



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

RFQ No. : DSWD7-2021-0120  
 Date : January 27, 2021

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, Omnibus Sworn Statement for ABC above Php50,000.00, Income Tax Return for ABC above Php500,000.00 upon submission of quotation/s.**

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; 232-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **February 1, 2021 at 5:00PM.**

Very truly yours,

  
**ROSARIO P. BACONG**  
 AO V/Head, Procurement Management Section

**Terms and Conditions:**

1. Award shall be made on per:  item basis  total quoted price  lot basis
2. Quotation validity shall be not less than **60 calendar days.**
3. Good/s or Services shall be delivered **on the specified dates in Annex A**
4. Place of Delivery: **DSWD FO7, Cebu City**
5. Terms of Payment: **within 30 days from the receipt of billing statement/Sales Invoice**
6. Liquidated Damages/Penalty: **One-tenth of one percent for everyday of delay shall be imposed.**
7. 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.
8. Warranty period, if applicable: \_\_\_\_\_

  
**REINAFLOR C. VISTO**  
 Canvasser

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

\_\_\_\_\_  
 Signature of Supplier/Service Provider/Authorized  
 Representative over Printed Name



Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact No.: \_\_\_\_\_  
PhilGEPS Registration No.: \_\_\_\_\_  
TIN: \_\_\_\_\_

Item No.	Qty.	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	18	pax	Adoption and Foster Care Regional Matching Conference February 11 and 26, 2021 March 11 and 25, 2021 April 8 and 22, 2021 May 6 and 20, 2021 June 3 and 24, 2021 July 8 and 22, 2021 August 12 and 26, 2021 September 9 and 23, 2021 October 7 and 28, 2021 November 4 and 18, 2021 December 2 and 16, 2021 Venue:DSWD FOVII, Cebu City				
			<b>Details:</b>				
			*1 Meal and 2 Snacks (Catering Services)				
			<b>Menu:</b>				
			*Packed Meals (Lunch and AM & PM Snacks)				
			*Packed Lunch: Rice, Soup, 3 main dishes (vegetable, fish not cream dory, chicken and pork/bee)				
			Dessert: (choice of fresh fruit, fruit salad or pastries and natural juices)				
			AM/PM Snacks: Choices of sandwich, native kakanin, burger, pasta with natural juices				
			Others: No Soft drinks. Only Natural Juice like Lemon grass or Calamansi Juice.				
Approved Budget for the Contract: Php198,000.00							
Charge to: _____							
End User: Adoption Resource and Referral Section (ARRS)							

**PURPOSE :** Provision of Food during the conduct of Adoption and Foster Care Regional Matching Conference  
*Note: Procurement procedure in accordance with DSWD-Memorandum Circular No. 2, Series of 2007.*

**REINAFLORES C. VISTO**  
Canasser

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