

### 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 Supp | olier)                               |
| Contact No:                          |                                      |
| Email Address:                       |                                      |
|                                      |                                      |
|                                      |                                      |
| RFQ Delivered by:                    |                                      |
|                                      |                                      |
|                                      |                                      |
| (Signature Over Printed Name of Can  | vasser)                              |
| 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.





Date:



## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office MIMAROPA

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

### REQUEST FOR QUOTATION

|   |                                      |  | 1   | RFQ No. 202  | 25-01-0023  |  |
|---|--------------------------------------|--|---|--|---|--|
|   |                                      |  | į   | Date: Jai  | nuary 10 2025   |  |
| Company Name  |                                      |  |   |  |   |  |
| Company Address   |                                      |  |   |  |   |  |
| Contact Person  |                                      |  |   |  |   |  |
| Contact No.   |                                      |  |   |  |   |  |
| Email Address   |                                      |  |   |  |   |  |
|   |                                      |  |   |  |   |  |
| Company TIN   |                                      |  | VAT   | NON-VA   | AT.   |  |
| PhilGEPS Reg. No. (Required)  |                                      |  |   |  |   |  |
| Sir/Madam:  |                                      |  |   |  |   |  |
| The Department of Social Welfare<br>Negotiated Procurement in accord<br>charges, VAT or other applicable to<br>be basis for non -compliance. Al | ance with <b>Se</b><br>exes, and oth | ction 53.9 -Small Value Procu<br>ner incidental expenses for the g<br>s with descriptive brochures, ca | rement. Please q<br>goods listed in <b>An</b><br>talogues, literature | uote your go<br>nex A. <u>Failu</u><br>es and/or san | vernment price/s inc<br>re to indicate infor<br>nples, if applicable. | cluding delivery                       |
| Name of Project   |                                      | Purchase of Janitorial Supp  | olies for the MIMA<br>CY 20   |  | Center (MYC) Resi   | dents for                              |
| Approved Budget for the Contra  | ct (ABC)                             | : Eighty-Five Thousa   | nd Eight Hundred  | Fifty Pesos (  | Only (Php 85,850.00   | ))                                     |
| Benitez corner Malvar Sts., Malate (Friday). Quotations submitted to subject of your email the title of the                                     | the different of                     | email address(es) as stated abo  | ove shall not be co   | insidered for  |   |  |
| Interested supplier/service prov  | ider is requi                        | red to submit the following d  | ocuments:   |  |   |  |
| Platinum PHILGEPS Registration  |                                      |  |   |  |   |  |
| 2. For RED membership:  |                                      |  |   |  |   |  |
| a. Current Mayor's/ Business P  |                                      |  |   |  |   |  |
| b. PHILGEPS Registration Nun  |                                      | - 150 / F00/A  |   |  |   |  |
| <ul> <li>c. Latest Income and Business</li> <li>d. SEC Registration/DTI Certific</li> </ul>   |                                      | For ABC above 500K)  |   |  |   |  |
| 3. BIR Form 2303 (Certificate of R  |                                      |  |   |  |   |  |
| 4. Omnibus Sworn Statement (Re<br>submitted immediately upon issua  | quired for AB                        |  |   |  | nnibus Sworn Stater   | ment shall be                          |
| The Head of the Procuring Entity of procurement, or not award the RA No. 9184, without thereby incu   | contract at ar                       | ny time prior to contract award in   | n accordance with   | Ver  | of and 41 of the 201  y truly yours,                                  | s, declare a failu<br>6 revised IRR of |
| Received by:  |                                      |  |   |  | 1   |  |
|   | Signature o                          | ver Printed Name)  | -   |  |   |  |



#### DSWD FIELD OFFICE MIMAROPA

ANNEX A 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: Fifteen (15) Calendar days upon receipt of approved Purchase Order (P.O) 4. Place of Delivery: DSWD MIMAROPA (1680 F.T. Benitez cor. Malvar St., 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 onetenth 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 : \_\_\_ 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@ds/d.gov.ph Website: http://www.fo4b.dswd.gov.ph Mark Anthony E. Diones Procurement Officer-in-Charge:

Contact Number: 09565162748





# DSWD FIELD OFFICE MIMAROPA PRICE QUOTATION FORM

| DATE:    |     |        |          |  | RFQ NO: 2   | RFQ NO: 2025-01-0023 |            |  |
|----------|-----|--------|----------|--|---|----------------------|------------|--|
| COMPA    | NY  | NAME : |          |  |   |                      |            |  |
| 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." Please indicate the BRAND being offered if applicable | Unit Cost            | Total Cost |  |
| 1        |     | 25     | Bottle   | Disinfectant Spray, 330grams net content   |   |                      |            |  |
| 2        | ,   | 15     | Bottle   | Furniture Cleanser, 300ml, can/min   |   |                      |            |  |
| 3        | -   | 25     | Bottle   | Insecticide, 500ml   |   |                      |            |  |
| 4        | 1   | 30     | Jar      | Toilet Bowl and Urinal Cleaner, Liquid, 900ml  |   |                      |            |  |
| 5        |     | 100    | Piece    | Toilet Deodorant, 99% paradichlorobenzene, 50grams   |   |                      |            |  |
| 6        | 1   | 100    | Pack     | Cleanser, powder, 500grams   |   |                      |            |  |
| 7        | 1   | 10     | Piece    | Floor Scrub Brush with Handle 130cm  |   |                      |            |  |
| 8        | -   | 25     | Piece    | Mop ( <del>Pelengke)</del>   |   |                      |            |  |
| 9        | -   | 20     | Piece    | Broom  |   |                      |            |  |
| 10       | 1   |        | Piece    | Walls Ting-ting  |   |                      |            |  |
| 11       | ,   |        | Piece    | Pot Holder   |   |                      |            |  |
| 12       | +-  | 150    | Piece    | Steel Wool Sponge  |   |                      |            |  |
| 13       |     | 150    | Piece    | Sponge Dishwashing   |   |                      |            |  |
| 14       | -   | 10     | Piece    | Dust Pan   |   |                      |            |  |
| 15       | 1   | 80     | Piece    | Laundry Basket   |   |                      |            |  |
|          | +   |        |          | ***NOTHING FOLLOWS***  |   |                      |            |  |
| _        | ╀   |        | -        |  |   |                      |            |  |
|          | ╁   |        | -        |  |   |                      |            |  |
|          | +   |        | -        |  |   |                      |            |  |
| -        | +   |        |          |  |   |                      |            |  |
|          | +   |        | -        |  |   |                      |            |  |
|          | ╁   |        |          |  |   |                      |            |  |
| -        | +   |        |          |  |   |                      |            |  |
|          | +   |        |          |  |   |                      |            |  |
|          |     |        |          | TOTAL APPROVED BUDGET FOR THE CONTRACT: Eighty-Five Thousand Eight Hundred Fifty Pesos Only (Php 85,850.00)  |   |                      |            |  |
|          | Ť   |        |          |  |   |                      |            |  |
| TOTAL    | Al  | MOUNT  | OF QUOT  | ATION IN FIGURES:  |   |                      |            |  |
|          | -   |        | -71 - 11 | Secretaria Secretaria de Constante de Secretaria de Secret |   |                      |            |  |
| TOTAL    | A۱  | NOUNT  | OF QUOTA | ATION IN WORDS:  |   |                      |            |  |
| Submit   | tec | i by:  | 200      | Signature Over Printed Name Position/Designation   |   |                      |            |  |