

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Regional Office III
Government Centre, Maimpis, City of San Fernando (P)

REQUEST FOR QUOTATION

RFQ No. 2023-09-131
PR No. 2023-09-166
Mode of Proc: Shopping 52.1b

*Company Name: _____
*Company Address: _____
*Contact Person: _____
*Contact No.: _____
*Email Address: _____
*PhilGeps Reg. No.: _____

***REQUIRED.** To avoid bid disqualification, please fill out all the items accordingly. Indicate "N/A" if not applicable. Thank you!

*Title of the Project: **PURCHASE OF HYGIENE KITS FOR THE USE OF COMPRE PROGRAM BENEFICIARIES**
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 **Annex A**, please attach in your quotation, a duly notarized certification to this effect.

Pursuant to Appendix "A" of Annex "H" of the 2016 Revised IRR of Republic Act No. 9184, interested bidders **MUST** submit the following requirements along with their bid.

Shopping (for Shopping 52.1B)

- Philgeps Registration Number;
- Valid Mayor's Permit; and

For methods of procurement requiring Mayor's Permit and Philgeps Registration Number, Updated Certificate of Philgeps Platinum Membership may be submitted in lieu of the said documents.

- Evidence of the offered item/s shall be submitted in the form of manufacturer's sales literature or photos with readable brand, and specifications (**i.e brochure, websites, clear pictures showing the brand, model, and description**), unconditional statements of specification and compliance issued by the manufacturer, samples, independent test data etc., as appropriate.

Failure to attach the required documents will result in the DISQUALIFICATION of your bid.

Please accomplish and submit this form together with Annex A and all the required documents to DSWD FO III - BAC Secretariat either in person or electronically under the following conditions:

ELECTRONIC SUBMISSION	https://tinyurl.com/fo3bacsite in case of difficulty accessing the above link, you may access the alternate link:
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	https://bit.ly/fo3bacsite Select the Menu – “ BID SUBMISSION ”
IN PERSON SUBMISSION	Procurement Section, 2/f, New Building, DSWD Regional Office III, Diosdado Macapagal Government Center, Maimpis, City of San Fernando, Pampanga
DEADLINE OF SUBMISSION	1:00 PM October 4, 2023

Quotations submitted to different email address(es) as stated above shall not be considered for evaluation. Bids submitted must be in **pdf format ONLY clearly scanned** in a **SINGLE FILE** including supporting documents

Very truly yours,


RAYMUND VINCENT A. PANLILIO
 OIC Admin Division Chief
 Concurrent Procurement Section Chief

Terms and Conditions:

- Award shall be made on per: Item Basis Lot Basis
 - No negative feedback/record and or delay of delivery of Service Provider within Three (3) months.
 - Quotation validity shall be: Thirty (30) Calendar Day
 - Good/s/Activity shall be delivered within: Thirty (30) Calendar Days
 - Place of Delivery: DSWD FO III, Maimpis, City of San Fernando, Pampanga
 - Terms of Payment: Within Thirty (30) Calendar Days
- Payment through LDDAP-ADA (List of Due and Demandable Accounts Payable-Advise to Debit Account).

Account Name: _____
 Account Number: _____
 Bank Name: _____
 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, 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 or origin.
- In case of discrepancy between unit cost and total cost, unit cost shall prevail.
- Please indicate Warranty (If applicable): _____
- Alterations: Any interlineations, erasures or overwriting shall be valid only if they are signed by the supplier or any of its duly authorized representative(s).
- 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.


 NOEL T. LIPATA

 PPMU

 (Signature over Printed Name)
 Supplier

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.
Date:

2023-09-131

*Company Name: _____
 *Company Address: _____
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 *Contact No.: _____
 *PhilGEPS Reg. No.: _____

ITEM NO.	QTY.	UNIT	PURCHASER'S SPECIFICATIONS	Statement of Compliance and Bidder's Specifications (Please fill out the detailed specifications in the space provided and/or write "COMPLY" if able to deliver)	UNIT COST	TOTAL COST
1		LOT	HYGIENE KITS			
91		BAR	PURE WHITE BAR SOAP, anti-bacterial, 85-130 grams			
91		BOTTLE	SHAMPOO, FOR WOMEN, Size: atleast 320-340ml			
91		BOX	TOOTHPASTE, Anti-Cavity, Size: atleast 140-145ml			
91		PACK	COTTON BUDS, Plastic Stem, 200pcs/pack			
91		BOTTLE	ALCOHOL, Isopropyl, 70% solution, 500ml			
91		PIECE	TOOTHBRUSH, Medium Bristles for adult use			
91		BOX	VITAMIN C, Ascorbic Acid + Zinc, 500m, 30pcs/box			
1		PACK	BAGS, SANDO TYPE, Large, White, 100pcs/pack			
			REPACKING DETAILS:			
			To be delivered individually packed in Sando Bag			
			1 Bar Soap, 1 Shampoo, 1 Toothpaste, 1 Cotton Buds, 1 Alcohol, 1 Toothbrush, 1 Vitamin C			
			Total output = 91 Packs			
			Nothing follows			
			Approved Budget for the Contract: PhP 89,088.65			

Please do not leave any blank items.

TOTAL OFFERED QUOTATION / BID

In WORDS: _____ _____ _____	In FIGURES: PHP _____
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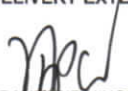

PURPOSE: PURCHASE OF HYGIENE KITS FOR THE USE OF COMPRE PROGRAM BENEFICIARIES

PR No. 2023-09-166

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.e. price, technical specifications and delivery date.) DSWD Field Office III implements a "NO MODIFICATION and NO DELIVERY EXTENSION POLICY"


RAYMOND VINCENT A. PANLILIO
 OIC Admin Division Chief
 Concurrent Procurement Section Chief 

 Supplier