

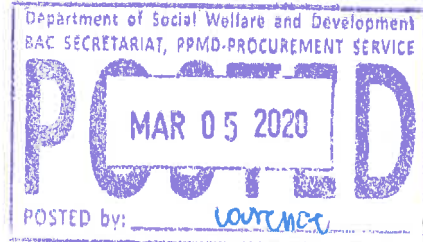
Lawrence

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

REQUEST FOR QUOTATION

RFQ No. 20-0217 NP-SV
Date: March 4, 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 payment, 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 of the P.O 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 numbers **951-7116** or email to **quotations@dswd.gov.ph** not later than 5:00 P.M. of MAR 09 2020. Quotations submitted to different fax number(s) or email address(es) as stated above shall not be considered for evaluation.

Very truly yours,

Karina Antonette A. Agudo
ATTY. KARINA ANTONETTE A. AGUDO
Officer-In-Charge Director, PMS
and Concurrent Division Chief PPMD

Terms and Conditions:

1. Award shall be made on per: Item Basis Total Quoted Price Lot Basis
2. Quotation validity shall be Thirty (30) days.
3. Good/s shall be delivered within Please see Annex A.
4. Place of Delivery: Please see Annex A.
5. 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 : _____
Bank Name : _____ Branch : _____
***Note: Non Land Bank of the Philippines accounts shall be charged a service fee.**
6. 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.
7. For goods, please indicate brand, model and country of origin.
8. In case of discrepancy between unit cost and total cost, unit cost shall prevail.
9. Please indicate Warranty: _____
10. In case of a tie, the contract shall be awarded to the supplier or service provider who first submitted its quotation.
11. **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 C. Montoro
MICHAEL C. MONTORO
Procurement Officer

(Signature over Printed Name)
Supplier

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

RFQ No.: **20-0217 NP-SV**
 Date: **04 MARCH 2020**

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

Unit Cost	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications (Please indicate the detailed specification in the space provided or write "COMPLETELY" if your hotel is compliant to the details)	Quantity	Unit Cost	Total Cost
7,500.00	10	Piece	10 Pieces, 3SMF battery				
400.00	96	Liter	96 Liters, Hydraulic oil				
800.00	8	Piece	8 Pieces, Air filter (Toyota forklift)				
800.00	2	Piece	2 Pieces, Air filter (komatsu)				
800.00	2	Piece	2 Pieces, Air filter (Maximal)				
1,500.00	4	Piece	4 Pieces, Air filter (Isuzu truck))				
APPROVED BUDGET FOR THE CONTRACT (ABC): PHP 405,960.00							
DELIVERY PERIOD AND SITE							
Five (5) Working Days upon receipt of Purchase Order							
National Resource & Logistics Management Bureau (NRLMB)							
Chapel Road Corner Ninoy Aquino International Airport Avenue, Pasay City							
x-x-x page 2 of 2 x-x-x							

PURPOSE : Supply and Delivery of Oils and Spare Parts for Replacement of Truck and Forklift of the NRLMB
PR No: 01-20001-PR-2020-01-00163

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 MONTORO
 Procurement Officer

Tel no. 951-7116 / Fax No. 931-6139

 (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) issue: 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 _____

Omnibus Sworn Statement (For Sole Proprietorship)

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 sole proprietor or authorized representative of _____ (business name) with office address at _____ (business address);
2. As the owner and sole proprietor, or authorized representative of _____ (business name), I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid/proposals, and to sign and execute the ensuing contract/purchase order for _____ (name of project) of the Department of Social Welfare and Development (DSWD);
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. The owner or sole proprietor 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 _____