



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

RFQ No. : DSWD7-2023-0983  
 Date : June 23, 2023

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 **June 27, 2023 at 10:00AM.**

Very truly yours,  
  
**ENGR. EMMANUEL M. EDLES**  
 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 **within 30 days calendar from receipt and conformity of P.O.**
4. Place of Delivery: **DSWD FO VII, Corner M.J. Cuenco Avenue and Gen. Maxilom Ext., Carreta, Cebu City**
5. Terms of Payment: **within 30 days from the receipt of billing statement.**
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: \_\_\_\_\_

  
**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)



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

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

RFQ No. DSWD7-2023-0983

Date: June 23, 2023

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
			<b>Provision of Labor and Materials for the Installation of Window Blinds</b>				
1	1	lot	<b>Scope of works:</b> 1.) CIS Office, CWC, Ground Floor • Zebra/Combi Blinds, Ashtree, 625.59 sq ft. 2.) Waiting/Interview Area, CWC, Ground Floor • Zebra/Combi Blinds, Ashtree, 385.42 sq.ft. 3.) CIS Extension & Swad Office, CWC, Ground Floor • Zebra/Combi Blinds, Ashtree, 357.99 sq.ft 4.) MTA Office, CWC Ground Floor Zebra/Combi Blinds, Ashtree, 135.9 sq.ft 5.) PSD Office (Socpen, SFP & SLP), CWC, 2nd Floor • Zebra/Combi Blinds, Ashtree, 764.04 sq.ft 6.) FMD Office (Accounting, Cash & Budget), Main Building, Ground Floor • Zebra/Combi Blinds, Ashtree, 221,69 sq.ft.				
<b>Approved Budget for the Contract: Php 482,000.00</b>				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User:		<b>GSMS</b>					
PURPOSE :		<b>For Replacement of damaged Window Blinds including installation at Main FO and Extension Offices.</b>					

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

*Bonaparte D. Caseñas II*  
**BONAPARTE D. CASEÑAS II**  
 Canvasser

\_\_\_\_\_  
 Signature of Supplier / Authorized Representative Over  
 Printed Name

(page 2 of 2)