## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Regional Office III
Government Centre, Maimpis, City of San Fernando (P)

## REQUEST FOR QUOTATION

	RFQ No. <u>2022-07-411</u> PR No. <u>2022-07-875</u> Mode of Procurement: Shopping 52.1b
*Company Name:	
*Company Address:	
*Contact Person:	
*Contact No.:	Indicate "N/A" if not applicable. Thank you!
*Email Address:	
*PhilGeps Reg. No.:	
*Title of the Project: Purchase of Assistive Device (Wheelchair) for P	ersons with Disabilities.
Sir/Madam:	
Please quote your government price/s including delivery charges, VAT or the goods listed in <b>Annex A</b> . Failure to indicate information could be basis brochures, catalogues, literatures and/or samples, if applicable.	other applicable taxes, and other incidental expenses fo s for non – compliance. Also, furnish us with <b>descriptive</b>
If you are the exclusive manufacturer, distributor or agent in the Philippin quotation, a duly notarized certification to this effect.	nes for the goods listed Annex A, please attach in you
Interested supplier/s are required to submit copies of their <b>Mayor's/Busin</b> may be submitted in lieu of the Mayor's/Business Permit and PhilGEPS Re	ness Permit. The Certificate of Platinum Membership egistration Number.
at DSWD Regional Office III, Diosdado Macapagal Government Center, <a href="mailto:quotation.fo3@dswd.gov.ph">quotation.fo3@dswd.gov.ph</a> not later than <a href="mailto:3:00PM July 18, 2022">3:00PM July 18, 2022</a> . Quo above shall not be considered for evaluation. Please indicate in the subjection	Maimpis, City of San Fernando, Pampanga or <u>email to</u> stations submitted to different email address(es) as stated ect of your email the title of the Project using this format
	ncluding delivery charges, VAT or other applicable taxes, and other incidental expenses fo indicate information could be basis for non – compliance. Also, furnish us with descriptive d/or samples, if applicable.  distributor or agent in the Philippines for the goods listed Annex A, please attach in you to this effect.  bmit copies of their Mayor's/Business Permit. The Certificate of Platinum Membership (Business Permit and PhilGEPS Registration Number.  In together with Annex A and all the required documents to DSWD FO III - BAC Secretaria on Macapagal Government Center, Maimpis, City of San Fernando, Pampanga or email to than 3:00PM July 18, 2022. Quotations submitted to different email address(es) as stated unation. Please indicate in the subject of your email the title of the Project using this formation. Bids submitted must be in pdf format ONLY clearly scanned in a SINGLE FILE. Any has a separate pdf file.  Very truly yours  JENNIFER CAMPANG - MORAJES  Procurement Section Chief  The Basis Lot Basis  User to Service Provider within Three (3) Months.  O Calendar Day  hin: Twenty (20) to thirty (30) Calendar Days  GC Brgy., Maimpis City of San Fernando Pampanga
1. Award shall be made on per: Item Basis Lot Basis	
2. No negative feedback/record of End User to Service Provider within The	ree (3) Months.
<ol> <li>Quotation validity shall be: <u>Thirty (30) Calendar Day</u></li> <li>Good/s/Activity shall be delivered within: Twenty (20) to thirty (30) Calendar Day</li> </ol>	ndar Davs
5. Place of Delivery: DSWD FOIII, DMGC Brgy., Maimpis City of San Fern	
6. Terms of Payment: Within Thirty (30) Calendar Days  Payment through LDDAP-ADA (List of Due and Demandable Accounts	s Payable-Advise to Debit Account)
7. Liquidated Damages/Penalty: In case of failure to make full delivery damages shall be at least equal to one-tenth of one percent (0.001) delay. Once the cumulative amount of liquidated damages reaches Procuring Entity may rescind or terminate the contract, without prejudent.	within the time specified above, amount of the liquidated of the cost of the unperformed portion for every day of s ten percent (10%) of the amount of the contract, the
under the circumstances.  B. For goods, please indicate brand, model and country or origin.	
9. In case of discrepancy between unit cost and total cost, unit cost shall	prevail.
<ol> <li>Please indicate Warranty:</li></ol>	PR No. 2022-07-875 Mode of Procurement: Shopping 52.1b  *REQUIRED. To avoid bid disqualification, please fill out all the items accordingly. Indicate "N/A" if not applicable. Thank youl  sons with Disabilities.  The applicable taxes, and other incidental expenses for or non – compliance. Also, furnish us with descriptive so for the goods listed Annex A, please attach in you see Permit. The Certificate of Platinum Membership istration Number.  Trequired documents to DSWD FO III - BAC Secretaria aimpis, City of San Fernando, Pampanga or email to to your email the title of the Project using this format format ONLY clearly scanned in a SINGLE FILE. Any of truly yours  JENNIFER CAMPANG MORAUES Procurement Section Chief  (3) Months.  Trequired documents to Debit Account). Number:  Secure of the imperformed portion for every day of the cost of the unperformed portion for every day of en percent (10%) of the amount of the liquidated of the cost of the unperformed portion for every day of en percent (10%) of the amount of the contract, the cice to other courses of action and remedies available evail.
RIO M. ODTUJAN	
PPMU	(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."		RFQ No. 2022-07-4 Date:
*Company Name:		
*Company Address:		
*Contact Person:		
*Contact No.:		
*PhilGEPS Reg. No.:		
	Did 1 0 10 10 1	

TEM NO.	QTY.	UNIT	PURCHASER'S SPECIFICATIONS	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	UNIT COST	TOTAL COST
			ASSISTIVE DEVICE			
1	40	unit	WHEELCHAIR for PEDIA			
			Manual Steel Wheelchair - Chromed Steal Frame			
			Fixed Arm Rest			
			Fixed Footrest Solid Castor			
			Solid Rear Wheel			
			Dimension: 88 x 23 x 89cm			
			Warranty: One (1) year Warranty			
1						CONTRACTOR
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			* NOTHING FOLLOWS *			
			Approved Budget for the Contract: PhP 199,170.	40		

PURPOSE:

Purchase of Assistive Device (Wheelchair) for Persons with Disabilities.

PR No.

2022-07-875

IMPORTANT:

The winning bidder MUST SIGN the original copy of Purchase Order (P.O) at DSWD-Regional Office III, Procurement Section within 48 hours from its issuance. 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. Please carefully re-check your bid (i.t technical specifications and delivery date.) DSWD Field Office III implements a "NO MODIFICATION and NO DELIVERY EXTENSION POLICY". Thank you very much!

Supplier

RFQ No. 2022-07-411