

Republic of the Philippines
Department of National Defense
OFFICE OF CIVIL DEFENSE
Regional Office 3, Diosdado Macapagal Government Center, Maimpis,
City of San Fernando, Pampanga

REQUEST FOR QUOTATION (RFQ) No. OCDROIII-2020- 02-005

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 53.10 Lease of Real Property or Venue** 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 Hotel/Venue/Accommodation Services for 3 Day Community-Based DRRM Training in Region 3
Location	: Preferably in City of San Fernando/Angeles City/Clark in Pampanga
Date of Event	: 17-20 March 2020 (including day 0)
Number of Participants	: 46 Pax(40 Participants, 6 Resource Speaker and Secretariat)
Brief Description	: Lease of Hotel/Venue/Accommodation Services for Participants, Resource Persons, Facilitators and Secretariat
Terms of Payment	: Hotel Must Accept a SEND BILL POLICY in the payment of services.
ABC (Approved Budget for the Contract)	: Php254,160.00
Fund Source	: OCDRO III APB CY 2020--DRRM FUND

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 **5PM on February 28, 2020**, at the Office of Civil Defense Regional Office 3, Diosdado Macapagal Government Center, Maimpis, City of San Fernando, Pampanga. Submit your **SEALED QUOTATION (indicate the project name)** duly signed by your authorized representative. For any clarifications, you may contact the BAC Secretariat at telephone nos. **(045) 455-1526 / +639234161559** or email address at **ocdregion3.procurement@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(For Above Php. 500,000.00)

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 MARIA THERESA R ESCOLANO, MNSA
Regional Director, OCD RO III

ANNEX "A"
Technical Specifications

**Provision of Hotel/Venue/Accommodation Services for 4 Day Public Service Continuity Plan
Training Course in Region 3**

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>Provision of Hotel/Venue/Accommodation for the conduct of: Name of Event: 3 Day Community-Based DRRM Training in Region 3 Location: Preferably in City of San Fernando/Angeles City/Clark in Pampanga Date/Time: 17-20 March 2020 (including day 0)</p> <table border="1" data-bbox="244 566 1265 891"> <thead> <tr> <th colspan="7">ROOM ACCOMMODATION REQUIREMENTS</th> </tr> <tr> <th>No. of Pax</th> <th>Room Requirement</th> <th>No. of Rooms</th> <th>Check-in date/ time</th> <th>Check-out date/time</th> <th>No. of Night</th> <th>Remarks</th> </tr> </thead> <tbody> <tr> <td>6</td> <td>Twin-sharing</td> <td>3</td> <td>17 March 2020, 2PM</td> <td>18 March 2020, 12NN</td> <td>1</td> <td>Resource Speaker/ Secretariat</td> </tr> <tr> <td>46</td> <td>Twin-sharing</td> <td>23</td> <td>18 March 2020, 2PM</td> <td>20 March 2020, 12NN</td> <td>2</td> <td>Resource Speaker/ Secretariat/ Participants</td> </tr> <tr> <td>46</td> <td colspan="5" style="text-align: center;">Total</td> <td></td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Must have hot and cold water line/water heater • Must replenish toiletries and towels everyday • PREFERABLY has TV set, refrigerator and coffee percolator in the room • PREFERABLY has bidet and hair blower <table border="1" data-bbox="244 1059 1265 1093"> <thead> <tr> <th colspan="1">CONFERENCE ROOM/ FUNCTION HALL</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> • Air-conditioned Function room to comfortably house 46 pax • Function room set up a day before event • Room set-up type: CLUSTER TYPE • No posts/columns that will obstruct the line of sight of participants • Must provide AV equipment such as LCD projector per room, flat screen/projector screen, sound system, with at least five (5) Microphones • Whiteboard with markers and erasers </td> </tr> </tbody> </table> <table border="1" data-bbox="244 1301 1265 1955"> <thead> <tr> <th colspan="5">MEALS/ RESTAURANT SERVICES</th> </tr> <tr> <th>No. of Pax</th> 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II.	<p>Other Requirements:</p> <ul style="list-style-type: none"> • Hotel/Venue must be located preferably in City of San Fernando/Angeles City/Clark in Pampanga 																																																																																			

	<ul style="list-style-type: none"> • Must be in business for at least two (2) years • Must have provisions for the elderly, PWDs, pregnant women and children • Must provide at least 10 guaranteed freeparking space for participants/facilitators • Must be located near hospital (within 5 km radius) • Must have internet connection at least 4GB, 30 mbps in the rooms and assigned function areas of the hotel • Hotel must allow flexibility on dietary requirements of guests with special meal requirements 	
III.	Payment: Must accept Send Bill Policy as payment for services	

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 RO III

Diosdado Macapagal Government Center, Maimpis, City of San Fernando, Pampanga.

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	Cost per pax	Total Price
Provision of Hotel/Venue/Accommodation Services for 3 Day Community-Based DRRM Training in Region 3	1 Lot	PHP	PHP
TOTAL PRICE		PHP	PHP

AMOUNT IN WORDS: _____

Note: The above quoted prices are VAT Inclusive

2. We undertake, if our Quotation or bid is accepted, to deliver the above goods within seven (7) calendar days from receipt of Contract.
3. 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.
4. We understand that payment for items will be made to the winning supplier after the inspection and acceptance of good(s) delivered.
5. 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 : _____