



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

REQUEST FOR QUOTATION

RFQ No. 2024-10-0976 NP-LOV
 Date: October 7, 2024

Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____
 Email # : _____
 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 may be submitted in lieu of the Mayor's /Business Permit and PHILGEPS Registration Number.

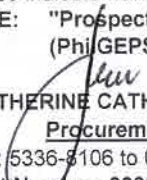
Please accomplish and submit this form together with Annex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor 1680 F.T. Benitez corner Malvar Sts., Malate, Manila or email to: ccvictorio@dswd.gov.ph not later than **5:00 PM on October 14, 2024 (Monday)**. Quotations submitted to different email 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. GALABIO
 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: November 12-15, 2024
- Place of Delivery: Metro Manila
- 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 System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph to register "


CATHERINE CATHY R. VICTORIO
 Procurement Officer

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

 Signature Over Printed Name
 (Supplier)



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Date: _____ (should be filled up by supplier)

MOP: NP-LOV

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	33	pax	Board and Lodging for 3 days			
	30 guaranteed	pax	MIMAROPA's Attached Agency Annual Program Implementation Review 2024			
			Venue: Metro Manila			
			Date: November 12-15, 2024			
			Check in Date and Time: November 12, 2024/12:00 PM			
			Check Out Date and Time: November 15, 2024/12:00 PM			
			Room for 2 or 3 pax: Twin or Triple-Sharing (2-3 single bed in room) with free wifi access, airconditioned, with TV, towel, dental kit, shampoo, soap, tissue, hot and cold shower)			
			Number of Pax: 33 Maximum			
			Guaranteed number of pax: 30 guaranteed. <u>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</u>			
			MEALS SCHEDULE:			
			November 12: Dinner			
			November 13: Breakfast, AM snack, Lunch, PM snack, Dinner			
			November 14: Breakfast, AM snack, Lunch, PM snack, Dinner			
			November 15: Breakfast only			
			Type and Time of Serving:			
			*Managed Buffet for Breakfast (6:00 AM)			
			Lunch (12:00nn) and Dinner (6:00 PM)			
			*Plated Snacks (AM Snack 8:30 AM and PM Snack - 3:30 PM)			
			Menu Selection:			
			*Hotel to submit Menu (Minimum of atleast 3 viands, soup, dessert and beverages).			
			*Hotel will submit proposed menu of the day one (1) week before the meeting schedule.			
			*No repeating meal per menu.			
			*Food to be served should have vegetables and fruits and can adjust for muslims and non pork eaters.			
			*Unlimited coffee.			
			Inclusions:			
			Conference Room (can accommodate 35 pax) without wall in the middle. Projector with white screen, sound system, meeting pads and pencil, provide at least 3-4 wireless microphones, whiteboard with marker provision and extension cord.			
			Facilities must be PWD and Senior Citizen Friendly.			
			Air conditioned venue with air humidifiers.			
			Free Wi-Fi access for both guest and function rooms.			
			Hotel must be DOT Accredited.			
			Note:			
			*End-user shall inform the Service Provider one to two weeks before the activity.			
			nothing follows			
			TOTAL APPROVED BUDGET FOR THE CONTRACT:			
			Two Hundred Thirty-Seven Thousand Six Hundred Pesos Only			
			(Php 237,600.00)			
				Note: Please specify brand model/origin .		

PURPOSE: MIMAROPA's Attached Agency Annual Program Implementation Review 2024

PR No.: 2024-10-0976 NP-LOV

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 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.