

# DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaRoPa Region

1680 F.T. Benitez corner Malvar Sts., Malate, Manila

## REQUEST FOR QUOTATION

		RFQ No. 2024-06-0628 NP-LOV Date: June 18, 2024
		Date. Sunt 10, 2021
Company Name	1	
Company Address		
Contact Person	£	
Contact No.	¥	
Emai #	b .	
Company TIN	4,	
PhilGEPS Reg. No.	ž	
Sir/Madam:		
		22 (2.5)
the goods listed in	overnment price/s including delivery charges, Annex A. <u>Failure to indicate information</u> , catalogues, literatures and/or samples, if ap	VAT or other applicable taxes, and other incidental expenses for could be basis for non -compliance. Also, furnish us with plicable.
If you are exclusive n a duly notarized certif		opines for goods listed in Annex A, please attach in your quotation
PhilGEPS Certificat accordance with the Sworn Statement (if	e, latest Income/Business Tax Return as e attached format marked as Annex B. If	ss Permit, Mayor's Permit, PCAB License (if applicable), and a notarized or unnotarized Omnibus Sworn Statement in awarded, please submit immediately the duly notarized Omnibus rtificate of Platinum Membership maybe submitted in lieu of the
(Firday), Quotations	submitted to different email address(es) as s	rictorio@dswd.gov.ph not later than 5:00 PM on June 21, 2024 tated above shall not be considered for evaluation. Please indicate [RFQ Number], [Deadline of Submission].  Very truly yours,  HARVY B. CALABIO Administrative Officer V
		Procurement Section Head
Terms and Condition	ons:	
Award shall be     Price Validity s	made on per:	X total quoted price lot basis O Calendar days
MCGASALLY THE STOCK OF SECTION 114 ACT AND SECTION	pe delivered on: August 12-14, 2024 and A	
4. Place of Delive	ry: Within Metro Manila	
Terms of Paym     Payment through	nent: within 30 days upon final inspection	and acceptance ble Accounts Payable- Advice to Debit Account)
Account Name		Account Number :
Bank Name:	and Bank of the Philippines accounts sha	Branch:
<ol><li>Liquidated Dar</li></ol>	nages/Penalty: In case of failure to ma	ke 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 imposed. Once the cumulative amount of liquidated
damages read	thes ten percent (10%) of the amount of co	intract, the Procuring Entity may rescind or terminate
		n and remedies available under the circumstances.
<ol> <li>For goods plea</li> <li>In case of disc</li> </ol>	ase indicate brand, model and country of orig repancy between unit cost and total cost, uni	cost shall prevail.
<ol><li>Please indicate</li></ol>	e warranty:	
(Phil	GEPS). You may visit the PhilGEPS websi	e Philippine Government Electronic Procurement System te at www. philgeps.gov.ph to register "
CATHERINE	CATHY R. VICTORIO	
	urement Officer	
Telefax: 5336-81	06 to 07 loc. 24052	Signature Over Printed Name (Supplier)
Contactinumber	. 03304140030	, 55PF.1337

## Procurement Form No. 04-A (Annex A)



### 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 RFQ No. 2024-06-0628 (PHILGEPS). You may visit the PHILGEPS website at www.philgeps.gov.ph to register ( should be filled up Date: by suppplier) Company Name NP-LOV MOP: Company Address **Contact Person** Contact No. **Email Address** Company TIN PhilGEPS Reg. No. **Bidder's Specifications** Item (Please fill out the specifications in the space provided) NOTE: Supplier must state **Total Cost** Unit **PARTICULARS Unit Cost** Qty. here either the statement of No. compliance either "COMPLY or "NOT COMPLY". "Failure to indicate information could be basis for non-compliance." Board and Lodging for 2 days per Session 13th Cycle Supplementary Feeding Program - Program Implementation Review Venue: Within Metro Manila ORIENTAL MINDORO and OCCIDENTAL MINDORO (Cluster) 39 \ pax Date: August 12 -14, 2024 \ Check in: August 12 2024 / 12:00 PM 35 guaranteed pax Check out: August 14, 2024 / 12:00 PM PALAWAN (Cluster) 31 Date: August 19 - 21, 2024 Check in: August 19, 2024 / 12:00 PM 27 guaranteed pax Check out: August 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 torthe Minimum Health Standard) Number of Pax: 70 Maximum Guaranteed number of pax: 62 guaranteed. 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 Meal schedule August 12 and 19: Lunch, PM snack, Dinner August 13 and 20- Breakfast, AM snack, Lunch, PM snack, and Dinner August 14 and 21- Breakfast, AM snack, Type & Time of serving: Managed Buffet for Breakfast (6:00 am). Lunch (12:00 nn) and Dinner (6:00 pm) Plated Snacks (AM Snack -10:00 am and PM Snack 3:00 pm) \*\*\*page 1 of 2\*\*\* TOTAL APPROVED BUDGET FOR THE CONTRACT: Note: Please specify Three Hundred Fifty Thousand Pesos Only brand model/origin. (Php 350,000.00)

13th Cycle Supplementary Feeding Program - Program Implementation Review PURPOSE:

PR No .: 2024-06-0628 NP-LOV

> VAT Non-VAT (Signature over Printed name)

Supplier

Procurement Form No. 04-A (Annex A)



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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. 2024-06-0628

( should be filled up by suppplier)

		Date:
Company Name	<u>ji</u>	MOP: NP-LOV
Company Address	<u> </u>	
Contact Person	¥.	
Contact No.		
Email Address		
Company TIN	1	
PhilGEPS Reg. No.		

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
	-		Sevice 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 80 pax and free from noise which is detrimental to the event)			
			Schedule of use of function room-			
	-		August 12 and 19- 8:00 AM - 6:00 PM			
		-	August 13 and 20- 8:00 AM - 6:00 PM			
			August 14 and 21- 8:00 AM - 12:00 PM			
			INCLUSIONS:			
		-	Free flowing coffee, tea and drinking water			
			No obstructing pillars in the conference room			
	-		Availability of electric outlets and free use of extension cords			
	-		With audio system with at least 3 microphones (wireless)			
			Free use of projector, screen, and whiteboards (1 Projector)			
			With free strong Wi-Fi connections			
			Free use of parking Space for secretariat and participants			
			Facilities must be PWD and Senior Citizen Friendly			
			Must be structurally sound, have fire escapes and firefighting equipment and CCTVs			
			Free Complimentary Room for the Secretariat/Regional Director (1 room) for the duration of event			
			Free Stage backdrop and welcome tarpaulin Free use or racingles and americaes (team building racingles, poor, gyrn,			
			Free Hotel Airport Transfer for Guaranteed pax			
			NOTE: Hotel/Restaurants/Restaurant Should not be offering short term lodging associated with Motel and should not be situated beside or across gambling establishments shops, night clubs, funeral parlors, mortuaries and other similar like establishments			
			***page 2 of 2***			
			***nothing follows***			
			TOTAL APPROVED BUDGET FOR THE CONTRACT:  Three Hundred Fifty Thousand Pesos Only	Note: Please specify brand model/origin.		
			(Php 350,000.00)			

PURPOSE:

13th Cycle Supplementary Feeding Program - Program Implementation Review

PR No.:

2024-06-0628 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. F AlLURE 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.