



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

REQUEST FOR QUOTATION

RFQ No. 2025-01-0025
Date: January 10, 2025

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

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 and Delivery of Medicines for MYC Residents for CY 2025 ✓
Approved Budget for the Contract (ABC)	:	One Hundred One Thousand Six Hundred Eighty Five Pesos Only (PHP 101,685.00) ✓

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 **5:00 PM of January 17, 2025 (Friday)**. 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:

- Platinum PHILGEPS Registration only with valid and current annexes;
- For RED membership:
 - Current Mayor's/ Business Permit
 - PHILGEPS Registration Number
 - Latest Income and Business Tax Return (For ABC above 500K)
 - SEC Registration/DTI Certificate
- BIR Form 2303 (Certificate of Registration)
- 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 1/10/25
 Administrative Officer V
 Procurement Section Head

Received by: _____
 Date: _____
 (Signature over Printed Name)

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: 15 Calendar Days Upon Receipt of Approved P.O.

4. Place of Delivery: MIMAROPA Youth Center, Poblacion, Bansud, Oriental Mindoro

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.fo4b.dswd.gov.ph>



Procurement Officer-in-Charge : **Ruben John A. Borromeo**

Contact Number : 0916-494-4438



**DSWD FIELD OFFICE MIMAROPA
PRICE QUOTATION FORM**

Annex B

DATE : _____

RFQ NO: 2025-01-0025

COMPANY 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
Purpose : Purchase and Delivery of Medicines for MYC Residents for CY 2025						
1	300	pc	Analgesic (Ibuprofen 400mg Softgel)			
2	1240	pc	Valproic Acid 500mg Tablet			
3	100	pc	Silymarin Capsule			
4	100	pc	Bonamine Tablet			
5	500	pc	Vitamin B Complex			
6	800	pc	Symdex Tablet			
7	200	pc	Cetirizine Tablet			
8	400	pc	Pain Reliever (Mefenamic 500mg)			
9	501	pc	Antipyretics (Paracetamol 500mg)			
10	750	pc	Cough Supplement Syrup Sachet			
11	26	pc	Antifungal Solution			
12	80	pc	Calamine Ointment			
13	20	pc	Antibacterial Cream			
14	400	pc	Carbocisteine Capsule			
15	500	pc	Vitamin C Tablet			
16	50	pc	Antifungal Cream			
17	300	pc	Piracetam 800mg Tablet			
18	222	pc	Antifungal Tablet 150mg			
19	3	pc	Otic Drops Antibacterial			
20	6	pc	Pain Reliever Gel			
EXPIRATION DATE SHOULD BE AT LEAST MORE THAN YEAR FROM THE DATE OF PURCHASE						
>>>Nothing Follows<<<						
Contact Person: Analiza Anigan-Falic Contact #: 0965-530-4790						
Delivery Place: MIMAROPA Youth Center Poblacion, Bansud, Oriental Mindoro Delivery Date: 7 days Upon Receipt of Approved P.O.						
TOTAL APPROVED BUDGET FOR THE CONTRACT:						
One Hundred One Thousand Six Hundred Eighty Five Pesos Only (PHP 101,685.00)						
TOTAL AMOUNT OF QUOTATION IN FIGURES:						
TOTAL AMOUNT OF QUOTATION IN WORDS :						

Submitted by: _____

Signature Over Printed Name

Position/Designation



ADMINISTRATIVE DIVISION
DSWD FIELD OFFICE MIAMROPA

DSWD-GF-008| REV 01 / 12 OCT 2021

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 a prospective supplier/service provider.

