



REQUEST FOR QUOTATION

RFQ No. KC-2024-08-0076
Date: August 9, 2024

Company Name : _____
Company Address : _____
Contact Person : _____
Contact No. : _____
Email Address : _____
Company TIN : _____
PhilIGEPS 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), PhilIGEPS 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 PHILIGEPS 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: rvciceno@dswd.gov.ph** not later than **5:00 PM on August 16, 2024 (Friday)**. 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,

HARAP 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: **September 17-20, 2024**
- Place of Delivery: **Within Batangas**
- 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 (PhilIGEPS). You may visit the PhilIGEPS website at www.philgeps.gov.ph to register"**


ROSSELLE C. VICENO
Procurement Officer
Telefax: 5336-8106 to 07 loc. 24052
Contact Number: 0961-685-3550

Signature Over/Printed Name
(Supplier)

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

RFQ No.: KC-2024-08-0076

Date: _____ (should be filled up by supplier)

MOP: Shopping for Non Consulting Services

Note: Prospective supplier must be registered at the Philippine Bidding System (PHILBIDS). You may visit the

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

Item No.	Qty.	Unit	Bidder's Specifications (Please fill out the specifications in the space provided) NOTE: Supplier must state here either "COMPLY" or "NOT COMPLY." Failure to indicate information could be basis for non-compliance."	Unit Cost	Total Cost
1	190	pax	<p>Board and Lodging</p> <p>Title of the Activity: Regional Program Review Evaluation Workshop</p> <p>Preferred Venue: Within Batangas</p> <p>Date of Activity: September 17 to September 20, 2024 (3-Days)</p> <p>Guaranteed Pax: 160 max</p> <p>Date and time of check-in: September 17, 2024 at 1:00 PM</p> <p>Date and time of check-out: September 20, 2024 at 12:00 Noon</p> <p>Airconditioned Room (double occupancy or twin sharing) with individual bed per pax and free toiletries</p> <p>Snacks: AM and PM Snacks (with cold beverage)</p> <p>Lunch: Buffet (Minimum of 3 viands with soup, desserts/fruits and cold drinks (no cola beverages), no repetition of meals)</p> <p>Meal Schedule:</p> <p>September 17, 2024 : Lunch, PM Snack and Dinner</p> <p>September 18, 2024 : Break fast, AM Snack, Lunch, PM Snack & Dinner</p> <p>September 19, 2024 : Break fast, AM Snack, Lunch, PM Snack & Dinner</p> <p>September 20, 2024 : Breakfast, AM Snack</p> <p>Type of Food Serving:</p> <p>Menu Selection: Hotel to submit menu with minimum of at least 3 viands, soup, dessert/fruits and cold drinks. Should include vegetables per meal.</p> <p>No repeating meal per menu and with flexibility to participants with food restrictions.</p> <p>Inclusion:</p> <ol style="list-style-type: none"> Allocation of early check-in rooms for 40 pax on Day 1. Provision of function hall from 8:00 AM to 10:00 PM. Provisions of LED Wall [2 sets of 10x10 ft P3, 1 10x6ft P3] with standby operators Provision of center stage decoration for Day 3 [1:00 PM to 10:00 PM] Provision of vehicle for the participants drop-off and pick-up DSWD MIMAROPA Malate, Manila and Batangas Port to hotel. Free use of basketball and volleyball court. One (1) complimentary suitor room to be used by the organizers Free use of Airconditioned Conference Room. Can accommodate 200 pax and free from noise which is detrimental to the event. Airconditioned Conference Room can be use starting 9:00 AM of Day 1 for arriving participants. No obstructing pillars in the conference room. Availability of electric outlets and free use of extension cords. With audio system and at least 5 microphones. Free use of projector and whiteboards. Free use of reliable and uninterrupted wifi connection. Free use of parking space. Free flowing coffee and drinking water. Facilities must be PWD and Senior Citizen Friendly Must be structurally sound, have fire escapes and firefighting equipments and CCTV Free Taraulina/Backdrops (1-inside & 1-outside of conference hall) Free use of facilities and amenities (if applicable) Must-have at least four (4) Breakout Rooms (September 18-19, 2024) <p>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.</p> <p>Note: if the total number of participants exceed the guaranteed pax, the hotel will bill the agency based on the actual number of pax but shall not exceed the maximum number of participants</p> <p>****Nothing Follows****</p> <p>Approved Budget Cost: Php 2,052,000.00 TWO MILLION FIFTY-TWO THOUSAND PESOS ONLY ***Page 1 of 1***</p>		

PURPOSE: Board and Lodging with meals for the conduct of Regional Program Review Evaluation Workshop.

PR No.: KC-2024-08-0076

 (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-2024-08-0076 from DSWD MIMAROPA Region intended for the

Board and Logging for the conduct of Regional Program Review Evaluation Workshop.

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.