

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
KALAHI-CIDSS NATIONAL COMMUNITY DRIVEN DEVELOPMENT PROJECT
Field Office VII
MJ Cuenco Avenue, Cebu City
Telephone No. 233-0261
REQUEST FOR QUOTATION OF GOODS
SHOPPING

Date of Request: **April 28, 2023**

RFQ No. **2023-0035 KC-FO7**

Company name: _____
Address: _____
Contact Person: _____
Contact Number: _____

Sir/Madam: _____

1. The National Community Driven Development Project - Additional Financing (NCDDP-AF) hereby requests you to submit price quotations for the following items in Annex A:

To assist you in the preparation of your price quotation, we enclose the necessary technical specifications and required quantities.

2. You may quote for any or more items under this request. Each item shall be evaluated and contract awarded separately to the supplier(s)/ service providers offering the lowest evaluated price on per;

Item Basis Total Quoted Lot Basis

3. Your quotation in duplicate and in the English language, should be accompanied by adequate technical documentation and catalogue(s) and other printed materials or pertinent information in English for each item quoted, including names and addresses of supplier(s) / service provider(s) providing after sales service facilities in the Philippines.

4. The deadline for receipt of your quotation (s) by the KC-NCDDP-AF at the address indicated in the Paragraph 6 is:
May 5, 2023, 12:00PM.

5. Your quotation(s) should be submitted as per the following instruction and in accordance with the Terms and Conditions including the following:

a. Prices: The prices should be quoted for **Catering Services** to be delivered in **Vallehermoso, Negros Oriental**.

b. **Evaluation of Quotations:** Offers determined to be substantially responsive to the technical specifications will be evaluated by comparison of their prices. In evaluating the quotations, the Purchaser will adjust any arithmetical errors as follows:

- i. where there is a discrepancy between the amounts in figures and in words, the amount in words will govern;
- ii. where there is a discrepancy between the unit rates and the line item total resulting from multiplying the unit rate by the quantity, the unit rate as quoted will govern;
- iii. if a Supplier refuses to accept the correction, his quotation will be rejected.

In addition to the quoted price, the evaluated price shall include Value Added Tax and other necessary taxes as specified herein.

iv. **Award of Purchase Order:** The award will be made to the bidder offering the lowest evaluated price that meets the technical and financial requirements.

v. **Validity of the Offer:** Your quotation(s) should be valid for a period of sixty (60) calendar days from the deadline for receipt of quotation(s) indicated in the paragraph 4 of this Request for Quotation.

vi. If the **supplier/service provider** withdraw your quotation during the validity period and/or refuse to accept the award of a contract when and if awarded, then the supplier(s)/ service provider(s) will be excluded from the list of NCDDP-AF suppliers for the project for two years.

vii. If the **supplier/service provider** does not start the delivery or perform the services under the contract/PO within **30 days** (after signing of the contract) without valid reason acceptable to the procuring entity (DSWD), the contract may be terminated through a notice to be issued by the head of the procuring entity (HOPE); the procuring entity shall proceed to negotiate with the succeeding responsive supplier/s; otherwise re-canvass.

viii. **Liquidated damages/penalty:** In case of failure to make the full delivery within the time specified in the delivery terms, a penalty of one percent of the undelivered cost for every day of delay shall be imposed.

6. Further information can be obtained from: **DSWD Field Office VII- Kalahi CIDSS Office**
M.J. Cuenco Ave. cor. Gen. Maxilom Ave., Cebu City

Telephone : **(032) 233-8785; 233-0261; 231-2172 local 17126**

E-mail Address : kalahiaf7.procurement23@gmail.com

7. Please confirm by fax / e-mail the receipt of this request and whether or not you will submit the price quotation(s).

Sincerely yours,


ENGR. EMMANUEL M. EDLES
Head, Procurement Management Section
Contact #: **(032) 233-8785; 233-0261; 231-2172 local 17126**


(Signature over printed name)
Supplier

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

RFQ No. 2023-0035 KC-FO7
Date: April 28, 2023

Company Name : _____
Company Address : _____
TAX ID No. : _____
Contact Person : _____
Contact No. : _____

Item No.	Qty	Unit	Purchaser's Specifications	Supplier/Service Provider's Specifications (Please write the detailed specifications in the space provided)	Unit Cost	Total Cost
			Provision of Catering Services (1 Meal and 2 Snacks)			
			Activity Title: Community Based-Training for Community Volunteers (Community-Based Procurement (1day), Infrastructure (1day), & Financial Management System (1day))			
	54	pax	Date: July 12, 2023 (Community-Based Procurement)			
	54	pax	Date: July 13, 2023 (Community-Based Infrastructure)			
	54	pax	Date: July 14, 2023 (Community-Based Financial Management System)			
			Activity Title: Municipal Accountability Reporting			
	75	pax	Date: October 26, 2023			
			Venue: Vallehermoso, Negros Oriental Meals: Lunch (Packed) Snacks: AM & PM (Packed)			
			Lunch Menu: > Rice > 2 Main Dish: (Choices of: Beef / Pork / Chicken or Fish) > Dessert (Choices of: Fruits or Cakes or Salads) > Drinks : (Choices of: at least 500 ml Bottled Water, 240ml Canned Juice or 330ml Bottled Natural Juice) No serving of CREAMDORY fish No serving of BAM-E, PANSIT or BIHON (as viand) Strictly NO SOFTDRINKS & FLAVORED B / POWDERED JUICES * Please specify name of dishes			
			AM / PM Snacks: > Variation of Pasta, Noodles, Pastries, Native Kakanin i.e Suman, Puto, Biko etc., Sandwiches, i.e Tuna/Ham & Cheese/Egg with vegetables, etc. or Burgers i.e Beef/Chicken/Ham with vegetables, etc. > Drinks : (Choices of: at least 500 ml Bottled Water, 240ml Canned Juice or 330ml Bottled Natural Juice or Coffee/hot Choco) Strictly NO SOFTDRINKS & FLAVORED B / POWDERED JUICES * Please specify name of dishes			
			Other Specifications: > Service provider must attached MENU upon submission of Request for Quotation (RFQ). > Food must be delivered between 9:00 AM to 11:00 AM. > Service provider must bring the Delivery Receipt, Sales Invoice or Billing Statement and Menu upon delivery to fast track the processing of payments. > Service provider must inform the End-user ahead of time for any changes in the menu prior to the delivery. > End-user will inform the service provider at least three (3) days prior to the conduct of meeting.			
			XXXX page 1 of 1 XXXX			
Charge to: KC-PMNP						
End User: KC-PMNP						
PURPOSE : Provision of food for the participants of the activity.						
PR No. 2023-0035 KC-FO7						
IMPORTANT : The winning bidder MUST SIGN the original copy of Purchase Order (P.O.) or Letter Order (L.O.) within three (3)days from the date of receipt. FAILURE to sign the original P.O. / L.O. means that the bidder is not interested and will be a ground for suspension or blacklisting in DSWD's future biddings.						


HENRY CLINT D. RICABORDA
(Signature over printed name)
Canvasser
Contact #: 0995-957-1008

(Signature over printed name)
Supplier

Company Name: _____

Activity Title: Community Based-Training for Community Volunteers (Government Procurement-9184 (1 day), Infrastructure (1 day) and Financial Management System (1 day))

Day 1:

MENU

AM Snacks: (Variation of Pasta, Noodles, Native Kakanin, i.e. Suman/Puto/Biko etc., Sandwiches, i.e., Tuna/Ham & Cheese/Egg with Vegetables, etc. or Burgers i.e., Beef/ Chicken/ Ham with Vegetables, etc.):

Drinks: 500ml Bottled Water
or 330ml Bottled Natural Juice
i.e.: (Lemon/Calamansi/Buko/Cucumber etc.)
(specify) _____
or 240ml Canned Juice:
(specify) _____
or Coffee/Hot Choco:
(specify) _____

Lunch: Plain Rice
2 Main Dish: (Choices of Beef; Pork; Chicken/ Fish):
(specify) 1. _____
(specify) 2. _____
Dessert: (Choices of: Fruits or Cakes or Salads)
(specify) _____

Drinks: 330ml Bottled Natural Juice
i.e.: (Lemon/Calamansi/Buko/Cucumber etc.)
(specify) _____
or 240ml Canned Juice:
(specify) _____
or 500ml Bottled Water

PM Snacks: (Variation of Pasta, Noodles, Native Kakanin, i.e. Suman/Puto/Biko etc., Sandwiches, i.e., Tuna/Ham & Cheese/Egg with Vegetables, etc. or Burgers i.e., Beef/ Chicken/ Ham with Vegetables, etc.):

Drinks: 500ml Bottled Water
or 330ml Bottled Natural Juice
i.e.: (Lemon/Calamansi/Buko/Cucumber etc.)
(specify) _____
or 240ml Canned Juice:
(specify) _____
or Coffee/Hot Choco:
(specify) _____

Day 2:

MENU

AM Snacks: (Variation of Pasta, Noodles, Native Kakanin, i.e. Suman/Puto/Biko etc., Sandwiches, i.e., Tuna/Ham & Cheese/Egg with Vegetables, etc. or Burgers i.e., Beef/ Chicken/ Ham with Vegetables, etc.):

Drinks: 500ml Bottled Water
or 330ml Bottled Natural Juice
i.e.: (Lemon/Calamansi/Buko/Cucumber etc.)
(specify) _____
or 240ml Canned Juice:
(specify) _____
or Coffee/Hot Choco:
(specify) _____

Lunch: Plain Rice
2 Main Dish: (Choices of Beef; Pork; Chicken/ Fish):
(specify) 1. _____
(specify) 2. _____
Dessert: (Choices of: Fruits or Cakes or Salads)
(specify) _____

Drinks: 330ml Bottled Natural Juice
i.e.: (Lemon/Calamansi/Buko/Cucumber etc.)
(specify) _____
or 240ml Canned Juice:
(specify) _____
or 500ml Bottled Water

PM Snacks: (Variation of Pasta, Noodles, Native Kakanin, i.e. Suman/Puto/Biko etc., Sandwiches, i.e., Tuna/Ham & Cheese/Egg with Vegetables, etc. or Burgers i.e., Beef/ Chicken/ Ham with Vegetables, etc.):

Drinks: 500ml Bottled Water
or 330ml Bottled Natural Juice
i.e.: (Lemon/Calamansi/Buko/Cucumber etc.)
(specify) _____
or 240ml Canned Juice:
(specify) _____
or Coffee/Hot Choco:
(specify) _____

Day 3:

MENU

AM Snacks: (Variation of Pasta, Noodles, Native Kakanin, i.e. Suman/Puto/Biko etc., Sandwiches, i.e., Tuna/Ham & Cheese/Egg with Vegetables, etc. or Burgers i.e., Beef/ Chicken/ Ham with Vegetables, etc.):

Drinks: 500ml Bottled Water
or 330ml Bottled Natural Juice
i.e.: (Lemon/Calamansi/Buko/Cucumber etc.)
(specify) _____
or 240ml Canned Juice:
(specify) _____
or Coffee/Hot Choco:
(specify) _____

Lunch: Plain Rice
2 Main Dish: (Choices of Beef; Pork; Chicken/ Fish):
(specify) 1. _____
(specify) 2. _____
Dessert: (Choices of: Fruits or Cakes or Salads)
(specify) _____

Drinks: 330ml Bottled Natural Juice
i.e.: (Lemon/Calamansi/Buko/Cucumber etc.)
(specify) _____
or 240ml Canned Juice:
(specify) _____
or 500ml Bottled Water

PM Snacks: (Variation of Pasta, Noodles, Native Kakanin, i.e. Suman/Puto/Biko etc., Sandwiches, i.e., Tuna/Ham & Cheese/Egg with Vegetables, etc. or Burgers i.e., Beef/ Chicken/ Ham with Vegetables, etc.):

Drinks: 500ml Bottled Water
or 330ml Bottled Natural Juice
i.e.: (Lemon/Calamansi/Buko/Cucumber etc.)
(specify) _____
or 240ml Canned Juice:
(specify) _____
or Coffee/Hot Choco:
(specify) _____

(Signature over Printed Name of Supplier/
Authorized Representative)

Company Name: _____

Activity Title: **Municipal Accountability Reporting**

MENU

AM Snacks: (Variation of Pasta, Noodles, Native Kakanin, i.e, Suman/Puto/Biko etc., Sandwiches, i.e., Tuna/Ham & Cheese/Egg with Vegetables, etc. or Burgers i.e., Beef/ Chicken/ Ham with Vegetables, etc.):

Drinks: 500ml Bottled Water
or 330ml Bottled Natural Juice
i.e.: (Lemon/Calamansi/Buko/Cucumber etc.)
(specify) _____
or 240ml Canned Juice:
(specify) _____
or Coffee/Hot Choco:
(specify) _____

Lunch: Plain Rice

2 Main Dish: (Choices of Beef; Pork; Chicken/ Fish):

(specify) 1. _____

(specify) 2. _____

Dessert: (Choices of: Fruits or Cakes or Salads)

(specify) _____

Drinks: 330ml Bottled Natural Juice

i.e.: (Lemon/Calamansi/Buko/Cucumber etc.)

(specify) _____

or 240ml Canned Juice:

(specify) _____

or 500ml Bottled Water

PM Snacks: (Variation of Pasta, Noodles, Native Kakanin, i.e, Suman/Puto/Biko etc., Sandwiches, i.e., Tuna/Ham & Cheese/Egg with Vegetables, etc. or Burgers i.e., Beef/ Chicken/ Ham with Vegetables, etc.):

Drinks: 500ml Bottled Water

or 330ml Bottled Natural Juice

i.e.: (Lemon/Calamansi/Buko/Cucumber etc.)

(specify) _____

or 240ml Canned Juice:

(specify) _____

or Coffee/Hot Choco:

(specify) _____

(Signature over Printed Name of Supplier/
Authorized Representative)