

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.: 25-0702-NP-SVP**Date:** 2025-5-28

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:			
	3	pax	1 MEAL AND 2 SNACKS WITHOUT VENUE (CATERING) Day 1 AM: 1 meal, 2 snacks Admin Staff: 3 pax			
	30	pax	1 MEAL AND 1 SNACK WITHOUT VENUE (CATERING) Day 1 AM: 1 Meal, 1 Snack GSS Staff: 20 Pax			
	11	pax	1 MEAL AND 1 SNACK WITHOUT VENUE (CATERING) Day 1 PM: 1 meal, 1 snack PSS Staff: 11 pax			
	3	pax	1 MEAL AND 2 SNACKS WITHOUT VENUE (CATERING) Day 2 AM: 1 Meal, 2 snacks Admin Staff: 3 pax			
	70	pax	1 SNACK Day 2 PM: 1 snack Total Admin Staff: 70 pax			
	27	pax	1 MEAL AND 1 SNACK WITHOUT VENUE (CATERING) Day 2 AM: 1 meal, 1 snack RAMS Staff: 9 pax PS Staff: 15 pax COA Staff: 3 pax			
			***** NOTHING FOLLOWS *****			
			Note: -			
			Approved Budget for the Contract			
			(ABC): PhP 52,100.00			

PURPOSE: Admin Division 2nd Quarter Meeting**PR No.** 2025-05-0702

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 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. 25-0702-NP-SVP
Date: 2025-5-28

Sir/Madame

Please quote your government price/s including delivery charges, VAT or 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 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 Quotations (for goods or infra)/ Proposal (for consulting)
- * Mayor's Permit
- * PhilGEPS Registration No.
- * PCAB License (for infra)
- * Income/Business Tax Return for Contract with an ABC amounting above Php.500k
- * Notarized Omnibus Sworn Statement for contracts with an ABC amounting to above Php.50,000.00

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.fn10@dswd.gov.ph not later than _____. Quotations submitted to different email address as stated above shall not be considered for evaluation.

5:00 PM on June 2, 2025

Very truly Yours,

ARNEL V. RADAZA
DSWD 10 Procurement Officer

Terms and Conditions:

1. Award shall be made on per: ☐ Item Basis ☒ Total Quoted Price ☐ Lot Basis
2. Quotation validity shall be: 6 months
3. Goods/Services shall be delivered/conducted within: _____
4. Place of Delivery: Venue
5. Delivery Term: Cut-off Time for Deliveries during Office Hours
8 AM - 4 PM - Monday to Thursday
8 AM - 12 NN - Friday

For delivery arrangements, please contact the Contract Implementation Unit to confirm the schedule.

Mai2x: 09954312982
Nadj: 09286163107
Froilan: 09519204261

6. Terms of Payment: 15:30 CD after date of Final Inspection

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.

7. Liquidated Damage/Penalty: *In case of failure to make full delivery within the time specified above, the amount of Liquidated damages shall be at least equal to one-tenth of one percent (0.01) 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.*

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

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

10. Please indicate Warranty _____

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

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

ARNEL V. RADAZA
Procurement Officer

Supplier
Signature over Printed Name

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

PROOF OF RECEIPT

Quotation No: 25-0702-NP-SVP

Items:

Purpose: Admin Division 2nd Quarter Meeting

Company Name	Representative	Position/ Designation	Date	Signature

Canvasser