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

REQUEST FOR QUOTATION

RFQ No. **2025-08-0865 SVP**
Date: **September 24, 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 Mode of Procurement through Small Value of Procurement in accordance with **Section 34 -Small Value Procurement of RA 12009.** Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in **Annex B**. **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 of Additional Clinic Supplies
Approved Budget for the Contract (ABC)	:	Sixty Thousand Pesos Only (Php60,000.00)

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: maedione s@dswd.gov.ph** not later than **8:00 AM of 29 September, 2025 (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 previoulsy 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 Section 70 of the IRR of RA 12009, without thereby incurring any liability to the affected bidder or bidders.

Very truly yours,

KENNETH M. MONTENEGRO
Administrative Officer V
Procurement Section Head

Received by:

_____
(Signature over Printed Name)

Date: _____

DSWD FIELD OFFICE MIMAROPA

ANNEX A

TERMS AND CONDITIONS:

1. Award shall be made on per: [ ] Item Basis [X] 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 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 : Mark Anthony E. Diones
Contact Number : 09565162748

Annex B

DSWD FIELD OFFICE MIMAROPA
PRICE QUOTATION FORM

DATE : _____

RFQ NO: 2025-08-0865 SVP

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
Lot 1		Pcs	**Medicine**			
			Inclusions:			
	1	tube	Mupirocin Ointment (Natibacterial) (20 mg)			
	1	tube	Hydrocortisone Ointment (10 mg)			
	1	tablet	Ambroxol 30mg (100 tabs/box)			
	1	Capsule	Guaifenesin Gel 200 mg (100 caps/box)			
	1	tablet	Phenylpropanolamine HCl and Paractemol 25mg/2mg/500mg (100 tabs/box)			
	1	tablet	Phenylpropanolamine HCl Chlrophenamine maleate 25mg/2mg/325mg (100 tabs/box)			
	3	tablet	Vit C 500mg (100 tabs/box)			
	2	tablet	Vit B Complex (100tabs/box)			
	1	Capsule	Omeprazole 40mg (50 caps/box)			
	1	Sachet	Oral Rehydration Salt 100 sachet/box			
	1	Capsule	Celeccoxib 200mg (60 caps/box)			
Lot 2		Pcs	**Medical & Clinic Supplies**			
			Inclusions:			
	2	Box	Band Aid (100 Strips)			
	1	Box	Clean Gloves (Medium) 100s			
	3	Box	Ready-made Ice Pack			
	2	Pack	Ice Bag (Small)			
	2	Pack	Hot Bag (Small)			
	2	Box	Disposable Facemask 50pcs			
	4	Bottle	Alcohol Spray Container 500ml			
	2	Bottle	Alcohol (1 gallon)			
	2	Pcs	Pillows (51 x 66 mm)			
	4	Pcs	Hospital Curtain Panel			
	4	Pcs	Pillow Case (51 x 66 mm)			
	3	Pcs	Single Fitted White Bedsheets			
	3	Pcs	Single Plain White Hospital Blanket			
	1	Pcs	Curtain Pole (Hospital Curtain Track System) L-Shaped			
	5	Pcs	Stainless Steel Ointment Jar			
			Includes internal well/holder for gauze or cotton separation			
			w/Cotton/Gauze Holder 12cm			
			Great for organized storage			
			PAGE 1 OF 5			
			TOTAL APPROVED BUDGET FOR THE CONTRACT: Sixty Thousand Pesos Only (Php60,000.00)			
TOTAL AMOUNT OF QUOTATION IN FIGURES:						
TOTAL AMOUNT OF QUOTATION IN WORDS :						

Submitted by:

_____
Signature Over Printed Name

_____
Position/Designation

Annex B

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	3	Pcs	**Medicine Container**			
			Product category: desktop storage box			
			Commodity characteristics: stackable, with grid Function: Finishing			
			Storage scene: on the table			
			Scope of Application: Stationery, a wide range of cosmetics, sundries headphones cable wire, other			
			Style: modern minimalist			
			Pattern: Solid Color			
			Capacity: General			
			Color: Twelve Color Palace Specifications:			
			1. ins wind transparent storage grid, clean and orderly desktop			
			2. transparent compartment, one compartment and one object, easy to take			
			3. Multi-functional storage, as a makeup small items storage box			
			4. Push-pull drawer type, open and close at will			
			5. Can be side by or stacked storage , free to use with combination			
			6. Behind the hook design, cenbe hung, save space			
	1	Pcs	**Health Bulletin (Bulletin Board (cork board) -20 x 30 (inches)**			
			Size: 3ft x 4tf or 4ft x 6ft (depending on wall space)			
			Material: Solid Plywood or softwood backboard with cork sheet or soft pin board surface attached			
			Surface: Covered with cork or fabric (felt) so you can pin papers easily			
			Frame: Wooden frame, smooth-finished or vanished for durability			
			Mounting: Wall-mounted, secured with sturdy screws or wall brackets			
			Use: For posting health concerns, bulletins, and clinic campaign using pushpins or thumbtacks			
	1	Pcs	**Heavy Duty Physician Scale with Height Measured**			
			Maximum weighing: 120-kg/division value 500g			
			Weighing range: 0.1kg-120kg			
			Minimum Scale value: 0.5kg			
			Length of the measurement: measurement range 70 - 190cm			
			Minimum Scale value: 0.5cm			
			Error: 0.5cm			
			PAGE 2 OF 5			
			TOTAL APPROVED BUDGET FOR THE CONTRACT: Sixty Thousand Pesos Only (Php60,000.00)			
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	1	Pcs	**Stainless Steel Dressing Trolley**			
			Material: Grade 304 stainless steel frame and shelves			
			Shelving: 2 removable stainless steel shelves			
			Top shelf with 3-sided rim (keeps supplies from sliding off)			
			Dimensions:			
			* Height: 895mm (=89.5cm)			
			* Width: 435mm (=43.5cm)			
			* Depth: 415mm (=41.5cm)			
			Castors:			
			* 4 twin-wheel castors (75 diameter)			
			* Circlip stems for secure mounting			
			Load Capacity: 60 kg			
			Intended for: Patient-bedside, dressing,outpatient clinics, minor threatres			
	1	Pcs	**BP APP (with Standee)**			
			Gauge: Square 145 x 145 mm dial			
			Range: 0-300 mmHg			
			Cuff: Standard cotton adult cuff, Latex free, Velcro Closure			
			Bladder at Bulb: Durable latex bladder at manual inflation bulb with control valve			
			Tubing: Spiral PVC tubing, connector included			
			Stand features:			
			5 wheeled base with brake for mobility & stability			
			Adjustable telescopic pole para sa taas (90 - 125 cm)			
			Metal Basket para sa storage ng cuff at tubing			
			Gauge: naka-mount sa adjustable gradient head			
			BP App (Manual)			
	2	Pcs	Gauge accuracy: ±3 mmHg			
			Gauge type: Genuine brass, luminous dial 300mmHg calibrated scale Philippine Medical			
			Cuff: Natural cotton fiber, Latex free, velcro closure, durable & strain-resistant			
			Bladder: Thick rubber bladder - modelong matibay			
			Inflation valve: Easy-release deflation valve, latex-free tubing			
			Includes: Nylon zippered carrying case (Portable), at double head stethoscope sa kit			
			Dimensions: 20 x 10 x 9 cm weight 0.6kg			
			PAGE 3 OF 5			
			TOTAL APPROVED BUDGET FOR THE CONTRACT: Sixty Thousand Pesos Only (Php60,000.00)			
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	1	Pcs	**BP App (Digital) with Adapter**			
			Full Features/ Specification			
			Model: HEM 7121 (M2)			
			Measurement method: Oscillometric, Intellisense			
			Blood Pressure Range: 0-280 mmhg (some source 0 -299)			
			Pulse Range:40 - 180 bpm			
			Accuracy: ±3 mmHzg (pressure) ± 5% (Pulse)			
			Cuff size: 22 - 32cm			
			Memory Capacity: 30 readings			
			Power Source: 4 x AA batteries (included) AC Adapter optional			
			Battery Life: - 1,000 measurements			
			Dimensions: (WxHXL) 1003 x 80 x129 cm			
			Weight: 250g (without batteries)			
			Operating Range: +10 °C to +40 °C, 30 to 85% RH			
			Storage Conditions: -20 °C to +60 °C, 10 to 95% RH			
			Body Materials: ABS Plastic; Nylon/polyester cuff			
			Equipped Accessories: Manual included			
			Warranty: 3 years (Typically)"			
	Pcs	1	**Glucometer**			
			Measuring range: 10-600 mg/dl or 0.6-33.3 mmol/l			
			Color code blue,green,red; target range set by default at 70 - 160 mg/dl (3.9 - 8.9 mmol/l)			
			Unit of Measurre: mg/dl or mmol/l			
			Sample volume: 0.6 ul			
			Possible hematocrit range 10 -65%			
			Operating Temperature: 4-45 °C			
			Operating relative humidity 10-90%			
			Result Display:<4 seconds			
			Data Storage: 720 results			
			Interfaces: USB: micro-Bconnector, bluetooth			
			Battery-operated: coin cell battery 3V CR2032			
			Dimensions:			
			Size: 77.1 x 48.6 x 15.3mm			
			PAGE 4 OF 5			
			TOTAL APPROVED BUDGET FOR THE CONTRACT: Sixty Thousand Pesos Only (Php60,000.00)			
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			Weight: approx. 43g (with batteries)			
			Supplied with the article protection pouch			
	3	Pcs	**Glucometer Strips**			
			To be orderd Separately			
			Strips (ref. 7819382171)			
			Control Solutions (ref. 07869525171)			
			Safety Lancets			
	1	Pcs	**Clinic Bed**			
			Bed Surface size: 1950 x 900mm			
			(1) The Number of cranks is 2, whichcan control the back lift from 0 - 75° and the leg bend from 0-3			
			(2) Lead Screw: The Rocker adopts a metal structure, and the rocker adapts a plastic rocker			
			(3) 5-column aluminum alloy guardrail, 3 guardrail installation holes, distance 50cm			
			(4) PP blow molded bed head and foot board			
			(5) 5-inch single row swivel casters			
			Matress: 6mm thick, water proof oxford cloth outer layer, brown silk plus silk cotton iiner core; 6			
			Mattress color random			
			Configuration.			
			Lifting Back function			
			Leg lift function			
			Leg Bending function			
			Dining function			
			Infusion function			
			Accessories: Dining Baord, infusion stands, mattress			
			NOTHING FOLLOWS			
			PAGE 5 OF 5			
			TOTAL APPROVED BUDGET FOR THE CONTRACT: Sixty Thousand Pesos Only (Php60,000.00)			
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Submitted by: _____

Signature Over Printed Name

_____

Position/Designation

Omnibus Sworn Statement (Revised)

[shall be submitted with the Bid]

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

AFFIDAVIT

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

1. I am the sole proprietor or authorized representative of _____ with office address at _____.

2. As the owner and sole proprietor, or authorized representative of _____, 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_____ of the DSWD Field Office MIMAROPA, as shown in the attached duly notarized Special Power of Attorney;

3. _____ (Name of Supplier) 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 Supplier) is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. _____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;

7. _____*(Name of Supplier)*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 Supplier)*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

_____