

**REQUEST FOR QUOTATION**

**Section 53.9b - SVP - Goods**

RFQ NO. 07 - 1055  
DATE: 19-Jul-2024

COMPANY NAME :  
COMPANY ADDRESS :  
CONTACT PERSON :  
CONTACT NO. :  
COMPANY TIN :

*NHTC-PR-2024-07-01055*  
**POSTED**  
GEPS REF. No. 11068594  
DATE: 7/19/2024  
SIGNATURE: *[Signature]*

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 **TECHNICAL SPECIFICATIONS** could be basis for non-compliance. Also, furnish us with the 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.

Please submit this form together with Annex A to **DSWD FO IX BAC OFFICE** on or before

July 23, 2024 @ 5:00 pm.

Very truly yours,

*[Signature]*  
**Rolando V. Cueva**

Regional Procurement Officer

Terms and Conditions:

- |  |   |   |
|--|---|---|
| <b>PURPOSE</b>   | : | <b>HAFs for the 3rd Round Special Assessment</b>                                  |
| <b>PR NUMBER</b>   | : | <b>2024 - 07 - 1055</b>   |
| 1. Award shall be made on per  | : | <input type="checkbox"/> Item Basis <input checked="" type="checkbox"/> Lot Basis |
| 2. Quotation validity  | : | <b>30 CALENDAR DAYS FROM BID OPENING</b>  |
| 3. Goods shall be delivered on   | : | <b>10 calendar days upon receipt of approved NTP</b>                              |
| 4. Delivery Area   | : | <b>DSWD FO IX ZAMBOANGA CITY</b>  |
| 5. Terms of payment  | : | <b>W/ IN 60 CALENDAR DAYS AFTER DELIVERY</b>                                      |
| 6. Liquidated Damages/Penalty  | : | <b>1/10 of 1% of undelivered portion x No. of days of delay</b>                   |
| 7. In case of discrepancy between unit cost and total cost, unit cost shall prevail. | : |   |
| 8. Warranty  | : | <u>N/A</u>  |
| 9. Performance Security  | : | <u>N/A</u>  |
- Please email your accomplished request for quotation and annex a at [bacrfq.dswdfo9@gmail.com](mailto:bacrfq.dswdfo9@gmail.com)**

(signature over printed name)

Supplier

PHILGEPS NO.: \_\_\_\_\_

PHILGEPS EXPIRY: \_\_\_\_\_



*[Handwritten notes and signatures]*

COMPANY NAME :  
COMPANY ADDRESS :  
CONTACT PERSON :  
CONTACT NO. :

ITEM NO.	QTY.	UNIT	PURCHASER'S SPECIFICATIONS	TOTAL ABC	BIDDER'S SPECIFICATIONS	UNIT COST	TOTAL COST
1	20,000.00	PCS	HOUSEHOLD ASSESSMENT FORMS (HAF)	<b>200,000.00</b>			
2	20,000.00	PCS	HOUSEHOLD ASSESSMENT LOGS				

PURPOSE : HAFs for the 3rd Round Special Assessment  
PR. NO. : 2024 - 07 - 1055

(SIGNATURE OVER PRINTED NAME)

SUPPLIER

\_\_\_\_\_  
CANVASSER

**DOCUMENTS REQUIRED DURING RFQ OPENING:**

1. Mayor's Permit
2. Philgeps Registration Number
3. Income/Business Tax Return for ABC's Above 500k

**DOCUMENT/S REQUIRED BEFORE ISSUANCE OF NOTICE OF AWARD:**

1. Omnibus Sworn Statement for ABC's Above 500k

