Republic of the Philippines DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Cordillera Administrative Region 40 North Drive, Baguio City

REQUEST FOR QUOTATION (RFQ)

		REGOESTION	
PR/PP		RFQ No.:	2024-06-657
	2024-06-440	Date:	JUN 26 2024
End-user:	SOCPEN	ABC:	₱104,440.00
Name of	Project:	TRANSPORTATION SERVICES FOR THE SOCIAL PENSION PROGRAM PA	YOUT TO INDIGENT SENIOR
		TO A NICHORTATION SERVICES FOR THE SOCIAL TENSION	

OUTSOURCING OF TRANSPORTATION SERVICES FOR THE

CITIZENS WITHIN THE CORDILLERAS- APAYAO Mode of Procurement: SMALL VALUE PROCUREMENT

Sir/Mada	am:			w you or your all	thorized rep	resentative,
	Please quote your lowest price on the item/s described below the Terms and Condition provided in this RFQ and submit personal the Terms and Condition provided in the Terms and Condition provided in this RFQ and submit personal the Terms and Condition provided in this RFQ and submit personal the Terms and Condition provided in this RFQ and submit personal the Terms and Condition provided in this RFQ and submit personal the Terms and Condition provided in this RFQ and submit personal the Terms and Condition provided in this RFQ and submit personal the Terms and Condition provided in this RFQ and submit personal the Terms and Condition provided in this RFQ and submit personal the Terms and Condition provided in this RFQ and submit personal the Terms and Condition provided in this RFQ and submit personal the Terms and Condition provided in this RFQ and submit personal the Terms and Condition provided in this RFQ and submit personal the Terms and Condition provided in this RFQ and submit personal the Terms and Condition provided in this RFQ and submit personal the Terms and Condition provided in this RFQ and submit personal the Terms and Condition provided in this RFQ and the Terms are the Terms and Condition provided in the Terms and Cond	inclusive of	taxes duly signed to Office of the Procur	rement Section, 4	0 North Driv	re, Baguio City
subject to	the Terms and Condition provided in this RFQ and submit perso	0 1 7074	,12:00 NN.		1	4/

subje or through email at bacsec.car@dswd.gov.ph on or before _ JUL 11 1 2024

TERMS AND CONDITIONS:

- 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 or Invoice (as applicable) 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. Upon approval of the Purchase Order (PO), the Procurement Section shall send or forward the approved PO for confirmation to the winning bidder. The approved PO shall be confirmed within three (3) calendar days upon sending the approved PO to the winning bidder's officially registered email address or upon notification of the winning bidder that the approved Purchase Order is available for confirmation. Failure to submit the confirmed PO within the 3-day period shall cause the automatic cancellation of the PO.
- 14. 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.
- 15. 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.
- 16. Further information may be obtained from the Procurement Section with telephone number (074) 661-0430 local 25123 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		
TOTALION !	(DEO)	

M	DETAILED DESCRIPTION	QTY	UNIT	UN	IT PRICE	TOTAL
	THE SOCIAL PENSION PROGRAM PAYOUT TO INDIGENT SENIOR					
	BAGUIO TO APAYAO (various Municipalities) vice versa Tentative Date: July 7-13,2024 July 21-27,2024 Required Vehicle: VAN/ SUV, At least fifteen (15) seater for the van and at least five (5) seater for the SUV,1 unit	14	day			
				1	OTAL PRICE	
			PARTIES.	COMPLIA	NCE	
	OTHER REQUIREMENTS			an nply	Cannot Comply	REMARKS
	and up		[]	[]	
	Preferably vehicle year model must be at least 2017 and up		[]	[]	
	Fully air conditioned/ordinary Attach up to date OR, CR, Driver's License, Certificate of Public Co	nvenience	1	1	[]	
	for 1 vehicle			1	[]	
	Fuel, food and lodging of the drivers will be handled by the service	provider		. 1		
	Schedule of travel and destination can be moved/changed and sha coordinated with the supplier 1 or 2 days before the travel date at a time during emergencies/disaster wherin immediate need of the ve	ll be ny given		[]	[]	
	observed Drivers should be well familiar with road terms			[]	[]	
	Service Vehicles must be regularly sanitized/ disinfected before an travel with ready available alcohol or sanitizer. Should maintain phy distancing and ensure that the driver and passengers wear face m throughout the travel	Sibui		[]	[]	
	Service provider must ensure to provide vehicle that is in good corfully equipped with basic tools, spare tires and fire extinguisher.	ndition and		[]	[]	
	With permit to travel to any point of Luzon			[]		
	Availability of First Aid Kit with the necessary medical paraphernali accessories for each vehicle	a and		[]	[]	
	Charges will be based on the actual days of travel			[]	[]	
	One day is equivalent to 24 hours			[]	[]	
	Place of travel is not limited to only one destination for 1 day			[]	[]	
	Service Provider must have Active Landbank Account for Paymen For other banks, service charge will be deducted upon payment or	t Purposes.		[]	[]	
	PAYMENT SHALL BE MADE T					
	 Award shall be made per: 	Item Bas	sis	x Lot l	Basis	

d on the item/s quoted above.	After having carefully read and accepted your terms and conditions, I / We submit our
	Name of Firm/Dealer/Contractor:
	Office Address:
	Owner's/Proprietor/President's Name and Signature:
	Contact Number/s:
	Email Address:
	For Authorized Representative, kindly indicate the following:
	Name and Signature:
ımber/s:	Contact
Number:	PhilGEPS Registration

