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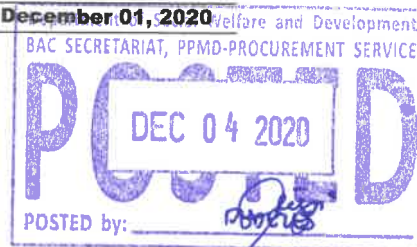
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
IBP Road, Constitution Hills, Quezon City

REQUEST FOR QUOTATION

RFQ No. **20-1185 Shopping (b)**

Date: **December 01, 2020**

Company Name : _____
Company Address : _____
Contact Person : _____
Contact No. : _____
PhilGEPS Reg. No.: _____
Company TIN: _____



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 basis for non-compliance. Also, 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.

As a condition for award, you will be required to submit your **Mayor's/Business Permit**, within 24 hours from receipt of notice. The **Certificate of Platinum Membership** may be submitted in lieu of the Mayor's/Business Permit and PhilGEPS Registration Number.

Please accomplish and submit this form together with Annex A and all the required documents to DSWD -BAC Secretariat at Ground floor, DSWD-CO Building, IBP Road, Constitution Hills, Quezon City or fax it through numbers 8951-7116 or email to quotations@dswd.gov.ph not later than **1:00 P.M. of December 9, 2020 (WEDNESDAY)**. Quotations submitted to different fax number(s) or email address(es) as stated above shall not be considered for evaluation.

Very truly yours,

[Signature]
WILLIAM V. GARCIA JR.

Officer-In-Charge, Procurement Planning & Management Division

Terms and Conditions:

- Award shall be made on per: Item Basis Total Quoted Price Lot Basis
- Quotation validity shall be **Sixty (60) calendar days from the deadline of submission of quotations.**
- Good/s shall be delivered within **10 working days from receipt of Purchase Order (PO).**
- Place of Delivery: **DSWD-Central Office, PSAMD Warehouse, IBP Road, Constitution Hills Q.C.**
- Terms of Payment: **within 15-30 days upon completion of supporting documents.**
Payment through **LDDAP-ADA (List of Due and Demandable Accounts Payable-Advise to Debit Account).**
Account Name : _____ Account Number : _____
BankName : _____ Branch : _____
**Note: Non Land Bank of the Philippines accounts shall be charged a service fee.*
- Liquidated Damages/Penalty: **In case of failure to make full delivery within the time specified above, the amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.**
- For goods, please indicate brand, model and country of origin.
- In case of discrepancy between unit cost and total cost, unit cost shall prevail.
- Please indicate Warranty: _____
- In case of a tie, the contract shall be awarded to the supplier or service provider who first submitted its quotation.
- NOTE: "Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph and register for free."**

RODEL D. TORRATO

Procurement Officer

Tel. Nos. 8931-6139/ 8931-8101 to 07 local 10090

(Signature over Printed Name)

Supplier

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

NOTE: "Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph to register."

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Item No.	Qty.	Unit	Purchaser's Specifications	Unit Cost	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
1	500	Piece	FULL PROTECTION FACE SHIELDS -ANTI-FOG -LATEX-FREE -ONE SIZE FITS ALL -SOFT HEAD FOAM -COMFORT STRETCH BAND -DISPOSABLE -PHOTO ATTACHED	124.80			
2	5000	Piece	NITRILE GLOVES -POWDER FREE-AMBIDEXTROUS -NON-STERILE -SINGLE USE ONLY	3.07			
3	500	Piece	PROTECTIVE COVERALLS -MEDICAL GRADE -DISPOSABLE -NON-STERILE POLYPROPYLENE/POLYETHYLE NE LAMINATE FILM -FLUID-RESISTANT, LOWTINTING -NON-WOVEN -LONG-SLEEVED - TWO-WAY ZIPPER OR MANUFACTURER'S STANDARD - ELASTIC WAIST AND ANKLE -WITH KNITTED CUFFS OR ELASTIC CUFF -WITH HEAD HOOD -CONFORMS TO ASTM F1671 STANDARD OR EQUIVALENT	1,144.00			
4	500	Pair	SHOE COVER -DISPOSABLE -NON-STERILE -IN PAIRS	8.32			
Approved Budget for the Contract (ABC): PhP 653,910.00							
xxxxx-Nothing Follows-xxxxx							

PURPOSE : **Supply and Delivery of Covid Items use for the DSWD ISOLATION CENTER**

PR No. **01-20001-PR-2020-10-00053**

IMPORTANT : The winning bidder MUST SIGN the original copy of Purchase Order (P.O.) at DSWD-Central Office, Procurement Management Service. FAILURE to show up and sign the original P.O. means that the bidder is not interested and will be a ground for suspension or blacklisting in DSWD's future biddings.


RODEL D. TORRATO
Procurement Officer

Trunkline: 89318101 to 07 loc. 10090
Fax No. 8951-7116

(Signature over printed name)
Supplier