

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph and register for free."

RFQ No.: 23-1908 -NP-SVP
Date: 14 Dec 2023

Company Name: _____
Company Address: _____
Contact Person: _____
Contact No.: _____
PhilGEPS Reg. No.: _____
Company TIN: _____

Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
			SUPPLY AND DELIVERY OF:			
	1,048	pax	DENTAL KIT			
			*Pouch with Printed DSWD Logo			
			*1 Mouthwash 250ml			
			*1 Toothbrush			
			*1 Toothpaste 214g			
			*Dental Floss 10 meter			
			*****NOTHING FOLLOWS*****			
			Approved Budget for the Contract			
			(ABC): PhP 440,160			

PURPOSE: HRMDD - WELFARE UNIT - For WELFARE/ DSWD FIELD OFFICE 10 use
PR No. 2023-12-1908

IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O) upon receipt of the P.O. FAILURE to sign the original P.O means that the bidder is not interested and will be a ground for suspension or blacklisting in DSWD's future biddings.

ARNEL V. RADAZA
Procurement Officer

Supplier
Signature over Printed Name

Company Name: _____
Company Address: _____
Contact Person: _____
Contact No. : _____
Philgeps Reg. No. : _____
Company TIN: _____

RFQ No. 23-1908 -NP-SVP
Date: 14-Dec-23

Sir/Madam:

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.

If you are the exclusive manufacturer, distributor or agent in the Philippines for the goods listed in **Annex A** please attach in your quotation a duly notarized certification to this effect.

As a condition for award, you will be required to submit the following documentary requirements:

- * **Accomplished Quotation (for goods or infra)/Proposal (for consulting)**
- * **Income/Bussines Tax Returns for Contract with an ABC amounting above Php. 500k**
- * **Mayor's Permit**
- * **Notarized Omnibus Sworn Statement for contracts with an ABC amounting to above Php. 50,000.00**
- * **PhilGEPS Registration No.**
- * **PCAB license (for infra)**

Note:Submission of PhilGEPS Platinum Certificate of Registration and 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.fo10@dswd.gov.ph not later than **5:00 PM on December 18, 2023**. Quotations submitted to different email address as stated above shall not be considered for evaluation.

Very Truly Yours,

ARNEL V. RADAZA
 DSWD 10 Procurement Officer

Terms and Conditions:

- Award shall be made on per: ☐ Item Basis ☒ Total Quoted Price ☐ Lot Basis
- Quotation validity shall be: **6 Months**
- Goods/Services shall be delivered/conducted within **15-30 working days upon receipt of PO**
- Place of Delivery **DSWD Field Office 10**
- Terms of Payment: **15-30 days after the inspections**

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

Account Name: _____

Account Number: _____

Bank Name: _____

***Note: Non Land Bank of the Philippines accounts shall be charged a service fee.**

6. Liquidated Damages/Penalty: *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. Once the cumulative amount of liquidated damages reaches ten (10%) of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.*

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

8. In case of discrepancy between unit cost and total cost, unit cost shall prevail.

9. Please indicate Warranty _____

10. In case of a tie, the contract shall be awarded to the supplier or service provider who first submitted its quotation.

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ARNEL V. RADAZA
 Procurement Officer

Supplier
 Signature over Printed Name

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

PROOF OF RECEIPT

Quotation No: 23-1908 -NP-SVP

Items: DENTAL KIT

Purpose: HRMDD - WELFARE UNIT - For WELFARE/ DSWD FIELD OFFICE 10 use

Company Name	Representative	Position / Designation	Date	Signature

Canvasser