



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

REQUEST FOR QUOTATION

RFQ No. KC-2024-06-0067

Date: June 21, 2024

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

Sir/Madam:

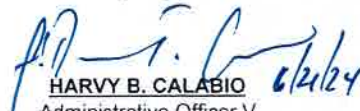
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. **Failure to indicate information could be basis for non-compliance.** Also, furnish us with descriptive brochures, catalogues, literatures and/or 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: samdomingo@dswd.gov.ph not later than **5:00 PM on June 25, 2024 (Tuesday)**. Quotations submitted to different email addresses 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

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: July 8-12, 2024
- Place of Delivery: Within NCR
- 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 Sys (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph to register "


SHEIWE ANN M. DOMINGO
 Procurement Officer

Telefax: 5336-8106 td 07 loc. 24052
 Contact Number: 0910-750-7941

 Signature Over Printed Name
 (Supplier)



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.: KC-2024-06-0067

Date: _____ (should be filled up by supplier)

Company Name _____
Company Address _____
Contact Person _____
Contact No. _____
Email Address _____
Company TIN _____
PHILGEPS Reg. No. _____

MOP: SHOPPING FOR NON-CONSULTING SERVICES

| 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 | 38 | pax | Board and Lodging with meals for 4 days Meals : Breakfast, AM Snack, Lunch, PM Snack and Dinner Plated : AM and PM Snacks (with cold beverage) Buffet : Breakfast, Lunch & Dinner (Minimum of 3 viands with soup, dessert/fruits and cold drinks, no repetition of meals) Title of the Activity: Compliance And Operations Audit Cum Liquidation Workshop KC NCDDP Area and Municipal Coordinating Teams Preferred Venue: Within NCR Date of Activity: July 8-12, 2024 Guaranteed Pax: 34 pax Maximun No. of Participants: 38 pax Note: If the total participants exceed the guaranteed number of participants, the agency will be billed on the actual number but not more than the maximum no. of participants Check In Date and Time: July 08, 2024 ; 1:00 PM Check Out Date and Time: July 12, 2024 : 12:00 NN Airconditioned Room double or triple Sharing with individual bed per pax and free toiletries Meal Schedule: July 8, 2024 : Lunch, PM Snacks and Dinner July 9, 2024 : Breakfast, AM Snacks, Lunch , PM Snacks and Dinner July 10, 2024 : Breakfast, AM Snacks, Lunch , PM Snacks and Dinner July 11, 2024 : Breakfast, AM Snacks, Lunch , PM Snacks and Dinner July 12, 2024 : Breakfast and AM Snacks Type of Food Serving: Menu Selection; Hotel to submit menu with minimum of at least 3 viands, soup, dessert/fruits and cold drinks. Should include vegetables per meal. No repeating meal per menu and with flexibility to participants with food restrictions. Inclusion: 1. One (1) night complimentary superior room to be used by the organizers 2. Airconditioned Conference Room can be use starting 8:00am of Day 1 for arriving participants. 3. No obstructing pillars in the conference room. 4. Availability of electric outlets and free use of extension cords. 5. With audio system and at least 5 microphones. 6. Free use of projector and whiteboards. 7. Free use of reliable and uninterrupted wifi connection. 8. Free use of parking space. 9. Free flowing coffee and drinking water. 10. Facilities must be PWD and Senior Citizen Friendly 11. Must be structurally sound, have fire escapes and firefighting equipments and CCTV 12. Free Tarpaulins/Backdrops (1-inside & 1-outside of conference hall) 13. Free use of facilities and amenities (if applicable) NOTE: Hotel/Restaurants/Resorts should not be offering short term lodging associated with motel and should not be situated beside or across gambling establishment shops, night clubs, funeral parlors, mortuaries and other similar alike. ***Page 1 of 1*** | | | |
| | | | TOTAL APPROVED BUDGET FOR THE CONTRACT: Four Hundred Fifty-Six Thousand Pesos only (Php456,000.00) | | | |

PURPOSE: BOARD AND LODGING WITH MEALS FOR THE CONDUCT OF COMPLIANCE AND OPERATIONS AUDIT CUM LIQUIDATION WORKSHOP KC NCDDP AREA AND MUNICIPAL COORDINATING TEAMS

PR No.: KC-2024-06-0067

(Signature over Printed name)
Supplier



VAT
Non-VAT

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.**



REQUEST FOR QUOTATION RECEIVING FORM

I Hereby certify that I _____ of

_____ has received the Request for

Quotation RFQ No. **KC-2024-06-0067** from DSWD MIMAROPA Region intended for the

BOARD AND LODGING WITH MEALS FOR THE CONDUCT OF COMPLIANCE AND OPERATIONS AUDIT CUM LIQUIDATION WORKSHOP KC NCDDP AREA AND MUNICIPAL COORDINATING TEAMS

Certified by:

(Signature Over Printed Name of Supplier)

Contact: _____

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.