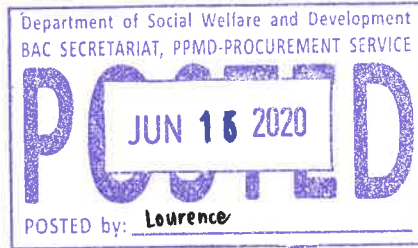


DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
IBP Road, Constitution Hills, Quezon City

REQUEST FOR QUOTATION

RFQ No. 20-0541 NP-SVP *Comense*
Date: June 10 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. If awarded, you will be required to submit a duly notarized Omnibus Sworn Statement, in accordance with the attached format (Annex B), together with the signed copy of the Purchase Order (PO) within three (3) days from the date the PO was served thru fax/email.

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 number **951-7116** or email to **quotations@dswd.gov.ph** not later than 4:00 P.M of 19 JUNE 2020. 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.
Supervising Administrative Officer
Procurement Planning & Management Division

Terms and Conditions:

- Award shall be made on per: Item Basis Total Quoted Price Lot Basis
- Quotation validity shall not be less than Sixty (60) calendar days from the deadline of submission of quotations
- Good/s shall be delivered within Please see Annex A
- Place of Delivery: DSWD-PS Warehouse, DSWD Central Office, IBP Road, Batasan Hills, Quezon City
- Terms of Payment: within 15-30 days upon complete submission 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."

MICHAEL H. MORADAS
Procurement Officer

Tel. Nos. 931-6139/ 931-8101 to 07 local 122/124

(Signature over Printed Name)
Supplier

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

NOTE: "Prospective supplier/service provider 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. **20-0541** NP-SVP
Date: June 10 2020

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

Lot No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications <small>(Please indicate the detailed specifications of the product/services being offered in the space provided below)</small>	Total Cost
	1	Lot	Maintenance Check-up of Aircon Replace compressor and other defective parts For Mitsubishi Adventure 2012 SKS - 335		
			Qualifications:		
			1. The kilometer check-up shall be conducted at an authorized service center of Mitsubishi		
			2. The authorized service center offers genuine parts in case of defective parts replacement		
			3. The service center is located within 15 kilometer drive from DSWD Central Office.		
			4. The authorized service center shall conduct and complete the services for each of the vehicle indicate above within thirty (30) calendar days from the day the vehicle is entrusted to the authorized service center		
			5. The authorized service center shall immediately release the vehicle on the day the services are completed, but not to exceed thirty (30) calendar days from the day the vehicle is entrusted to the authorized service center.		
			Approved Budget for the Contract: Php 85,000.00		
			Nothing follows		

PURPOSE : For Maintenance Check-up of (Mitsubishi Adventure 2012 SKS-335)Assigned to 4Ps

PR No. 01-20001-PR-2020-02-00055

IMPORTANT: The winning bidder **MUST** pick-up duplicate copy and SIGN the original copy of Purchase Order (P.O.) at DSWD-Central Office, Procurement and Supply Division within three (3) days from the date advance copy was served to thru fax. FAILURE to show up and sign the original P.O. means that the bidder is not interested and will be a ground for suspension/blacklisting in DSWD's future biddings.



MICHAEL H. MORADAS

Procurement Officer

Tel no. 931-6139 / 931-8101 to 07 local 122

(Signature over printed name)

Supplier

**Omnibus Sworn Statement
(For Partnership, Corporation, Cooperative and Joint Venture)**

Important Reminder: The Affiant in this Omnibus Sworn Statement should be the same person who signed the Purchase Order.

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF _____) S.S.

AFFIDAVIT

I, _____ (name of affiant), of legal age,
_____ (civil status), _____ (nationality) and residing at
_____ (address), after having been duly sworn in accordance with
law, do hereby depose and state that:

1. I am the duly authorized and designated representative of _____ (business name) with office address at _____ (business address);
2. I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid/proposal, and to sign and execute the ensuing contract for _____ (business name), for _____ (name of project) of the Department of Social Welfare and Development (DSWD), as shown in the attached proof of authorization;
3. _____ (business name) is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board;
4. Each of the documents submitted in satisfaction of the requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;
5. _____ (business name) is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;
6. None of the officers and members (for partnership or cooperative) or officers, directors and controlling stock holders (for corporation or joint venture) is not related to the Head of the Procuring Entity (HOPE), members of the Bids and Awards Committee (BAC), the Technical Working Group (TWG), and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;
7. _____ (business name) complies with existing labor laws and standards;
8. _____ (business name) is aware of and has undertaken the following responsibilities:

- a. Carefully examine all of the Request for Quotations;
 - b. Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract/Purchase Order;
 - c. Made an estimate of the facilities available and needed for the project, if any; and
 - d. Inquire or secure Supplemental/Bid Bulletin(s) issued for the _____
_____ (name of project).
9. _____ (business name) did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.

IN WITNESS WHEREOF, I have hereunto set my hand this ___ day of _____, 2016 at _____, Philippines.

(Authorized Representative/Signatory)

SUBSCRIBED AND SWORN to before me this ___ day of _____, 2017 at _____, Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her [insert type of government identification card used], with his/her photograph and signature appearing thereon, with no. _____ and his/her ID No. _____ issued on _____ at _____.

Witness my hand and seal this ___ day of _____, 2017.

NAME OF NOTARY PUBLIC

Serial No. of Commission _____
Notary Public for _____ until _____
Roll of Attorneys No. _____
PTR No. _____
IBP No. _____

Doc. No. _____
Page No. _____
Book No. _____
Series of _____