

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

REQUEST FOR QUOTATION

		RFQ No. 2024-10-1016 NP-SVP Date: October 23, 2024
		Date. October 25, 2024
Company Name	<u>X</u>	
Company Address		
Contact Person	<u> </u>	
Contact No.	I .	
Emai #		
Company TIN	1	
PhilGEPS Reg. No.		
Sir/Madam:		
goods listed in Annex	ernment price/s including delivery charges, VAT or other applic A. <u>Failure to Indicate information could be basis for no</u> literatures and/or samples, if applicable.	
If you are exclusive maduly notarized certificat	anufacturer, distributor, or agent in the Philippines for goods list ion to this effect.	ted in Annex A, please attach in your quotation a
Certificate, latest Inco	rach copies of your Company's Business Permit, Mayor's Perome/Business Tax Return and a notarized or unnotarized of marked as Annex B. If awarded, please submit immediately unnotarized. The Certificate of Platinum Membership maybe ration Number.	Omnibus Sworn Statement in accordance with the duly notarized Omnibus Sworn Statement (if
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: ccrvictorio@dswd.gov.ph not later than 5:00 PM on October 29, 2024 (Tuesday). 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,		
Terms and Conditions	s:	HARVY B CALABIO /0/22/24 Administrative Officer V Procurement Section Head
1. Award shall be m	nade on per:	oted price lot basis
	all be valid until: One Hundred Twenty (120) Calendar days	
Services shall be Place of Delivery	delivered on: November 18-22, 2024	
	nt: within 30 days upon final inspection and acceptance	
	LDDAP-ADA (List of Due and Demandable Accounts Payab	
Account Name: Bank Name:	Branch	nt Number :
**Note: Non Land Bank of the Philippines accounts shall be charged a service fee 6. Liquidated Damages/Penalty: In case of failure to make full delivery within the time specified above,		
6. 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.		
7. For goods please indicate brand, model and country of origin.		
9. Please indicate v	pancy between unit cost and total cost, unit cost shall prevail. yarranty:	
10. 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 C	ATHY R. VICTORIO	
	rement Officer	Signature Over Drinted Name
Telefax: 5836-9106 Contact Number: (Signature Over Printed Name (Supplier)



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Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System RFQ No. 2024-10-1016 (PHILGEPS). You may visit the PHILGEPS website at www.philgeps.gov.ph to register Date: (should be filled up by suppplier) Company Name MOP: NP-SVP Company Address Contact Person Contact No. **Email Address** Company TIN PhilGEPS Reg. No. Item **Bidder's Specifications** (Please fill out the specifications in the space provided) NOTE: Supplier must state Qty. Unit **PARTICULARS** Unit Cost **Total Cost** here either the statement of No. compliance either "COMPLY or "NOT COMPLY". "Failure to indicate information could be basis for non-compliance." Board and lodging for 4 days (4 nights & 5 Days) 90 1 pax CY 2024 SLP Year-End Performance Review and Evaluation Workshop 75 guaranteed pax (PREW) Venue: Coron, Palawan Date: November 18-22, 2024 Check-In: November 18, 2024/12:00PM Check Out: November 22, 2024/12:00PM Number of Pax: 90 Maximum Guaranteed number of pax: 75 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 Meals Schedule November 18: Lunch, PM Snack, Dinner November 19-21: Breakfast, AM Snack, Lunch, PM Snack, Dinner November 22: Breakfast, AM Snack, Lunch Type of Serving: Managed Buffet: Breakfast (6:00AM), Lunch (11:30 am), Dinner (6:00OPM) Plated Snack: AM Snack (9:00AM) PM Snack (3:00PM) Menu Selection Hotel to submit menu (Minimum of at least 2 Viands, Soups, Deserts and Beverages) Hotel to submit proposed menu 1 week before the training schedule No repeating meal per menu Meals to be served should have vegetables, fruits and can adjust for muslims and non-pork eater ***page 1 of 2*** TOTAL APPROVED BUDGET FOR THE CONTRACT: Note: Please specify One Million Two Hundred Ninety-Six Thousand Pesos Only brand model/origin. (Php 1,296,000.00) PURPOSE: CY 2024 SLP Year-End Performance Review and Evaluation Workshop (PREW) PR No.: 2024-10-1016 NP-SVP

> (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. F AILURE 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.

UDSWDDepartment of Social Welfare and Development

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