



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

REQUEST FOR QUOTATION

RFQ No. 2024-07-0709 SHOPPING  
Date: AUGUST 14, 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: [procurement.fomimaropa@dswd.gov.ph](mailto:procurement.fomimaropa@dswd.gov.ph) and [bfcumigad@dswd.gov.ph](mailto:bfcumigad@dswd.gov.ph)** not later than **5:00 PM on August 19, 2024 (Monday)**. 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** 8/14/24  
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: 30 Calendar Days upon receipt of Approve P.O
- Place of Delivery: DSWD Office, 2nd flr. Servañez Bldg. Brgy. Liwayway, Odiangan, Romblon
- 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](http://www.philgeps.gov.ph) to register "

**BRYAN F. GUMIGAD**  
Telefax: 5336-8106 to 07 loc. 24052  
Contact Number: 09203446606

Signature Over Printed Name  
(Supplier)



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Date: \_\_\_\_\_ (should be filled up by supplier)

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

MOP: SHOPPING

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
<b>Provision of Supplies of SLP Romblon for 3rd Quarter of CY 2024</b>						
1	90	reams	Bond Paper, Premium Grade A4 (8.27x11.69)			
2	1	dozen	GEL PEN 0.5, black			
3	20	roll/pcs	TAPE, TRANSPARENT, width:48mm			
4	60	reams	White Folder, Long 100pcs			
5	100	pcs	STICKY NOTE PAD 3x3			
6	20	pcs	Stapler with staple remover			
7	30	pcs	Staple wire No. 35			
8	10	box	Paper Fastener, Plastic, 50 sets/box			
9	14	bottle	Glue, 130g			
10	10	pack	A4 size, Glossy Photo Paper, 230gsm, 300microns, 20sheets/pack			
11	1	box	A4 Plastic Certificate Holder, 50pcs/box			
12	20	pcs	Heavy duty Scissor, Symmetrical, Blade length: 65mm			
13	25	pcs	Stamp Pad No.2(3x5) Big			
14	15	box	White Envelop, Long: 10x 70gsm, Standard, 500/box			
15	55	box	Paper Clip, gem type, 48mm, 100 pcs per box			
16	5	pcs	Compact Calculator, Two way power source, LCD Display, with CE mark, Manufacturer must be ISO 9001:2008 Certified			
17	2	dozen	Marker, Permanent, Bullet type, Black 12pcs box			
18	2	dozen	Marker, Permanent, Bullet type, Blue 12pcs box			
19	1	cart	Brother Toner - TN-3608XXL approx. 11,000 pp. for Brother printer MFC-L5915DW, orig., high yield			
20	20	bottle	EPSON 003, BK Ink			
21	3	bottle	EPSON 003, Y Ink			
22	3	bottle	EPSON 003, M Ink			
23	3	bottle	EPSON 003, C Ink			
<b>***NOTHING FOLLOWS***</b>						
<b>TOTAL APPROVED BUDGET FOR THE CONTRACT:</b> One Hundred Ten Thousand One Hundred Eighty Five Pesos Only (Php 110,185.00)						
				Note: Please specify brand model/origin .		

PURPOSE: Provision of Supplies of SLP Romblon for 3rd Quarter of CY 2024

PR No.: RFQ No. 2024-07-0709

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.