

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MiMaRoPa Region

1680 F.T. Benitez corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION

			2024-09-0909 NP-LOV
		Date:	September 16, 2024
Company Name	1		
Company Address			
Contact Person	Ž		
Contact No.	3		
Emai #	3		
Company TIN	2		
PhilGEPS Reg. No.	4		
Sir/Madam:	2	T-	
goods listed in Annex	ernment price/s including delivery charges, A. Failure to indicate information couliteratures and/or samples, if applicable.		
If you are exclusive maduly notarized certificate	anufacturer, distributor, or agent in the Philition to this effect.	opines for goods listed in Anne	x A, please attach in your quotation a
Certificate, latest Inc. the attached format	tach copies of your Company's Business ome/Business Tax Return and a notarize marked as Annex B. If awarded , please a unnotarized. The Certificate of Platinum ration Number.	ed or unnotarized Omnibus S submit immediately the duly no	worn Statement in accordance with starized Omnibus Sworn Statement (if
Benitez corner Malvar (Monday). Quotations the subject of your ema	d submit this form together with Annex A to Sts., Malate, Manila or email to: ccrvictor submitted to different email address(es) as all the title of the Project using this format: [I	orio@dswd.gov.ph not later the stated above shall not be considered. RFQ Number], [Deadline of Su	an <u>5:00 PM on September 23, 2024</u> dered for eyaluation. Please indicate in
Terms and Condition		<u></u> 3	_
	all be valid until: One Hundred Twenty (12	X total quoted price 0) Calendar days	lot basis
	e delivered on: October 23-25, 2024		
Place of DeliveryTerms of Payme	with in NCR within 30 days upon final inspection	and acceptance	
Payment through	LDDAP-ADA (List of Due and Demandab	le Accounts Payable- Advice	
Account Name: Bank Name:	-	Account Number Branch:	:
**Note: Non Lar	nd Bank of the Philippines accounts shall	be charged a service fee	
Liquidated Dama the amount of t	ages/Penalty: In case of failure to ma the liquidated damages shall be at least e	ke full delivery within the time	
the unperforme	d portion for every day of delay shall be i	mposed. Once the cumulative	amount of liquidated
	es ten percent (10%) of the amount of co thout prejudice to other courses of action		
For goods pleas	e indicate brand, model and country of origin epancy between unit cost and total cost, unit	l.	virganiotaniota
9. Please indicate	warranty:		
(PhilG	pective supplier must be registered at the EPS). You may visit the PhilGEPS websit		
CATHERINE ¢	ATHY R. VICTORIO		
<u>P∕rocu</u> Telefax: 5336-8106	rement Officer		Signature Over Drinted Name
Contact Number:			Signature Over Printed Name (Supplier)



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Compai Compai Contact Contact Email A	ny Nam ny Addr t Person t No. ddress	may visit e ress	must be registered at the Philippine Government Electronic Procurement System the PHILGEPS website at www.philgeps.gov.ph to register	RFQ No. 2024-0 Date: MOP: NP-LOV	9-0909	(should be filled 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". "Failure to indicate information could be basis for non-compliance."	Unit Cost	Total Cost
1	35	pax	Board and Lodging for 2 days			
31 guarante	arantee	d pax	Strengthening Protection Programs for Children, Families, IPs and other Individuals in street situations proposal 2024 Venue: with in NCR			
			Date: October 23-25, 2024			
			Check in: October 23, 2024 / 1:00 PM			
			Check out: Ocrober 25, 2024 / 12:00 NN			
			Room sharing: Airconditioned, double / triple sharing, with individual bed per pax and free toiletries			
		V	Number of Pax: 35 Maximum			
		V	Guaranteed number of pax: 31 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			
		V	Oct 23: PM snack, Dinner			
			Oct 24- Breakfast, AM snack, Lunch, PM snack, and Dinner			
		/	Oct 25- Breakfast, AM snack, Lunch			
			Type & Time of serving: Managed Buffet Meals & Plated Snacks			
			Breakfast - 6:00 AM AM snack - 9:00 AM			
			Lunch - 12:00 NN PM snack - 2:00 PM Dinner - 6:00 PM			
		-	Menu selection:			
			Hotel to submit the Menu (minimum of atleast 2 viands, soup, dessert and beverages)			
			Free use of Airconditioned Conference Room (can accommodate maximum of 50 pax per conference room 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 and white boards, big posting board			
			With free LAN Internet/ WIFI connections and 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	4	9.0	
			Table and chairs are enough for participants and arrangement follows			

Strengthening Protection Programs for Children, Families, IPs and other Individuals in street situations proposal PURPOSE:

Complementary Welcome Tarpaulin for backdrop of the function room

Free hygienic alcohol in the common areas and conference rooms for the

nothing follows TOTAL APPROVED BUDGET FOR THE CONTRACT:

One Hundred Eighty-Two Thousand Pesos Only

(Php 182,000.00)

Technician on standby for assistance.

whole duration of the event.

2024 2024-09-0909 NP-LOV PR No.:

> VAT Non-VAT (Signature over Printed name) Supplier

Note: Please specify

brand model/origin.