

REQUEST FOR QUOTATION (RFQ)

PR/PP No.: 2024-09-656

RFQ No.: 2024-09-946

End-user: CIS

Date: SEP 30 2024

ABC: ₱82,932.00

Name of Project: PURCHASE AND DELIVERY OF OFFICE SUPPLIES FOR AKAP TO BE USED DURING OFFSITE AND ONSITE PAY OUTS

(SHOPPING)

Mode of Procurement: SHOPPING

Sir/Madam:

Please quote your lowest price on the item/s described below inclusive of taxes duly signed by you or your authorized representative, subject to the Terms and Condition provided in this RFQ and submit personally to the Office of the Procurement Section, 40 North Drive, Baguio City or through email at bacsec.car@dswd.gov.ph on or before OCT 04 2024, 12:00 NN.

RINA CLAIRE L. REYES
BAC Chairperson

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 ocular 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 may 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 may 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

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ITEM NO.	DETAILED DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL
1	PURCHASE AND DELIVERY OF OFFICE SUPPLIES FOR AKAP TO BE USED DURING OFFSITE AND ONSITE PAY OUTS (SHOPPING)				
	Folder, Tagboard, A4 brown	1000	piece		
	Stapler, Standard type	100	piece		
	Stamp pad, felt pad, min 60mm x 100mm	100	pad		
	Fastener, metal, 50 sets per box	100	box		
	Staple remover, plier type	200	piece		
	Tape, transparent, 24mm	500	roll		
	Tape, transparent, 48mm	500	roll		
	Note pad, stick note, 50mm x 76mm (2" x 3") 100 sheet per pad	500	pad		

TOTAL PRICE

OTHER REQUIREMENTS	COMPLIANCE		REMARKS
	Can Comply	Cannot Comply	
Delivery of Goods is within 10 calendar days after receipt of Purchase Order. Delivery place at DSWD FO CAR, #40 NORTH Drive, Baguio City . If the last day of delivery falls on Saturday/Sunday/Holiday, the delivery of goods can be moved to the next working day.	[]	[]	
Service Provider must have Active Landbank Account for Payment Purposes. For other banks, service charge will be deducted upon payment on the account.	[]	[]	

PAYMENT SHALL BE MADE THRU LANDBANK OF THE PHILIPPINES

- Award shall be made per: Item Basis x Lot Basis

*Note: **NO GIFT ALLOWED**. Pursuant to RA 6713, otherwise known as the Code of Conduct and Ethical Standards for Public Officials and Employees. The DSWD reserves the right to reject any or all offers at no costs, waive any therein and accept the offer most advantageous to the government.*

Sir: After having carefully read and accepted your terms and conditions, I / We submit our bid on the item/s quoted above.

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: _____

Contact Number/s: _____

PhilGEPS Registration Number: _____

 Name and Signature of Conasser

