



Contact Number: 0961-685-3550

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-2024-09-0113 Date: September 30, 2024
_		
Company Name	<u> </u>	
Company Address	Ĭ.	
Contact Person	Į.	
Contact No.	÷	
Email Address)	
Company TIN	1	_
PhilGEPS Reg. No.	*	
	2	
Sir/Madam:		
expenses for the goo		charges, VAT or other applicable taxes, and other incidental dicate information could be basis for non -compliance. Also, ures and/or samples, if applicable.
HE	nanufacturer, distributor, or agent in arized certification to this effect.	the Philippines for goods listed in Annex A, please attach in your
PhilGEPS Certificat Statement in accorduly notarized Omnik	te, latest Income/Business Tax Red dance with the attached format mous Sworn Statement (if previously	usiness Permit, Mayor's Permit , PCAB License (if applicable), eturn and a notarized or unnotarized Omnibus Sworn narked as Annex B. If awarded , please submit immediately the submitted is unnotarized. The Certificate of Platinum usiness Permit and PHILGEPS Registration Number.
Floor 1680 F.T. Beni on October 4, 2024	tez corner Malvar Sts., Malate, Mar (Friday). Quotations submitted to de indicate in the subject of your em	nnex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd nila or email to: rcviceno@dswd.gov.ph not later than 5:00 PM different email addresses as stated above shall not be considered ail the title of the Project using this format: [RFQ Number]. Very truly yours,
		HARVY B. GALABIO Administrative Officer Verno Procurement/Section Head
Terms and Condition	ons:	
3. Services shall	hall be valid until: One Hundred T be delivered on: December 18-19	2024
Place of Delive Terms of Payn	ery: With in Occidental Mindoro ment: within 30 days upon final ir	spection and acceptance
Payment throu	gh LDDAP-ADA (List of Due and	Demandable Accounts Payable- Advice to Debit Account)
Account Nam	e:	Account Number :
Bank Name:_ **Note: Non I	and Rank of the Philippines accr	Branch: ounts shall be charged a service fee
6. Liquidated Dar	nages/Penalty: In case of fail	ure to make full delivery within the time specified above,
the amount of	f the liquidated damages shall be ned portion for every day of delay	at least equal to one-tenth of one percent (0.001) of the cost of shall be imposed. Once the cumulative amount of liquidated
damages read	thes ten percent (10%) of the amo	ount of contract, the Procuring Entity may rescind or terminate
the contract v	vithout prejudice to other course	s of action and remedies available under the circumstances.
	ase indicate brand, model and coun repancy between unit cost and tota	
9. Please indicate	e warranty:	
		ered at the Philippine Government Electronic Procurement Syst PS website at www. philgeps.gov.ph to register "
/		
ROSS	ELL C. VICENO	
	6-8106 to 07 loc. 24052	50
Leietax: 533	D=0.1U0 ID U7 IDC. Z4U5Z	Signature Over Printed Name

(Supplier)



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

RFQ No.: KC-2024-09-0113

Date:	(should be filled up by suppp

MOP: SHOPPING FOR NON-CONSULTING SERVICES

Company Name	
Company Address	4
Contact Person	
Contact No.	
Email Address	
Company TIN	·
PhilGEPS Reg. No.	

em No.	Qty.	Unit	PARTICULARS	Hoter's specifications. In the specifications in the space provided NOTE: Supplier must state here either the statement of compliance either "COMPLY" or "NOT COMPLY"." "Faiture to indicate information could be hasts for non-compliance."	Unit Cost	Total Cost
1 114		pax Board and Lodging on Conduct of Year-End Review of SWAD Programs and Implementation				
			Venue: Occidental Mindoro			
1			Total Number of Pax: 103			
			(If the total pax exceeds the guaranted number of pax, the agency will be billed based on the actual number of pax, but shall not exceed the maximum pax)			
			Check-in Date and Time: December 18, 2024; 12:00 nn			
			Check Out Date and Time: December 19, 2024 : 12:00 NN			
			Room Sharing: Air Conditioned Room, Triple Sharing with individual bed per pax and free toiletries (with IATF and DOT Guidelines for the Minimum Health Standard)			
_			Most Schodule:			
	10000		Meal Schedule:			
December 18, 2024 : Lunch, PM Snacks and Dinner December 19, 2024 : Breakfast, AM Snacks						
		December 19, 2024 - Diedaridst, Alli Orldons				
			Type of Food Serving:			
			Manage Buffet: for breakfast (6:00am), Lunch (12:00 nn) and Dinner (6:00 pm)			
			2. Hot Meal for AM Snack (9:00 am) and PM Snack (3:00 pm)			
			Menu Selection:			
			Hotel to submit menu (minimum atleast 3 viands, soup, fruits, beverages)			
			2. Hotel wil submit proposed menu of the day (1 week before the conduct of			
	-		activity) 3. No repeating of Meal Per Menu			
			Food to be serve should have vegetables, fruits and can adjust for Non pork eaters (Halal)			
			Inclusion:			
			Free use of Airconditioned Conference Room. Can accommodate more than the pax and free from noise which is detrimental to the event.			
			No obstructing pillars in the conference room.			
			Availability of electric outlets and free use of extension cords			
			With audio system and at least 4 microphones.			-
			5. Free use of projector and whiteboards.			1
			6. Free use of reliable and uninterruptible wifi connection.			1
	-		7, Free use of parking space 8. Free flowing coffee and drinking water			
			Free flowing coffee and drinking water Facilities must be PWD and Senior Citizen Friendly			
			10. Must be structurally sound, have fire escapes and firefighting equipments and CCTV			
			The Tarpaulins/Backdrops (1-inside & 1-outside of conference hall) Free use of facilities and amenities (if applicable) and with at least 3 standby attendants.			
			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: Two Hundred Fifty Thousand Eight Hundred Pesos Only (Php250,800.00)	/		

PURPOSE: Board and Lodging for the Conduct of Year-End Review od SWAD Program and Implementation in Occidental Mindoro

PR No.: KC-2024-09-0114

	F	VAT Non-VAT
(Signature over Printed name)		



provider.

REQUEST FOR QUOTATION RECEIVING FORM

Hereby certify that I		, of
		has received the Request for
Quotation RFQ No.	KC-2024-09-0113	from DSWD MIMAROPA Region intended for the
Soard and Lodging Mindoro	for the Conduct of Yes	ar-End Review od SWAD Program and Implementation in Occidenta
Certified by:		
Signature Over Printe	d Name of Supplier)	
Contact: Email Address:	· · · · · · · · · · · · · · · · · · ·	
RFQ Delivered by:		
Signature Over Printe	d Name of Canvasser)	
Date / Time of Deliver	y:	
27 C 7 49 C 1 A C	·	

Note: This form shall be used and issued in cases when RFQ is personally delivered to prospective supplier/service