DSWD
Department of Social Welfare and Development

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- 0226
Date : February 18, 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,and **Latest 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 23, 2021** at 5**:00 pm.**

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 within 30 days calendar from receipt and confomity of Purchase Order.
4. Place of Delivery: DSWD FO VII, Cebu City
5. Terms of Payment: **within 30 calendar 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: _____

ROLAND MESTERIO
Canvasser

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

_____
(Signature over Printed Name of Supplier / Authorized Representative)

Annex A

DSWD Department of Social Welfare and Development

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

Company Name _____
Company Address _____
Contact Person _____
Contact No. _____
PhilGEPS Registration No.: _____

RFQ No.: DSWD7-2021- 0226
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Item No.	Qty.	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	**10**	unit	**Van Rental (Cebu POO Pantawid)**				
			Specifications:				
			Technical Specifications: Four wheel drive at least 10 seaters in normal capacity and provision of driver and gas/fuel/lubricant in good running condition/roadworthiness **Travel time:** Consumable trips from March to December 2021 (exact date and time will be advised 1-2 days before the actual use) **Origin:** DSWD FO VII/ POO Cebu **Destination:** North and South municipalities inthe province of cebu Cebu Cluster 1: City of Carcar Cebu Cluster 2: Compostela, Cebu Cebu Cluster 3: City of Naga Cebu Cluster 4: City of Cebu Cebu Clusters 5: & 6: City of Bogo				

Approved Budget for the Contract: **Php 60,000.00**

End User: **PANTAWID**

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 : For transportation of Pantawid Cebu Cluster staffs, supplies, equipment and other documents in the implementation of Pantawid Pamilyang Pilipino Program

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

ROLAND MESTERIO
Canvasser

_____
Signature of Supplier / Authorized Representative
Over Printed Name