

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

REQUEST FOR QUOTATION

				Date: June 18, 2024
				Date. Sand 10, 2021
Company Name	4			
Company Address				
Contact Person	5. 1.			
Contact No.	i i			
Emai #				
Company TIN	*			
PhilGEPS Reg. No.	7/100 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
Sir/Madam:	2			
the goods listed in	Annex A. Failur	including delivery charges re to indicate information ratures and/or samples, if a	on could be basis	licable taxes, and other incidental expenses for non -compliance. Also, furnish us w
If you are exclusive r a duly notarized certi			ippines for goods lis	sted in Annex A, please attach in your quotati
PhilGEPS Certifical accordance with the Sworn Statement (if	te, latest Income e attached forma previously submit	e/Business Tax Return a at marked as Annex B. If	ind a notarized or awarded please s	r's Permit , PCAB License (if applicable unnotarized Omnibus Sworn Statement submit immediately the duly notarized Omnibum Membership maybe submitted in lieu of
F.T. Benitez corner (Friday). Quotations	Malvar Sts., Malat submitted to diffe	te, Manila <u>or email to: cci</u> erent email address(es) as	rvictorio@dswd.go stated above shall n	PA Region -BAC Secretariat at 2nd Floor 16 ov.ph not later than 5:00 PM on June 21, 20 not be considered for evaluation. Please indic [Deadline of Submission]
				HARVY B. CALABIO Administrative Officer V Procurement Section Head
Terms and Condition	ons:			
 Award shall be Price Validity s 	made on per: hall be valid until:	item basis One Hundred Twenty (1	X total quo 20) Calendar days	
		August 27 - 29, 2024		
4. Place of Delive	ery: Odiongan,	, Rombion	- and acceptance	
Payment throu	igh LDDAP-ADA (days upon final inspection (List of Due and Demanda	able Accounts Paya	able- Advice to Debit Account)
Account Nam Bank Name:	- A		Bran	ount Number :
**Note: Non L	and Bank of the	Philippines accounts sha	all be charged a se	ervice fee
Liquidated Da the amount o	mages/Penalty: f the liquidated o	In case of failure to ma damages shall be at least	equal to one-tenth	thin the time specified above, n of one percent (0.001) of the cost of
the unperform	ned portion for e	every day of delay shall be	imposed. Once th	ne cumulative amount of liquidated
damages rea	ches ten percent	: (10%) of the amount of c	ontract, the Procur	ring Entity may rescind or terminate vailable under the circumstances.
7. For goods ple	ase indicate branc	d, model and country of original unit cost and total cost, un	gin.	
Please indicat	e warranty:			
10. NOTE: "Pro (Phi	ospective supplie IGEPS). You may	er must be registered at the price of the pr	ne Philippine Gover ite at www. philger	rnment Electronic Procurement System ps.gov.ph to register "
CATHERINE	CATHY R. VICTO	ORIO		
	urement Officer 06 to 07 loc. 2405	50		Signature Over Printed Name
Contact Numbe	r: 09984746898	24		(Supplier)

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
(PHILGEPS). You may visit the PHILGEPS website at www.philgeps.gov.ph to register

Date:

NP-LOV

MOP:

(should be filled up by suppplier)

Company Name	1
Company Address	1
Contact Person	:
Contact No.	:
Email Address	į.
Company TIN	9
PhilGEPS Reg. No.	(40)

ltem 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	19	pax	Board and Lodging for 2 days per Session			
17 guaranteed pax	d pax	13th Cycle Supplementary Feeding Program - Program Implementation Review				
			Venue: Odiongan, Romblon			
			Date: August 27 - 29, 2024 Check in: August 27 2024 / 12:00 PM			
			Check out: August 29, 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: 19 Maximum			
			Guaranteed number of pax: 17 guaranteed. If the total number of the participants exceeds the quaranteed participants, the agency will be billed for the actual number but not more than the maximum no, of participants			
_			Meal schedule			
T			August 27: Lunch, PM snack, Dinner			
		1	August 28- Breakfast, AM snack, Lunch, PM snack, and Dinner			
			August 29- 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)			
			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			
			page T of 2			
			TOTAL APPROVED BUDGET FOR THE CONTRACT: Ninety-Five Thousand Pesos Only	Note: Please specify brand model/origin .		
			(Php 95,000.00)	A CONTROL OF A CON	-	

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

PR No.: 2024-06-0633 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 AILURE 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.

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

poine Government Electronic Procurement System RFQ No. 2024-06-0633

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Date:

(should be filled up

by suppplier)

Company Name .

Company Address

Contact Person
Contact No.

Email Address :

PhilGEPS Reg. No.

MOP: NP-LOV

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
			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 27 and 19- 8:00 AM - 6:00 PM			
			August 28 and 20- 8:00 AM - 6:00 PM			
-			August 29 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			
		1	With audio system with at least 3 microphones (wireless)			
			Free use of projector, screen, and whiteboards (1 Projector)			
T			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 of facilities and amenities (team building facilities, pool, gym, etc)			
			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: Ninety-Five Thousand Pesos Only	Note: Please specify brand model/origin .		
			(Php 95,000.00)			

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