



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-2024-09-0114  
 Date: September 30, 2024

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

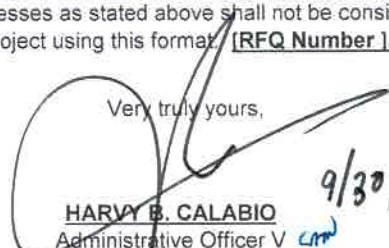
Sir/Madam:

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: rcviceno@dswd.gov.ph** not later than **5:00 PM on October 4, 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,  
  
**HARVY B. CALABIO**  
 Administrative Officer V *cmw*  
 Procurement Section Head  
 9/30/24

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: November 28-29, 2024
- Place of Delivery: With in Oriental Mindoro
- 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 Syst (PhilGEPS). You may visit the PhilGEPS website at www. philgeps.gov.ph to register "

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

\_\_\_\_\_  
 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-2024-09-0114

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

MOP: SHOPPING FOR NON-CONSULTING SERVICES

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

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	125	pax (Maximum)	<b>Board and Lodging on Conduct of Year-End Review of SWAD Programs and Implementation</b> Venue: With In Oriental Mindoro Guaranteed Pax: 110 (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: November 28, 2024: 12:00 nn Check Out Date and Time: November 29, 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) <b>Meal Schedule:</b> November 28 2024 : Lunch, PM Snacks and Dinner November 29, 2024 : Breakfast, AM Snacks <b>Type of Food Serving:</b> 1. 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) <b>Menu Selection:</b> 1. 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 4. Food to be serve should have vegetables, fruits and can adjust for Non pork eaters (Halal) <b>Inclusion:</b> 1. Free use of Airconditioned Conference Room. Can accommodate more than 125 pax and free from noise which is detrimental to the event. 2. No obstructing pillars in the conference room. 3. Availability of electric outlets and free use of extension cords 4. With audio system and at least 4 microphones. 5. Free use of projector and whiteboards. 6. Free use of reliable and uninterruptible wifi connection. 7. Free use of parking space 8. Free flowing coffee and drinking water 9. Facilities must be PWD and Senior Citizen Friendly 10. Must be structurally sound, have fire escapes and firefighting equipments and CCTV 11. Free Tarpaulins/Backdrops (1-inside & 1-outside of conference hall) 12. 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*** <b>TOTAL APPROVED BUDGET FOR THE CONTRACT:</b> Two Hundred Seventy-Five Thousand Pesos Only (Php275,000.00)			

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

PR No.: KC-2024-09-0115

\_\_\_\_\_  
(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-2024-09-0114** from DSWD MIMAROPA Region intended for the

**Board and Lodging for the Conduct of Year-End Review od SWAD Program and Implementation in Oriental Mindoro**

**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.