



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

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

RFQ No. : DSWD7-2021-1312  
 Date : November 08, 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 service providers are required to submit true copies of their valid **Mayor's/Business Permit, Philgeps Registration Number and Latest Income Tax Return (ITR) for ABC above Php500,000.00** upon submission of quotation. An **Omnibus Sworn Statement (OSS)** shall be required prior to award for ABC above Php50,000.00.

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 **November 12, 2021 at 5:00 pm**.

Very truly yours,

  
**ROSARIO P. BACONG**  
 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 days calendar from receipt and conformity of Purchase Order.
- Place of Delivery: **DSWD Field Office VII, Carreta, Cebu City**
- Terms of Payment: **within 30 calendar days from the receipt of Billing Statement / Sales Invoice.**
- 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: \_\_\_\_\_

  
**BRYAN C. LAGARE**  
 Cavasser

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

\_\_\_\_\_  
 (Signature over Printed Name of Supplier /  
 Authorized Representative)



Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact No.: \_\_\_\_\_

RFQ No.: DSWD7-2021-1312Date: November 08, 2021

PhilGEPS Registration No.: \_\_\_\_\_

Item No.	Qty	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
			<b>Advocacy Shirt</b> <b>Specification:</b> > Round neck shirt > Collared > Cloth: 100% Cotton, good quality				
1	70	piece	<b>Round Neck</b> > Color: Light Yellow > Fron: DSWD Logo, PGS Logo: Printed > Back: Tagline and Picture: Printed > Sizes: Medium: 20, Large: 30, XL: 20				
2	215	piece	<b>Collared</b> > Color: White with Apple Green Collar > Front: DSWD Logo, DSWD PGS Logo: Embriodered > Back: EPAHP Logo: Embriodered > Tagline: Text Font Style: Rockwell (HUNGER, POVERTY: Bold) Print Style: Embossed > Size: Small: 15, Medium: 50, Large: 100, X-Large: 50  Note: Supplier should submit a sample printed material prior to mass production (Please see attached design)				
			<b>Total:</b>				

Approved Budget for the Contract: **Php 139,250.00**End User: **EPAHP**

Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.

Purpose : To be use during EPAHP activities for advocacy.

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

Signature of supplier/Authorized Representative over printed name

  
**BRYAN C. LAGARE**  
 Canvasser