



REQUEST FOR QUOTATION
NP- SMALL VALUE PROCUREMENT

RFQ No. : DSWD7-2021- 0620
 Date : May 26, 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 **June 01, 2021** at 5:00 pm.

Very truly yours,

ROSARIO F. 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 conformity of P.O .
4. Place of Delivery: DSWD Field Office 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: _____

LEIF WAYNE YOUNG
 Canvasser

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. _____
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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	1	lot	<p>SANITATION AND DISINFECTION SERVICES</p> <p>Specifications:</p> <ul style="list-style-type: none"> * Building and grounds - estimated area: ±4,300 sq.m. ✓ * Including 15-units DSWD vehicles ✓ * Service Provider must be a Licensed Pest Control Operator issued by the National Committee on Urban Pest Control (NCUPC), accredited by the Philippine Federation of Pest Management Operators Assn.(PFPMOA) and recognized by the Food and Drugs Administration (FDA). ✓ * Must Sanitize and disinfect all areas/concerns of the compound by misting or residual spraying. ✓ * Perform inspection on strategic areas of the structure and provide recommendations to facilitate speedy control ✓ * Must perform treatment at every 7 days interval for a period of 8 months (or 37 weeks) * Must perform treatment in accordance with center for Disease Control (CDC) * May submit periodic reports indicating the findings and recommendations for the structure contracted <p>Chemical:</p> <ul style="list-style-type: none"> * All chemical to be used must be 100% organic, multi-purpose solution that deodorizes, disinfects and removes grease from all type of surfaces. ✓ * Must be colorless, odorless, non-toxic disinfectant ✓ * Chemicals that are preferably fit for the interior and exterior buildings/ offices that can eliminate viruses and bacteria ✓ * Preferably any of two(2) OF THE FOLLOWING: <ol style="list-style-type: none"> 1.) iSolve (Botanical extract) ✓ 2.) Bestaquam (Didecyl Dimethyl ammonium bromide) ✓ 3.) Mediclean (Isopropyl alcohol) ✓ 4.) Viralcyde (Glutaraldehyde, quaternary, ammonium salt) ✓ 				

Item No.	Qty.	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
			Payment: Payment may be made every after submission of billing on a month interval or after all service conducted Location: DSWD Field Office and CIS Building/Compound				
Approved Budget for the Contract: Php 320,000.00				Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.			
End User: ADMIN							
Purpose : Sanitation and disinfection services for precautionary measures in response to COVID-19 Pandemic							

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


LEIF WAYNE YOUNG
 Canvasser

 Signature of Supplier / Authorized Representative
 Over Printed Name