# Republic of the Philippines Department of National Defense OFFICE OF CIVIL DEFENSE

Camp General Emilio Aguinaldo, Quezon City

### REQUEST FOR QUOTATION (RFQ) No. PDPS-1119-003

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 and 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:

00:0111	
Name of Project	Provision of hotel/venue/accommodation for the conduct of Senior Leaders' Conference (SLC) for 2 <sup>nd</sup> Semester FY-2019
Location	: Within Quezon City
Date	: 11 to 14 December 2019
Brief Description	Venue, meals and accommodation, Twin-sharing rooms are Single Rooms, and Must be classified/registered by PTA, DTI of DOT
Terms of Payment	: Send Bill Policy
ABC (Approved Budget for the Contract)	: PhP 625,600.00
Fund Source	: PDPS 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 5:00 PM on 18 November 2019, at the OCD BAC Secretariat Office, 2<sup>nd</sup> Floor, OCD Annex Building, Camp General Emilio Aguinaldo, QuezonCity. Submit your sealed quotation (indicate the project name) duly signed by your authorized representative. For any clarifications, you may contact the BAC Secretariat Officeat telephone no.(02) 912-2964 or email address atbacsec.ocd@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:

- Valid/Current Mayor's Permit/Business Permit
- 2. PhilGEPS Registration Number
- 3. Latest Income and Business Tax Return

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, RN, MPH

Chairperson

OCD Bids and Awards Committee

### ANNEX "A" **Technical Specifications**

## Provision of hotel/venue/accommodation for the conduct of Senior Leaders' Conference (SLC) for 2<sup>nd</sup> Semester FY-2019

Bidders must state either <u>"Comply" or "Not Comply"</u>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.

em No.				Agency Sp	ecifications			Statement of Compliance
	Nam Loca Venu Inclu	e of Event: Seniction: Quezon Ciue: At least 4 starsive Date:11 to 1 m Accommodat	or Leaders' Con ty Hotel 4 December 2	nference (S			′-2019	Compilation
	No. of Pax	Room	No. of	Check-in date/time	Check-out date/time	No. of Nights	Remarks	
	14	Twin-sharing in separate beds	7	11 December 2019, 12NN	14 December 2019, 12NN	3	Participants Secretariat	
	26	Single Rooms	26	11 December 2019, 12NN	14 December 2019, 12NN	3	Directors and Other Officials	
	40				Total			
1.		<ul> <li>Function roo</li> <li>Function roo</li> <li>No posts/co</li> <li>Must provid system, with</li> <li>Whiteboard</li> </ul>	om set-up type lumns that will e AV equipmer at least three with markers a g coffee/tea and hall	dule: From "classroom obstruct the nt such as L (3) microph and erasers	12 to 13 Decem " e line of sight of CD projector, flances	participa at screer	9 at 8:00 AM to 9:00 PM ants n/projector screen, sound e duration of activity at	
	No. Pa		Serving Arrangeme nt	Inclusive Date	Menu	1	Other Requirements	
	40	Dinner	Management buffet	11-Dec- 2019	Choice of veg fish/chicken a with dessert p fruits in seasor bevera	and beet referably n and on	-	
	40	Compliment ary breakfast	-	12-14 Dec. 2019	-			
	44	AM Snacks	Plated	12-13 Dec.	Choices of delicacies and	d pastrie	s	

with one beverage

2019

		Lunch	Management buffet	12-13 Dec. 2019	Choice of vegetables, fish/chicken and beef with dessert preferably fruits in season and one beverage		
	44	PM Snacks	Plated	12-13 Dec. 2019	Choice of pasta, noodles, pastry with one beverage		
		Dinner	Management buffet	12-13 Dec. 2019	Choice of vegetables, fish/chicken and beef with dessert preferably fruits in season and one beverage		
	46	Fellowship Dinner	Cocktail	12 Dec. 2019	Cocktails Menu		
	Other Requirements:  Hotel must be located within Quezon City Must be classified/registered by PTA, DTI or DOT Hotel must be in business for at least two (2) years Must have provisions for the elderly, PWDs, pregnant women and children Must provide free 10 parking space for participants/facilitators vehicles Must have hot and cold water line/water heater Must replenish toiletries and towels everyday Must have security and medical personnel present during the whole duration of the activity Must provide pencil/ball-pen, stationaries, and cadies PREFERABLY has TV set, refrigerator and coffee maker in the room PREFERABLY has bidet and hair blower						
II.	•	Hotel must Must have Must have Must reple Must have duration of Must proving PREFERA	t be in busined provisions for the activity ide pencil/backBLY has bid	ess for at or the eld arking sp d water lin s and tow I medical II-pen, sta set, refri et and ha	least two (2) years lerly, PWDs, pregnant wace for participants/faciline/water heater vels everyday personnel present during ationaries, and cadies gerator and coffee make	itators vehicles  ng the whole  er in the room	
П.	•	Hotel must Must have Must have Must repleted Must have duration of Must proving PREFERATION of "funeration".	t be in busine provisions for the activity ide pencil/basely has TV ABLY has bid al parlor" and	ess for at or the eld arking sp d water lin s and tov I medical II-pen, sta set, refri et and ha redlight	least two (2) years lerly, PWDs, pregnant wace for participants/faciline/water heater wels everyday personnel present during ationaries, and cadies gerator and coffee make air blower	itators vehicles  ing the whole  er in the room  s from the venue	

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	Total Price
Provision of hotel/venue/accommodation for the conduct of Senior Leaders' Conference (SLC) for 2 <sup>nd</sup> Semester FY-2019	Lot 1	PHP
	TOTAL PRICE	PHP

Conference (SLC) for 2 <sup>nd</sup> Semes	ter FY-2019
	TOTAL PRICE PHP
AMOUNT IN WORDS:	
Note: The above quoted prices are VAT I	Inclusive.
submission specified in your RF  3. We understand that payment for acceptance of good(s) delivered	or items will be made to the winning supplier after the inspection and
Company Name	:
Address	:
Office Tel. No. & Mobile No.	3
Email Address	:
AUTHORIZED REPRESENTATIVE	
Signature	:
Date	: