

Republic of the Philippines
Department of National Defense
OFFICE OF CIVIL DEFENSE
Camp General Emilio Aguinaldo, Quezon City

REQUEST FOR QUOTATION (RFQ) No. AFMS-0319-002

Company Name : _____
Address : _____
PhilGEPS Registration No. : _____

The Office of Civil Defense (OCD), through its Bids and Awards Committee (BAC), will undertake an **Alternative Method of Procurement through Negotiated Procurement** in accordance with **Section 53.9 Small Value Procurement** of the Revised Implementing Rules and Regulations of Republic Act. No. 9184.

The OCD hereinafter referred to as "the Purchaser", now requests submission of a price quotation for the subject below:

Name of Project	: Provision of Meals for OCD Observance of Women's Month CY 2019
Delivery Location:	: OCD, Camp General Emilio Aguinaldo, Quezon City
Delivery Date:	: 27 March to 01 April 2019
Brief Description	: Provision of packed meals for various Women's Month related activities of OCD.
Terms of Payment	: Send Bill Policy
ABC (Approved Budget for the Contract)	: PHP 72,000.00
Fund Source	: GAD APB CY 2019

Award of contract shall be made to the bidder with the lowest quotation for the subject goods which comply with the minimum technical specifications and other terms and conditions stated herein. **All bids higher than ABC shall automatically be disqualified.**

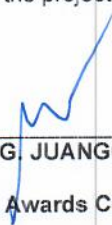
Prospective bidders shall accomplish and submit the duly signed "**Annex A (Technical Specifications) & Annex "B" Price Quotation Form (PQF) (under prescribed form). Non-submission shall automatically be disqualified.** Submission of sealed quotation is not later than **9:00 AM on 25 March 2019**, at the OCD BAC Secretariat Office, 2nd Floor, OCD Annex Building, Camp General Emilio Aguinaldo, Quezon City. Submit your **sealed quotation (indicate the project name)** duly signed by your authorized representative. For any clarifications, you may contact the **BAC Secretariat Office** at telephone no. **(02) 912-2964** or email address at **bacsec.oed@gmail.com**. **Use of forms other than the attached OCD prescribed format is not acceptable.**

Interested supplier/service provider is required to submit the following documents:

1. Valid/Current Mayor's Permit/Business Permit (or application for renewal with corresponding receipt)
2. PhilGEPS Registration Number
3. Latest Income and Business Tax Return
4. Notarized Omnibus Sworn Statement

Any alterations, erasures, or overwriting shall be valid only if they are signed or initialed by the bidder or his/her duly authorized representative. The penalty for late deliveries is one tenth (1/10) of one (1) percent of the cost of the unperformed portion for everyday of delay. The maximum deduction shall be ten percent (10%) of the contract price. Once the cumulative amount of liquidated damage reaches ten percent (10%) of the contract price, the procuring entity shall rescind the contract without prejudice to other courses of action and remedies open to it.

The OCD reserves the right to accept or reject any or all bids, waive any defect or informality therein, accept the bid and award the contract to the most advantageous offer, for and in behalf of the project.



DIR. SUSANA G. JUANGCO
Chairperson
OCD Bids and Awards Committee

ANNEX "A"
Technical Specifications

Provision of Meals for OCD Observance of Women's Month CY 2019

Bidders must state either "**Comply**" or "**Not Comply**" or any equivalent term in the column "Statement of Compliance" against each of the individual parameters of each "Specification."

Legend: *MANDATORY REQUIREMENTS. Failure to comply with any of the mandatory requirements will disqualify your quotation.

Item No.	Agency Specifications	Statement of Compliance
I.	<p>27 MARCH 2019 (150 PAX)</p> <p>Breakfast Meals for Advocacy Run</p> <ul style="list-style-type: none"> • Fried rice, egg, choice of longganisa, tapa or corned beef, and bottled water. • Packed meals. <p>Snacks for OCD Fun Shoot</p> <ul style="list-style-type: none"> • Pasta with bread. • Bottled water. 	
II.	<p>28 – 29 MARCH 2019 (40 PAX PER DAY)</p> <p>AM Snacks</p> <ul style="list-style-type: none"> • Sandwich • Bottled Juice <p>Lunch</p> <ul style="list-style-type: none"> • Rice, 2 Viands, 1 Dessert • Bottled Juice <p>PM Snacks</p> <ul style="list-style-type: none"> • Pasta with bread • Bottled Juice 	
III.	<p>01 APRIL 2019 (100 PAX)</p> <p>Snacks for OCD Fun Shoot Awarding</p> <ul style="list-style-type: none"> • Pasta with bread. • Bottled water. 	
IV.	Delivery Area: OCD, Camp General Emilio Aguinaldo, Quezon City	
V.	Proper packaging using non styrofoam-based materials.	
VI.	Send-Bill Policy Applies	

I hereby certify to comply and deliver all the above requirements.

Company Name : _____
 Address : _____
AUTHORIZED REPRESENTATIVE
 Signature : _____
 Complete Name : _____
 Date : _____



ANNEX "B"
Price Quotation Form

The Bids and Awards Committee
OFFICE OF CIVIL DEFENSE
Camp Gen. Emilio Aguinaldo, Quezon City

Sir/Madam:

1. After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder are our financial proposal for the items identified below:

ARTICLE AND DESCRIPTIONS	Quantity	Unit Cost	Total Cost
PROVISION OF MEALS FOR OCD OBSERVANCE OF WOMEN'S MONTH CY 2019			
27 MARCH 2019 (150 PAX)			
• Breakfast Meals for Advocacy Run	150 pax	PHP	PHP
• Snacks for OCD Fun Shoot	150 pax	PHP	PHP
28 – 29 MARCH 2019 (40 PAX PER DAY)			
• AM Snacks	40 pax x 2 days	PHP	PHP
• Lunch	40 pax x 2 days	PHP	PHP
• PM Snacks	40 pax x 2 days	PHP	PHP
01 APRIL 2019 (100 PAX)			
• Snacks for OCD Fun Shoot Awarding	100 pax	PHP	PHP
TOTAL COST		PHP	PHP

AMOUNT IN WORDS: _____

Note: The above quoted prices are VAT Inclusive.

- We undertake, if our Quotation or bid is accepted, to deliver the above goods within seven (7) calendar days from receipt of Contract.
- We agree to abide by the Quotation/bid for a period of sixty (60) days after the dated deadline of submission specified in your RFQ.
- We understand that payment for items will be made to the winning supplier after the inspection and acceptance of good(s) delivered.
- The above-quoted price is inclusive of all costs and applicable taxes.

Company Name : _____
 Address : _____
 Office Tel. No. & Mobile No. : _____
 Email Address : _____

AUTHORIZED REPRESENTATIVE

Signature : _____
 Date : _____