



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

RFQ No. : DSWD7-2021- 0444

Date : April 6, 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 **April 13, 2021** at 5:00 pm.


Very truly yours,


ROSARIO P. BACONG

AO V/Head, Procurement Management Section

Terms and Conditions:

- Award shall be made on per: item basis total quoted price lot basis
- Quotation validity shall be not less than **60 calendar days.**
- Good/s or Services shall be delivered within 30 days upon approval of the sample by the end-user..
- Place of Delivery: **DSWD Field Office VII, Cebu City**
- Terms of Payment: **within 30 calendar days from the receipt of Billing Statement / Sales Invoice.**
- Liquidated Damages/Penalty: **One-tenth of one percent for everyday of delay shall be imposed.**
- 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.
- Warranty Period, if applicable: _____


LEIF WAYNE P. YOUNG
Canvasser

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

(Signature over Printed Name of Supplier /
Authorized Representative)



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

Company Name _____
 Company Address _____
 Contact Person _____
 Contact No. _____
 PhilGEPS Registration 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	pc	FAMILY DEVELOPMENT SESSION (FDS) BOOKLET <i>Specification:</i> Size: A4 folded (5.83" width x 8.27" height) Cover: C2S no. 220 Inside pages: Matte Coated #80 Color: Full Color Binding: Perfect Binding Finish: Cover should be hard-bound Lamination: Matte Lamination (one side-cover) No. of pages: 206 including front and back cover Offset Printing With layouting Note: * Supplier should submit the final layout prior to mass printing				
Approved Budget for the Contract: Php 300,000.00							
End User: SMU							
Purpose : For the Promotion of Pantawid Pamilyang Pilipino Program							
Note: "Bidder's Specifications" column may be filled up with supplier's offer (brand, model, origin) or may copy "Articles/Description" stated if applicable.							

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

Signature of Supplier / Authorized Representative
 Over Printed Name

LEIF WAYNE P. YOUNG
 Canvasser