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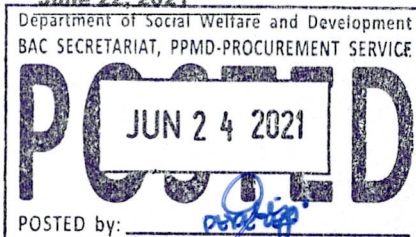
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
IBP Road, Constitution Hills, Quezon City

REQUEST FOR QUOTATION

RFQ No. **21-0569 SHOPPING (B)**

Date: **June 22, 2021**

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. 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 2nd Floor Mahusay Building, DSWD Central Office, 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 PM of June 28, 2021 (Monday)**. Quotations submitted to different fax number(s) or email address(es) as stated above shall not be considered for evaluation.

Very truly yours,

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."**

NIDA T. BACALING
Procurement Officer

(Signature over Printed Name)
Supplier

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

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Item No.	Qty.	Unit	Purchaser's Specifications	Unit Cost	Bidder's Specifications	Unit Cost	Total Cost
					(Please fill out the detailed specifications in the space provided)		
1	15	piece	COVERALL, non-sterile, protective, medical grade	1,144.00			
2	240	piece	FACE SHIELD, direct splash protection, acrylic	124.80			
3	700	piece	NITRILE GLOVES, large, disposable, powder free (100pcs/box)	3.07			
4	15,800	piece	SURGICAL MASK, 3-ply, disposable, 50 pcs/box, non-woven	14.04			
5	5	box	FOLDER, Pressboard, size: 240mm x 370mm (-5mm)	952.64			
*** nothing follows ***							
Approved Budget for the Contract (ABC): Php 275,856.20							

PURPOSE: For the use of Pantawid Pamilya 1st Quarter Supplies

PR No. 01-20001-PR-2021-03-00205

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.


NIDA T. BACALING

Procurement Officer

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(Signature over printed name)

Supplier

Trunkline: 89318101 to 07 Voip 10093 and 10097
Fax No. 8951-7116