

Chalder

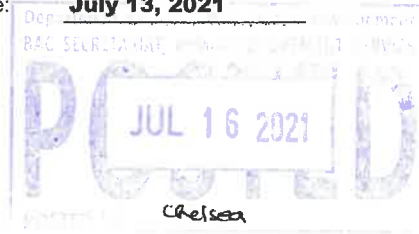
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
IBP Road, Constitution Hills, Quezon City

REQUEST FOR QUOTATION

RFQ No. **21-0659 SHOPPING (B)**

Date: **July 13, 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 **5:00 PM of July 22, 2021 (Thursday)**. Quotations submitted to different fax number(s) or email address(es) as stated above shall not be considered for evaluation.

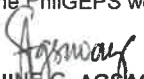
Very truly yours,


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 **Ten (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."**


JAHNINE G. AGSAOAY

Procurement Officer

(Signature over Printed Name)

Supplier

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

RFQ No. **21-0659 SHOPPING (B)**
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Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____
 PhilGEPS Reg. No. : _____
 Company TIN : _____

Item No.	Qty.	Unit	Purchaser's Specifications	ABC/per Unit/ Item	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
1	564	bottle	Alcohol-based hand rub 500mL bottle with at least 75% isopropyl or 80% ethanol alcohol	153.08			
2	376	box	Medical or surgical mask, disposable, earloop, 3-ply, conforms to EN 14683 rating type 2 standard or equivalent 50 pcs/box	185.17			
3	188	box	Examination gloves, disposable, non-sterile, latex, powder free, ambidextrous, rolled bead cuff, finger-textured, length at least 24 cm, conforms to EN 374 standard or equivalent to 100/box	788.33			
4	188	piece	Full face shield, anti-fog, latex-free, one-size fits all, soft head foam, comfort stretch band, disposable, conforms to EN 166 standard or equivalent	309.83			
5	376	box	Vitamin Supplements 250mg oral multivitamins (Ascorbic Acid Plus other combination) in capsule or tablet form, 100/box ***** nothing follows ***** Approved Budget for the Contract: PhP 607,127.20	650.83			

PURPOSE : **Personal Protective Equipment (PPE) for HRMDS Personnel for 2021**

PR No. **01-20001-PR-2021-06-00099**

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.


JAHNINE G. AGSADAY
 Procurement Officer
 Trunkline: 89318101 to 07 Voip 10093 and 10097
 Fax No. 8951-7116

(Signature over printed name)

Supplier