

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. : DSWD7-2023-0796 |
|--|--|
| | Date : May 31, 2023 |
| Company Name : | |
| Compony Address | |
| Contact Person : | |
| Contact No. | |
| Contact No. | |
| PhilGEPS Registration No.: | |
| Sir/Madam: | |
| Please quote your government price/s including delivery charges expenses for the goods listed in Annex A. Failure to indicate infekindly furnish us with descriptive brochures, catalogues, literatures and second s | ormation could be the basis for non-semaliana at |
| If you are the exclusive manufacturer, distributor or agent in the Ph in your quotation a duly notarized certification to this effect. | ilippines for the goods listed in Annex A, please attach |
| Interested supplier/s are required to submit true copies of their viupon submission of quotation/s. An omnibus Sworn Statement is | alid Mayor's Permit, Philgeps Registration Number required prior to award. |
| Please accomplish and submit this form together with Annex A a Field Office VII, Cebu City or send it through facsimile numbers (03) mail to bac.fo7@dswd.gov.ph on or before June 5, 2023 at 5:00PM | 2) 233-8785: 233-0261: 231-2172 local 140 or 149 or a |
| | Very truly yours, |
| | |
| | ENGR. EMMANUEL M. EDLES |
| | AO V/Head, Procurement Management Section |
| remis and Conditions: | Joseph Management Section |
| Award shall be made on per item basis total quote Quotation validity shall be not less than 60 calendar days. | d price lot basis |
| 3. Good/s or Services shall be delivered please refer to Annex A | |
| 4. Place of Delivery: please refer to Annex A | |
| 5. Terms of Payment: within 30 days from the receipt of billing s | tatement. |
| Liquidated Damages/Penalty: One-tenth of one percent for e In case of discrepancy between total price per term and unit price multiplied by the quantity of that item, the latter shall prevail. | veryday of delay shall be imposed. for the item as extended or |
| 8. Warranty period, if applicable: | |
| | BONAPARTE D. CASEÑAS II 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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|----------------------------|----------------|--------------------|
| Company Address | Date: | May 31, 2023 |
| Contact Person | | |
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| PhilGEPS Registration No.: | - % | |
| Tin Number: | | |

| Item No. | Quantity | Unit of Measure | Articles / Descriptions | Statement of Compliance (State "Comply" or "Not Comply" | Bidder's Specifications | Unit Cost | Total Cost |
|-------------|----------|--------------------|--|--|----------------------------|--|--|
| 1 | 44 | unit | PROVISION OF VAN RENTAL SERVICES (Cebu Province Area) | | | | |
| | | | Specifications: | | | | West of the second seco |
| 1.61 | | | Service from DSWD FO VII going to anypoint of Cebu Province with pick-up / drop-off at every LGU and vice versa (no inter-island) | | | | |
| | | | Can accommodate of at least 12 passengers in comfortable & normal sitting capacity. | | | | |
| | | | To pick-up and drop-off passengers/staff from identified/designated pick-up and drop- off points. | | | | |
| Ť. | | | Fully air-conditioned and well- maintained. | | | A CONTRACTOR OF THE CONTRACTOR | |
| | | | Vehicle year model must be 2015 and above. | | | | |
| | | | Inclusion of licensed professional driver, fuel/lubricant, disinfectant/sanitizer | 2 | | | |
| | | 6 0 | Driver must be fully vaccinated for Covid 19 virus | | | | |
| | | | Vehicle must be regularly cleaned and disinfected | | | | |
| | | | Rental services up to 12 - 14 hours per day on staggered or scheduled date/s by End user (June 2023 until the of Cycle 13 implementation). | | | The Control of the Co | |
| | | | Service provider must have at least 3 vehicles to accommodate simultaneous trip in a day. | | | ************************************** | |

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|--|----------|--|--|--|----------------------------|-----------|------------|
| | | | End user to inform the service provider 3 days prior to the set schedule Service provider to submit Statement | | | | |
| | | | of Account or Billing Statement on a monthly basis. Attached also the Trip Ticket with name/s of the passenger. | | | | |
| | | | Without prejudice to the provisions of the applicable law, rules and regulations, the contract shall be | | | | |
| | | | automatically terminated when the amount specified for this contract has been exhausted. | | | | |
| Approved Budget for the Contract: Php 264,000.00 | | Note: | | | | | |
| End Us | ser: | SFP | The state of the s | "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Desc-iption" stated if applicable. | | | |
| PURPO | OSE : | Provision of transportation of SFP Staff for support to operation on program | | | | | |

implemenation at Cebu Province

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

Signature of Supplier / Authorized Representative Over Printed Name

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