



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

REQUEST FOR QUOTATION - 2nd Extension

RFQ No.: 2024-11-1051 NP-SVP

Date: December 9, 2024

Company Name : _____
Company Address : _____
Contact Person : _____
Contact No. : _____
Email Address : _____
Company TIN : _____
PhilGEPS Reg. No. (Required) : _____

 VAT NON-VAT

Sir/Madam:

The Department of Social Welfare and Development Field Office MIMAROPA will undertake an Alternative Method of Procurement through Negotiated Procurement in accordance with **Section 53.9 -Small Value Procurement**. 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.

Name of Project	: Purchase & Delivery of Photo & Video Editor for the use of Social Marketing Unit (SMU)
Approved Budget for the Contract (ABC)	: Sixty Thousand Pesos Only (Php 60,000.00)

Award of contract shall be made to the bidder with the lowest quotation for the subject goods which comply with the minimum technical specifications and other terms and conditions stated herein. All bids higher than the **Approved Budget for the Contract (ABC) shall automatically be disqualified**.

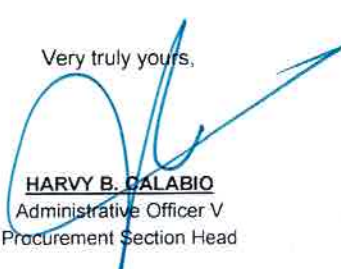
Please accomplish and submit this form together with Annex A and B to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor 1680 F.T. Benitez corner Malvar Sts., Malate, Manila **or email to: procurement.fomimaropa@dswd.gov.ph** not later than **8:00 AM of 16 December, 2024 (Monday)**. Quotations submitted to the 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]**.

Interested supplier/service provider is required to submit the following documents:

1. *Platinum PHILGEPS Registration only with valid and current annexes;*
2. *For RED membership:*
 - a. *Current Mayor's/ Business Permit*
 - b. *PHILGEPS Registration Number*
 - c. *Latest Income and Business Tax Return (For ABC above 500K)*
 - d. *SEC Registration/DTI Certificate*
3. *BIR Form 2303 (Certificate of Registration)*
4. *Omnibus Sworn Statement (Required for ABC above 50k) (Please see attached form). The Notarized Omnibus Sworn Statement shall be submitted immediately upon issuance of Notice of Award if previously submitted is unnotarized.*

The Head of the Procuring Entity (HoPE) of the DSWD Field Office MIMAROPA reserves the right to reject any and all quotations, declare a failure of procurement, or not award the contract at any time prior to contract award in accordance with Sections 35.6 and 41 of the 2016 revised IRR of RA No. 9184, without thereby incurring any liability to the affected bidder or bidders.

Very truly yours,


HARVY B. CALABIO
Administrative Officer V
Procurement Section Head

Received by: _____
(Signature over Printed Name)

Date: _____

TERMS AND CONDITIONS:

1. Award shall be made on per: Item Basis Total Quoted Price Lot Basis

2. Price Validity shall be valid until: **One Hundred Twenty (120) Calendar days**

3. Services shall be delivered on: **Twenty (20) calendar days upon receipt of approved Purchase Order (PO)**

4. Place of Delivery: **DSWD Field Office MIMAROPA (1680 F.T. Benitez cor. Malvar Sts., Malate, Manila)**

5. Payment shall be processed after delivery and upon submission of the required supporting documents in accordance with the existing government accounting rules and regulations. Please take note that the corresponding bank transfer fee (if non Land Bank of the Philippines account) shall be charged to the supplier's/contractor's account.

6. Payment through **LDDAP-ADA (List of Due and Demandable Accounts Payable- Advice to Debit Account)**

Account Name: _____ **Account Number:** _____
(should be the exact account name as registered in the bank)

Bank Name: _____ **Branch:** _____

7. 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.

8. For goods please indicate brand, model, country of origin and warranty

9. In case of discrepancy between unit cost and total cost, unit cost shall prevail. In case of total figures and words, the latter shall prevail.

10. Bidders shall provide correct and accurate information required in the form. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.

11. The item/s shall be delivered according to the requirements specified in the Technical Specifications/ Scope of Work/Terms of References. The DSWD shall have the right to inspect and /or to test the goods/services to confirm their conformity to the Technical Specifications/Scope of Work/Terms of Reference.

12. The Procuring Entity may cancel or terminate the contract at any time in accordance with the grounds provided under RA No. 9184 and its 2016 revised IRR.

After having carefully read and accepted the Instructions and Terms and Conditions, I/We submit our quotation for the item/s stated in Annex B.

Conforme:

Signature Over Printed Name : _____

Position/Designation : _____

Name of Company : _____


Contact Number : _____

Email Address : _____

IMPORTANT NOTICE:
Any solicitations in any form and for any purpose using the name or acting for and on behalf of DSWD Field Office MIMAROPA is unauthorized, unlawful, and should be disregarded. We strongly urge everyone to exercise caution and not engage with anyone claiming to represent DSWD Field Office MIMAROPA in such a manner.

To avoid misrepresentation, please only contact our authorized personnel via email or phone. You may reach us through:

Bids and Awards Committee Secretariat
 DSWD Field Office MIMAROPA
 1680 F.T. Benitez corner Malvar Streets, Malate, Manila
 Trunk Line Number: (02) 5328-5111 to 5115 local 24052
 Email Address: procurement.fomimaropa@dswd.gov.ph
 Website: <http://www.fc4b.dswd.gov.ph>

Procurement Officer-in-Charge : 
DAVE T. CORCORO
 Contact Number : 0968-210-4265

Omnibus Sworn Statement (Revised)

[shall be submitted with the Bid]

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF _____) S.S.

AFFIDAVIT

I, [Name of Affiant], of legal age, [Civil Status], [Nationality], and residing at [Address of Affiant], after having been duly sworn in accordance with law, do hereby depose and state that:

1. *[Select one, delete the other:]*

[If a sole proprietorship:] I am the sole proprietor or authorized representative of [Name of Bidder] with office address at [address of Bidder];

[If a partnership, corporation, cooperative, or joint venture:] I am the duly authorized and designated representative of [Name of Bidder] with office address at [address of Bidder];

2. *[Select one, delete the other:]*

[If a sole proprietorship:] As the owner and sole proprietor, or authorized representative of [Name of Bidder], I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached duly notarized Special Power of Attorney;

[If a partnership, corporation, cooperative, or joint venture:] I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached [state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable:));

3. [Name of Bidder] is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, **by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;**

4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;

5. [Name of Bidder] is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. *[Select one, delete the rest:]*

[If a sole proprietorship:] The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

[If a partnership or cooperative:] None of the officers and members of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

[If a corporation or joint venture:] None of the officers, directors, and controlling stockholders of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. *[Name of Bidder]* complies with existing labor laws and standards; and
8. *[Name of Bidder]* is aware of and has undertaken the responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:
 - a. Carefully examining all of the Bidding Documents;
 - b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
 - c. Making an estimate of the facilities available and needed for the contract to be bid, if any; and
 - d. Inquiring or securing Supplemental/Bid Bulletin(s) issued for the *[Name of the Project]*.
9. *[Name of Bidder]* did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.
10. **In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.**

IN WITNESS WHEREOF, I have hereunto set my hand this __ day of __, 20__ at _____, Philippines.

[Insert NAME OF BIDDER OR ITS AUTHORIZED REPRESENTATIVE]

[Insert signatory's legal capacity]

Affiant

REQUEST FOR QUOTATION (RFQ) RECEIVING FORM

I hereby certify that I _____, of _____ has received the Request for Quotation (RFQ No. _____) from DSWD MIMAROPA Region intended for _____.

Certified by:

(Signature Over Printed Name of Supplier)

Contact No: _____

Email Address: _____

RFQ Delivered by:

(Signature Over Printed Name of Canvasser)

Position: _____

Date /Time of Delivery: _____

Note: This form shall be used and issued in cases when RFQ is personally delivered to prospective supplier/service provider.