



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

REQUEST FOR QUOTATION

RFQ No.: 2024-08-0849 NP-SVP  
Date: September 9, 2024

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

**Sir/Madam:**

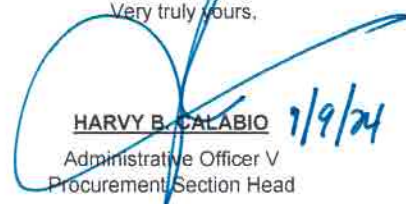
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. **Failure to indicate information could be basis for non-compliance.** Also, furnish us with descriptive brochures, catalogues, literatures and/or 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.

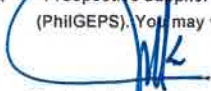
Please accomplish and submit this form together with Annex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor 1680 F.T. Benitez corner Malvar Sts., Malate, Manila **or email to: [maaluz@dswd.gov.ph](mailto:maaluz@dswd.gov.ph)** not later than **5:00 PM on September 16, 2024 (Monday).** Quotations 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** 7/9/24  
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: September to December 2024
- Place of Delivery: SWAD Occidental Mindoro, M.H Del Pilar St. Brgy 7, San Jose, Occidental Mindoro
- Terms of Payment: within 15-30 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"

  
**Mark Anthony A. Luz**  
Procurement Officer

Telefax: 5328-5111 to 07 loc. 24052

\_\_\_\_\_  
Signature Over Printed Name  
(Supplier)



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

MOP: NP-SVP

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 the statement of compliance either "COMPLY" or "NOT COMPLY". Failure to indicate information could be basis for non-compliance"	Unit Cost	Total Cost
			<b>SERVICE PROVIDER FOR VAN RENTAL (14 DAYS ON-CALL SERVICE)</b>		
1	1	van	<b>VEHICLE TYPE:</b> Hi-Ace Commuter van, 16 Seater, With not less than 4 Doors  <b>No. of Days:</b> 14 DAYS (On-Call) <b>Place:</b> Within the Province of Occidental Mindoro  <b>Period:</b> September to December 2024  <b>DROP-OFF AND PICK-UP POINT PLACE:</b>  Place to be arranged within the Province of Occidental Mindoro  <b>Time of Drop Off and Pick-up</b> is between 7:00-8:00 AM and 5:00 PM  <b>INCLUSION:</b>  *1 Driver per Vehicle  Can Accommodate of atleast 15-16 Passengers  "Gas, Oil and other Repair and Maintenance of Vehicle throughout the Contract Period  "Load Allowance of Driver to Contact Passengers  "Fee and Taxes  "Passengers insurance against accidental including all expenses on medical (including but limited to medical laboratory/hospitalization/medicind and other procedures needed)  <b>OTHER REQUIREMENTS:</b>  "License Driver  "Driver must be COVID-19 Negative and Fully Vaccinate (Medical Certificate/Vaccine Card as Proof  <b>MODE OF PAYMENT:</b> Government Procurement  *****Nothing Follows*****  Contact Person: Sheila D. Sarabia  Contact No. 09159598195  SWAD Occidental Mindoro M. H. Del Pilar St., Brgy. 7 San Jose, Occidental Mindoro, 5100  <div style="border: 2px solid red; border-radius: 50%; padding: 10px; text-align: center; color: red;"> <b>TOTAL APPROVED BUDGET FOR THE CONTRACT</b>  <b>One Hundred Forty Thousand Pesos Only</b>  <b>(Php 140,000.00)</b> </div>		
			Note: Please specify brand model/origin.		
<b>PAGE 1 OF 1</b>					

PURPOSE: Service provider for the van rental for 14 days for SWAD Occidental Mindoro during AKAP payouts for 2nd semester CY 2024

PR No.: 2024-08-0849

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 Unit within three (3) days from the date advance copy was served thru fax. **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.**