

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: **October 24, 2024**

RFQ No. **2024-0151 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:
October 29, 2024 at 1:00 PM.

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 the **Supply and Delivery of Emergency Go Bags.**

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

Annex A

RFQ No. **2024-0151 KC-FO7**

Date: **October 24, 2024**

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																		
1	650	set	SUPPLY AND DELIVERY OF EMERGENCY GO BAGS																					
			Emergency Go Bags Material of Bag: Polyester PVC Capacity of Bag: atleast 10L Color: Red Other Requirement: With 1 detachable sling Print of Bag: Template to be approved by End-User Content of Emergency GO Bags: 1 piece Flashlight, LED Tactical 3 pairs Surgical Gloves, Large 1 pair Coated Hand Gloves 1 set SOS (Whistle, Wire, Compass, FireSteel, Multi-function Utensil Tool) 1 lighter, Pocket Size 1 piece pocket Knife 5 pieces Surgical Mask, N-88, 3-layer woven, elastic earloop 10 pieces Safety Pin, Size 5 1 roll Elastic Bandage, 3" x 5" 1 set Emergency Blanket, 52" x 82.5" 20 packets Alcohol Swab 1 pack of Adhesive Bandages by 10's (Band Aid) 1 pack of Gauze Swab by 10's, No. 2 (2.0cm*25m) 1 roll cotton (45g) 1 bottle Providine Iodine wound Solution (atleast 15ml) 1 bottle 70% Isopropyl Alcohol Spray (atleast 60ml) 1 White Cloth/towel (50cm x 100cm 20" x 39") 1 Toothbrush + Toothpaste (20g) in sealable solid case 2 Bottled Water (atleast 350ml) To be supplied separately: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Items</th> <th>Quantity</th> <th>UOM</th> </tr> </thead> <tbody> <tr> <td>paracetamol</td> <td>300</td> <td>tab</td> </tr> <tr> <td>decongestant</td> <td>300</td> <td>tab</td> </tr> <tr> <td>antihistamine</td> <td>300</td> <td>tab</td> </tr> <tr> <td>mefenamic</td> <td>300</td> <td>tab</td> </tr> <tr> <td>loperamide</td> <td>300</td> <td>tab</td> </tr> <tr> <td>ibuprofen + paracetamol</td> <td>300</td> <td>tab</td> </tr> <tr> <td>BP Apparatus Set</td> <td>5</td> <td>set</td> </tr> </tbody> </table>				Items	Quantity	UOM	paracetamol	300	tab	decongestant	300	tab	antihistamine	300	tab	mefenamic	300	tab	loperamide	300	tab
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loperamide	300	tab																						
ibuprofen + paracetamol	300	tab																						
BP Apparatus Set	5	set																						
			Eligibility Requirements: 1. Mayor's/Business Permit 2. Security and Exchange Commission Certificate (SEC/Department of Trade and Industry Certificate (DTI)/Cooperative Development Authority Certificate(CDA) XXXXXXXX																					
Charge to: KC-NCDDP AF Funds																								
End User: KC-NCDDP AF				Total																				

PURPOSE : Supply of emergency go bags for the preparedness of the agency during disasters

PR No. 2024-0151 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.

EDLYN S. CANGQUE

Canvasser

Contact #: 463-977-121-7434

(Signature over printed name)

Supplier