax	Board and Lodging for 3 days			
58	guaranteed	PAX	Nutrition Case Management Training (AGAPAY 2.0 Strategy Training)			
			Venue: Within Metro Manila			
			Date: June 18-21, 2023			
			Check in: June 18 2024 / 12:00 PM			
			Check out: June 21, 2024 / 12:00 PM			
			Room sharing: Twin and Triple Sharing with Individual Bed per Pax and Free Toiletries (Air-conditioned Room) (with the IATF and DOT Guidelines for the Minimum Health Standard)			
			Number of Pax: 65 Maximum			
			Guaranteed number of pax: 58 guaranteed.			
			<u>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</u>			
			Meal schedule			
			June 18: Lunch, PM snack, Dinner			
			June 19-20- Breakfast, AM snack, Lunch, PM snack, and Dinner			
			June 21- Breakfast, AM snack,			
			Type & Time of serving:			
			Managed Buffet for Breakfast (6:00 am). Lunch (12:00 nn) and Dinner (6:00			
			Plated Snacks (AM Snack -10:00 am and PM Snack 3:00 pm)			
			Service provider to provide menu meals			
			Hotel to submit Menu (Minimum of 2 meat dish, 1 vegetable dish, 1 Soup, 1 Dessert, Rice and Beverages)			
			Hotel will submit proposed menu two (2) weeks before the training schedule			
			No repeating meal per menu			
			Food to be served should have vegetables and fruits and can adjust for participants with medical conditions, Muslim and non-pork eaters.			
			Free use of Airconditioned Conference room (can accommodate at least 65 pax and free from noise which is detrimental to the event)			
			Schedule of use of function room-			
			June 18, 2024 -12:00 NN - 8:00 PM			
			June 19-20, 2024 - 6:00 AM - 8:00 PM			
			June 21 - 6:00 AM - 12:00 PM			
			page 1 of 2			
			TOTAL APPROVED BUDGET FOR THE CONTRACT:			
			Four Hundred Forty-Eight Thousand Five Hundred Pesos Only			
			(Php 448,500.00)			
				Note: Please specify brand model/origin .		

PURPOSE: Nutrition Case Management Training (AGAPAY 2.0 Strategy Training)

PR No.: 2024-05-0446 NP-LOV

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.

