



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

RFQ No. : DSWD7-2023-1604
 Date : Decenver 12, 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 **December 18, 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 **please refer to Annex A**
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: _____

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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
			Supply and Delivery of Rescue Helmet				
1	80	piece	<p>Features: Chin strap included, Complies with EN 397 standards, Integral sweatband, ABC material, Standard peak type, Rain gutter</p> <p>Colors:</p> <ol style="list-style-type: none"> 1. Yellow - 15 pcs 2. Red - 15 pcs 3. White - 20 pcs 4. Green (with "First Aid" and "+" print color white) 15 - pcs 5. Orange - 15 pcs <p>Note:</p> <ol style="list-style-type: none"> 1. Supplier shall provide a sample material/s prior to mass production 2. Production of material/s shall be within 30 days after the date the final design is approved. 3. See details of the design on the attached photo 				
Approved Budget for the Contract: Php 64,000.00				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: DRMD							
PURPOSE : For the use of Disaster Control Group Training							

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

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RESCUE HELMET

