



Republic of the Philippines
Department Of National Defense
OFFICE OF CIVIL DEFENSE
In Bangsamoro Autonomous Region in Muslim Mindanao
Camp BGeneral Gonzalo H Siongco, Awang, Datu Odin Sinsuat, Maguindanao

REQUEST FOR QUOTATION (RFQ) No. 176-2019

Company Name : _____
Address : _____
PhilGEPS Cert. # : _____

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 53.10 Lease of venue including meals** 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 Activity	DRRM SUMMIT AND RESILIENCE FORUM ON AUGUST 6, 2019
Brief Description	Provision of Meals and Accommodation
Terms of payment	<u>Send bill policy as payment for services</u>
ABC (Approved Budget for the Contract)	Php 21,600.00
Fund Source	APB 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.**

Proponent must submit, together with its quotation “**Annex A (Technical Specifications) & Annex B (Price Quotation Form)**” (under prescribed form) **non-submission shall automatically be disqualified** not later than **08:00AM on July 18, 2019** at Camp GH Siongco, Awang, Datu Odin Sinsuat, Maguindanao. Submit your quotation duly signed by your authorized representative. For any clarifications, you may contact us at Telephone Nos. **(064)431-0001 and (064)421-1535** or email at **ocdarmm.main@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:


- a. Platinum PhilGEPS Registration only with valid and current annexes

While for Red Membership:

1. Valid and current Mayor’s Permit/Business Permit
2. PhilGEPS Registration Number
3. Latest Income and Business Tax Return
4. 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-BARMM 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.


RAYLIN DO S ANIÑON

Regional Director

Received by:

(Signature above Printed Name)

(Date and Time of Receipt)

*Kindly fill-out and send back this letter to sender

ANNEX "A"

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"

ITEM No.	Specification	Unit/s	Statement of Compliance
Lot	<p>Meals and Accommodations for RP and Secretariat:</p> <ul style="list-style-type: none"> • Rooms for 12 pax • Check in date and time: • RP and Secretariat: 22 April 2019 at 2 pm with dinner • Check out date and time: • RP and Secretariat: 23 April 2019 at 12nn <p>Room type:</p> <p>Double or Triple sharing</p> <ul style="list-style-type: none"> • b. Others: • Must accept send bill policy • Room rates inclusive breakfast • Room must be air conditioned and well ventilated • Fully furnished, TV with cable, clean toilet with toiletries such as shampoo, conditioner, tissue paper, soap, tooth brush, tooth paste and bath towel • With hot and cold shower • Hotel must have fire exit and fire extinguisher • Bed sheet, pillow case and towel must be replace daily • Rooms must be well lighten (day and night) <p>Daily routine for cleaning rooms and venue for training like removal of garbage daily</p>	12 pax	

I hereby commit to comply with all the above requirements.

Company Name : _____
 Address : _____

AUTHORIZED REPRESENTATIVE

Signature : _____
 Complete Name : _____
 Date : _____

ANNEX "B"
PRICE QUOTATION FORM

Regional Director
Office of Civil Defense-BARMM
Camp GH Siongco, Awang,
Datu Odin Sinsuat, Maguindanao

Sir/Madam:

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

Item	No. of Unit	Unit cost	Total Price
<p>Meals and Accommodations for RP and Secretariat:</p> <ul style="list-style-type: none"> • Rooms for 12 pax • Check in date and time: • RP and Secretariat: 22 April 2019 at 2 pm with dinner • Check out date and time: • RP and Secretariat: 23 April 2019 at 12nn • Room type: <li style="padding-left: 20px;">Double or Triple sharing • b. Others: • Must accept send bill policy • Room rates inclusive breakfast • Room must be air conditioned and well ventilated • Fully furnished, TV with cable, clean toilet with toiletries such as shampoo, conditioner, tissue paper, soap, tooth brush, tooth paste and bath towel • With hot and cold shower • Hotel must have fire exit and fire extinguisher • Bed sheet, pillow case and towel must be replace daily • Rooms must be well lighten (day and night) <p>Daily routine for cleaning rooms and venue for training like removal of garbage daily</p>	12 pax		

TOTAL OFFERED QUOTATION Php _____

AMOUNT IN WORDS: _____

Note: The above quoted prices are VAT Inclusive

1. We undertake, if our quotation or bid is accepted, to deliver the above goods from receipt of Work Order (WO)/Purchase Order (PO).
2. 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.
3. We understand that payment for items will be made to the winning supplier after the inspection and acceptance of good(s) delivered.
4. 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 : _____