## Republic of the Philippines DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Cordillera Administrative Region 40 North Drive, Baguio City

| PR/PP            | REQUE       | ST FOR QUOTATION (RFQ) |             |  |
|------------------|-------------|------------------------|-------------|--|
| Vo.:             | 2023-01-024 | RFQ No.:               | 2023-01-029 |  |
| ind-<br>user:    | DRMD-RROS   | Date:                  | JAN 16 2023 |  |
| Name of Project: |             | ABC:                   | ₱900,000.00 |  |

## CATERING SERVICES FOR FOOD FOR RESPONDERS/VOLUNTEERS FOR DISASTER RESPONSE OPERATIONS-REGIONAL WAREHOUSE

| Mode of Procurement: | SMALL VALUE PROCUREMENT     |
|----------------------|-----------------------------|
| wode of Frocusement. | SIVIALL VALUE PROCOREIVIENT |

Sir/Madam:

ENRIQUEAT. GASCON JR.
BAC Champerson

## TERMS AND CONDITIONS:

- 1. Quotations in excess of the ABC will be REJECTED.
- 2. For total quoted price, quotations with a dash or zero shall be deemed free of charge.
- 3. All entries must be typewritten/printed/longhand. Any erasure in the quotation must be countersigned by the bidder/representative, otherwise quotation will be rejected.
- 4. The Procuring Entity may give due preference to goods being offered with green component.
- 5. If necessary, the BAC through the TWG, may require an occular inspection of the venue/place of business/goods being offered.
- 6. Delivery of Goods / Services is as indicated in the next page.
- 7. Price validity shall be for a period of 120 calendar days from RFQ Opening of the BAC until confirmation of Purchase Order by the winning supplier.
- 8. The following documents shall be attached upon submission of quotation, otherwise your quotation will not be accepted, please disregard if already submitted:
  - a. Updated Mayor's / Business Permit
  - b. PhilGEPS Registration Certificate or PhilGEPS Registration Number to be indicated in space below (except for
- o Income/Business Tax Return (for Small Value Procurement, Direct Contracting above P500K, Emergency Cases above P500K, and Lease of Real Property/Venue).
  - o Official Receipt issued by BIR (a mere picture of the receipt can suffice)
- 9. Where there is discrepancy between: (a) total price per item and unit price for the item as extended or multiplied by the quantity of that item, the unit price shall prevail; (b) stated total price and the actual sum of prices of component items, the lower shall prevail; (c) unit cost in the detailed estimate and unit cost in the bill of quantities, the latter shall prevail.
- 10. Suppliers/Contractors who refuse to accept correction of price offer after Bid Evaluation shall be disqualified.
- 11. Award of Contract shall be made to the Lowest Calculated Responsive Quotation (LCRQ) that complies to the technical specifications and the terms and conditions stated herein.
- 12. The BAC shall require the bidder with Lowest Calculated Responsive Quotation (LCRQ) to submit the Omnibus Sworn Statement prior to issuance of Award / Purchase Order with ABC amounting to P500,000.00 for Emergency Cases and P50,000.00 above for Small Value Procurement.
- 13. If the Supplier fails to deliver the required goods /services as specified in the Award / Purchase Order, the Procuring Entity may disqualify bidder from participating future procurement activities to be conducted by DSWD-CAR.
- 14. Liquidated damages equivalent to one tenth of one percent (0.001) of the value of the goods not delivered within the prescribed delivery period may be imposed per day of delay. The Procuring Entity (PE) may rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.
- 15. Further information may be obtained from the Procurement Section with telephone number (074) 661-0430 local 25025 or email address bacsec.car@dswd.gov.ph.

## Republic of the Philippines DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Cordillera Administrative Region 40 North Drive, Baguio City REQUEST FOR QUOTATION (RFQ)

| ITEM                            | DETAILED DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | QTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | UNIT                                  | UNIT PRICE                | TOTAL         |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------|---------------|
| NO.                             | CATERING SERVICES FOR FOOD FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                           |               |
|                                 | RESPONDERS/VOLUNTEERS FOR DISASTER RESPONSE OPERATIONS-REGIONAL WAREHOUSE                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                           |               |
|                                 | TENTATIVE DATE: JAN-DEC 2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                           |               |
|                                 | BREAKFAST/LUNCH/DINNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 300.00/serving                        |                           |               |
|                                 | AM/PM SNACKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 100.00/serving                        |                           |               |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T                                     | OTAL PRICE                |               |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COMPLIANCE                            |                           |               |
|                                 | OTHER REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                           | REMARKS       |
|                                 | Official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Can                                   | Cannot                    |               |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Comply                                | Comply                    |               |
|                                 | A. Food Station must be managed by restaurant crew or pers<br>and meals and snacks should be individually packed using<br>biodegradable packaging materials.                                                                                                                                                                                                                                                                                                                                                              | sonnel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | [ ]                                   | [ ]                       |               |
|                                 | B. AM and PM Snacks are preferably indigenous or heal snacks wit a glass of coconut water or natural fruit infus juice. If indicated Menu is not available, please attach propremenu with serving details to be concurred by the end-user Note:  a)creamer, sugar, and the like are preferred to be in a caniste than in sachet to comply with green procurement b)Portioning or serving of meals is based on standard and applicable food measurement (e.g. bowl of bilo-bilo or 2pcs suman with 1 slice of riped mango) | sed<br>osed<br>er rather                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | [ ]                                   | [ ]                       |               |
|                                 | C. Inclusive of free flowing coffee/lemon grass tea and mine water.                                                                                                                                                                                                                                                                                                                                                                                                                                                       | eral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | []                                    | []                        |               |
|                                 | D. Service Provider shall be in charge of the collection and of plastic/plates/containers/utensils.                                                                                                                                                                                                                                                                                                                                                                                                                       | disposal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | [ ]                                   | [ ]                       |               |
|                                 | E. The place of delivery of the goods/services is within LA TRINIDAD, BENGUET.                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | [ ]                                   | [ ]                       |               |
| 1000000 10                      | Service Provider must have Active Landbank Account for Pa<br>Purposes. For other banks, service charge will be deducted<br>payment on the account.                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | [ ]                                   | [ ]                       |               |
|                                 | PAYMENT SHALL BE MADE MONTHLY UPON RI  • Award shall be made per:                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 100 St. 100 St |                                       | ANDBANK OF THE P          | HILIPPINES    |
|                                 | IO GIFT ALLOWED . Pursuant to RA 6713, otherwise known a                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                           |               |
|                                 | ees. The DSWD reserves the right to reject any or all offers at                                                                                                                                                                                                                                                                                                                                                                                                                                                           | no costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | , waive any therein a                 | nd accept the offer mos   | t advantageou |
|                                 | overnment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                           |               |
| ir:                             | After having carefully read and accepted your terms and co                                                                                                                                                                                                                                                                                                                                                                                                                                                                | onditions,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | I / We submit our bid o               | on the item/s quoted abov | e.            |
|                                 | Signature of supplier/representative over print                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                           |               |
|                                 | Name of Firm/Dealer/Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ntractor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                           |               |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |                           |               |
| Name and Signature of Canvasser |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Email Addres:                         | 8 <del>-</del>            |               |
| 19                              | Phil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ontact Number/s:<br>istration Number: |                           |               |

