

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

REQUEST FOR QUOTATION

	RFQ No. Date: 2024-08-0868 NP-LOV September 11, 2024	_
Company Name		
Company Address		
Contact Person	3	
Contact No.		
Emai #		
Company TIN	1	
PhilGEPS Reg. No.		
7 1111-21 - 7 1-31 11-11	<u>·</u>	
Sir/Madam:		
goods listed in Anne	vernment price/s including delivery charges, VAT or other applicable taxes , and other incidental expenses for non <u>-compliance</u> . Also, furnish us with description, literatures and/or samples, if applicable.	the otive
If you are exclusive in duly notarized certification	anufacturer, distributor, or agent in the Philippines for goods listed in Annex A, please attach in your quotation to this effect.	n a
Certificate, latest In the attached formal	ttach copies of your Company's Business Permit, Mayor's Permit, PCAB License (if applicable), PhilGcome/Business Tax Return and a notarized or unnotarized Omnibus Sworn Statement in accordance marked as Annex B. If awarded, please submit immediately the duly notarized Omnibus Sworn Statemes unnotarized. The Certificate of Platinum Membership maybe submitted in lieu of the Mayor's /Business Petration Number.	with nt (if
Benitez corner Malva (Wednesday). Quota	and submit this form together with Annex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor 1680 or Sts., Malate, Manila or email to: ccrvictorio@dswd.gov.ph not later than 5:00 PM on September 18, tions submitted to different email address(es) as stated above shall not be considered for evaluation. Plof your email the title of the Project using this format: [RFQ Number], [Deadline of Submission]. Very truly yours, HARVY B. CALABIO Administration Officer V	2024
Terms and Conditio	Procurement Section Head	
1. Award shall be		
	e delivered on: November 29-30, 2024	
5. Terms of Paym Payment throug Account Name Bank Name: **Note: Non Li 6. Liquidated Dan the amount of the unperform damages reac the contract w 7. For goods plea 8. In case of disci 9. Please indicate 10. NOTE: "Pro	Branch: and Bank of the Philippines accounts shall be charged a service fee lages/Penalty: In case of failure to make full delivery within the time specified above, the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of ed portion for every day of delay shall be imposed. Once the cumulative amount of liquidated hes ten percent (10%) of the amount of contract, the Procuring Entity may rescind or terminate ithout prejudice to other courses of action and remedies available under the circumstances. se indicate brand, model and country of origin. epancy between unit cost and total cost, unit cost shall prevail.	
CATHERINE	CATHY R. VICTORIO	
T-1-4- 5000 040	Cianatura Over Brinted Name	

Telefax: 5336-8106 to 07 loc. 24052 Contact Number: 09984746898

Signature Over Printed Name (Supplier)



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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

Date: (should be filled up by suppplier)

Company Name : (should be filled up by suppplier)

Company Address : (should be filled up by suppplier)

Contact Person : (should be filled up by suppplier)

Contact No. : (should be filled up by suppplier)

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". "Fallure to indicate information could be basis for non-compliance."	Unit Cost	Total Cost
1	120	pax	Board and Lodging for 1 day			
110 g	uarante	ed pax	Year-end Review of SWAD Programs and Implementation			
			Venue: Boac, Marinduque			
			Date: November 29-30, 2024			
			Check in: November 29, 2024 / 12:00 PM			
			Check out: November 30, 2024 / 12:00 NN			
			Room sharing. Airconditioned room, Triple sharing with separate bed per pax and free tolletries			
			Number of Pax: 120 Maximum			
			Guaranteed number of pax: 110 guaranteed. If the total number of the participants exceeds the guaranteed participants, the agency will be billed for the actual number but not more than the maximum no. of participants			
			Meal schedule			
-			Nov 29: Lunch, PM snack, Dinner			
			Nov 30: Breakfast, AM snack			
			Type & Time of serving: Managed Buffet Meals & Plated Snacks			
			Breakfast - 6:00 AM AM snack - 9:00 AM			
			Lunch - 12:00 NN PM snack - 3:00 PM			
			Dinner - 6:00 PM			
			Menu selection:			
			Hotel to submit the Menu (minimum of atleast 2 viands, soup, dessert and beverages)			
			No repeating menu/meals			
			Inclusions:			
			Free use of Airconditioned Conference Room (can accommodate more			
		L	than 120 pax and free from noise which is detrimental to the event			
			Compliance of function room to a health and safety protocols of social distancing			
			Free flowing coffee, tea and drinking water			
			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			
			Free use of LCD projector and whiteboards			
			With free strong wifi connections			
			Free use of parking space			
			Facilities must be PWD and Senior Citizen Friendly			
			Must be structurally sound, have fire escapes and firefighting equipments and CCTV Food to be served should have vegetables and fruits and can adjust for Muslim and non			
		1	pork eaters			
			Free Tarpaulin/Backdrop			
			Free use of facilities and amenities (if applicable)			
			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 like			
			nothing follows			
			TOTAL APPROVED BUDGET FOR THE CONTRACT:	Note: Please specify		
			Two Hundred Sixty-Four Thousand Pesos Only	brand model/origin .		
			(Php 264,000.00)			

PURPOSE:

Year-end Review of SWAD Programs and Implementation

PR No.:

2024-08-0868 NP-LOV

	VAT
	Non-VAT
Signature over Printed name)	

(Signature over Printed name) Supplier