

**REQUEST FOR QUOTATION
NP- SMALL VALUE PROCUREMENT**

RFQ No. : **DSWD7-2024-0277**

Date : **March 13, 2024**

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 supplier/s are required to submit true copies of their **valid Mayor's Permit, Philgeps Registration Number** upon submission of quotation/s. An **omnibus Sworn Statement** is required prior to award.

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) 233-8785; 233-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **March 18, 2024 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 **Start of Airing on April - May 2024**
- Place of Delivery: **please refer to Annex A**
- 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: _____


BONAPARTE D. CASENAS II
Canvasser

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

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



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office VII, Cebu City

Company Name _____
Company Address _____
Contact Person _____
Contact No. _____
PhilGEPS Registration No.: _____
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
1	8	episode	Radio Program				
			Target Starting of Airing: May to November 2024 Specifications: <ul style="list-style-type: none"> • 1-hour monthly Radio Program inclusive of studio set, equipment, and equipment • Public Service Talk Show Format • 1 or 2 informercials may be aired during a commercial break • Provide station anchor to interview resource speakers and facilitate phone patch or live interviews during the airing • Provide live stream for online viewers and could be cross posted in the DSWD Region VII Facebook page. • The Station should be based in Cebu City and has a wide reach within Central Visayas Region • Included in the top 5 among the top radio station based on the latest radio rating survey Informercial <ul style="list-style-type: none"> • Production of 2 informercial (TRT: 3mins) with airtime during radio program Note: <ul style="list-style-type: none"> • Informercials produced must be approved by the end users before airing. • Service Provider will give a audio copy of each episode. 				
Approved Budget for the Contract: Php 140,000.00				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: ORD/SMU							
PURPOSE : For the conduct of a DSWD public service talk show radio program							

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

Bonaparte D. Caseñas II
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 Canvasser

Signature of Supplier / Authorized Representative Over
Printed Name

(page 2 of 2)