RFQ No.: 25-0168-NP-SVP

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Note: Pro (PhilGEF	spective sup S). You may	oplier must be a y visit the Phile	registered at the Philippine Government Electronic Procure GEPS website at www.philgeps.gov.ph and register for free	ment System		25-0168-NP-SVF 4 Mar 2025
Contac Contac PhilGE Compa	ny Name ny Addre t Person: t No.: CPS Reg. I ny TIN: Address:	ess:		- - - -		
Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
			PROPOSED PROJECT (RENOVATION OF OLD HAVEN CLINIC AND DIVISION CHIEF OFFICE)			
	1	lot	ADDITIONAL MTA OFFICE			
			*******NOTHING FOLLOWS*****			
			Note: - * Please see attached Plan			
			Approved Budget for the Contract			
			(ABC): PhP 300,000.00			
-						
PURPO	SE:	MTA Office	U - Rehabilitation of 18 square meter area under the Encode in preparation for fencing works and site development of f slab, glass works, tile installation, CHB installation and the charge and fitting installation and the same of the	DSWD FO-X. This project shall in plastering, painting works, finishin	nclude	ated
PR No.		2025-03-010	stures and fitting installation, and 1-HP Split Type Aircond	ationing Unit installation.		
AR	NEL V. R	ADAZA	dder MUST SIGN the original copy of Purchase Order ested and will be a ground for suspension or blacklistic	r (P.O) upon receipt of the P.O. ing in DSWD's future biddings.	FAILURE to sign	the original P.O
Pro	ocurement	Officer		Signature	Supplier over Printed Name	

Company Name:			RFQ No. 25-0168-NP-SVP		
Company Address:			Date: 04-Mar-25		
Contact Person:					
Contact No. :					
Philgeps Reg. No.:					
Company TIN:					
Email Address:					
Sir/Madam:					
			able taxes, and other incidental expenses for the goods listed in Anne s with descriptive brochures, catalogues, literatures and/or samples, if		
If you are the exclusive manufact certification to this effect.	turer, distributor or agent in the Phili	ippines for the goo	ods listed in Annex A please attach in your quotation a duly notarized		
As a condition for award, you	will be required to submit the follo	owing documenta	ry requirements:		
	tion (for goods or infra)/Proposal				
			* Income/Bussines Tax Returns for Contract with an ABC		
* Mayor's Permit			amounting above Php. 500k		
* PhilGEPS Registrati * PCAB license (for in			*Notarized Omnibus Sworn Statement for contracts with an ABC amounting to above Php. 50,000.00		
Note:Submission of PhilGEPS P	latinum Certificate of Registration as	nd Membership is	acceptable in lieu of the Mayor's Permit and PhilGEPS Reg. No.		
Please accomplish and submit this form together with Annex A and all the required documents to DSWD – Procurement Unit, DSWD Field Office 10, Masterson Avenue, Upper Carmen, Cagayan de Oro City or email it to bac_folo@dswd.gov.ph not later than Quotations submitted to different email address as stated above shall not be considered for evaluation. Complement Unit, DSWD Field Office 10, Procurement Unit, DSWD Field Office 10, Procur					
			Very Truly Yours, ARNEL V/RADAZA DSWD 10 Programment Officer		
Terms and Conditions:					
Award shall be made on per:	☑ Item Basis ☐ Tot	tal Quoted Price	Г		
2. Quotation validity shall be:		tal Quoted Price	☐ Lot Basis		
Goods/Services shall be	6 Months				
delivered/conducted within	15-30 working days upon receipt of PO				
4. Place of Delivery	DSWD Field Office 10				
5.Delivery Term:	Cut-off Time for Deliveries during	Office Hours			
	8 AM - 4 PM - Monday to Thursda				
	8 AM - 12 NN - Friday	T			
For delivery arrangements, please co	entact the Contract Implementation Unit	40 00 C 4b b -	1.1		
Mai2x -		to continu the sche	dule.		
Nadj -	09954312982				
Froilan -	09286163107				
	<u>09519204261</u>				
6. Terms of Payment:	15-30 days after the inspections				
	ist of Due and Demandable Accounts				
Account Name: Account Number:					
*Note: Non Land Bank of the P	hilippines accounts shall be charged a	service fee.			
one-tenth of one percent (0.001) of	the cost of the unperformed portion for	r every day of delay	ted above, the amount of the liquidated damages shall be at least equal to to Once the cumulative amount of liquidated damages reaches ten (10%) of out prejudice to other courses of action and remedies available under the		
8. For goods, please indicate brand, model and country of origin.					
In case of discrepancy between unit cost and total cost, unit cost shall prevail.					
10. Please indicate Warranty	be awarded to the supplier or service pr		bmitted its quotation.		
	ist be registered at the Philippine Govern		rocurement System (PhilGEPS). You may visit the PhilGEPS website at		

ARNEL V. RADAZA

Republic of the Philippines Department of Social Welfare and Development Field Office No. 10 Cagayan de Oro City

PROOF OF RECEIPT

Quotation No:	25-0168-NP-	OFFICIE	
	Additional	MTA	Otton

Items:

Purpose:

ORD/BGMU - Rehabilitation of 18 square meter area under the Encoding Extension of Main Building to incc

Company Name	Representative	Position / Designation	Date	Signature
	-			

Canvasser	