



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office VII
Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

REQUEST FOR QUOTATION SHOPPING

RFQ No. : DSWD7-2025-0582

Date : April 28, 2025

Company Name : _____
Company Address : _____
Contact Person : _____
Contact No. : _____
PhilGEPS Registration No.: _____

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 the basis for non-compliance. Also, kindly 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.

Interested service providers are required to submit true copies of their valid **Mayor's/Business Permit & Philgeps Registration Number** upon submission of quotation.


Please accomplish and submit this **form** together with **Annex A** and **Bank Information** to the BAC Secretariat, DSWD Field Office VII, Cebu City or send it through facsimile numbers (032) 887-9720; 233-0261; 231-2172 local 17140 or 17110 or e-mail to bac.fo7@dswd.gov.ph on or before **May 02, 2025 at 5:00PM.**

Very truly yours,


ENGR. EMMANUEL M. EDLES
AO V/Head, Procurement Management Section

Terms and Conditions:

- Award shall be made on per: ☐ item basis ☒ total quoted price ☐ lot basis
- Quotation validity shall be not less than **60 calendar days.**
- Good/s or Services shall be delivered **within 30 calendar days from receipt and conformity of P.O.**
- Place of Delivery: **RRCY, Brgy. Candabong Binlod, Argao, Cebu**
- Terms of Payment: **within 30 days from the receipt of billing statement.**
- Liquidated Damages/Penalty: **One-tenth of one percent for everyday of delay shall be imposed.**
- In case of discrepancy between total price per item and unit price for the item as extended or multiplied by the quantity of that item, the latter shall prevail.
- Warranty period, if applicable: _____


CHARL ALBERT J. TORREFIEL
Canvasser

I am interested to quote and agree to the terms and conditions.

(Signature over Printed Name of Supplier / Service
Provider / Authorized Representative)



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Tin Number: _____

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Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
			Supply and Delivery of Items for Emergency Go Bag				
1	75	piece	•Flashlight LED with extra batteries				
2	75	piece	•Whistles				
3	75	set	•SOS Kit, 1 set				
4	75	piece	•Multifunctional Rope at least 10meter				
5	75	piece	•Brief for Adult Men's, sizes: Large & XL				
6	75	set	• Adult Men's, T-Shirt and short sizes: Large & Extra Large				
7	75	piece	•Emergency Blanket, thermal at least 140cmx210cm				
8	75	piece	•Bath towel, standard size				
9	150	piece	•Bottle water, at least 500ml				
10	75	pack	•Toothbrush & Toothpaste, compact/travel size				
			Pack of First Aid and Hygiene Essentials:				
11	75	piece	• Isopropyl Alcohol 70%, at least 60ml				
12	75	piece	• Iodine Solution at least 7.5ml				
13	10	pack	• Adhesive Bandages				
14	75	roll	• Elastic Bandage, at least 7cm*4.5m				
15	75	pack	• Gauze pad, at least 12 PLY of 3"x3", 1 pack				
16	75	piece	• Medical Tape, at least 1.25cm x 5m (½" x 5.5 yds)				
17	375	piece	• Essential Medications, Paracetamol				
18	75	piece	• Bath Soap Sachet (preferably antibacterial), atleast 60g				
19	150	piece	• Shampoo (sachet)				
20	10	pack	• Resealable Multipurpose Zip Bag Pouch, at least 17.5x25cm				
Approved Budget for the Contract: Php 172,125.00				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: RRCY							
PURPOSE : FOR RRCY RESIDENTS' USE IN PREPARATION OF DISASTER							

Note: Procurement procedure in accordance with DSWD-Memorandum Circular No. 2, Series of 2007.

CHARL ALBERT J. TORREFIEL
Canvasser

Signature of Supplier / Authorized Representative
Over Printed Name