

Republic of the Philippines
Department of National Defense
OFFICE OF CIVIL DEFENSE
Camp General Martin Teofilo B. Delgado, Fort San Pedro, Iloilo City

REQUEST FOR QUOTATION (RFQ) No. 2020-0217-001

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 accommodation and meals in the conduct of Post-Disaster Needs Assessment (PDNA) for Typhoon Ursula-Affected Provinces in Western Visayas
Location	: Within the Province of Capiz
Date of Event	: 27 -29 February 2020
Brief Description	: Meals and Accommodation Twin sharing rooms
Terms of Payment	: Send Bill Policy
ABC (Approved Budget for the Contract)	: Total: PHP115,500.00
Fund Source	: OCD QRF CY 2020

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 21 February 2020**, at the OCD BAC Secretariat Office, OCD VI, Camp Martin Teofilo B. Delgado, Fort San Pedro, Iloilo 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. **(033) 336-9353** or email address at **ocdrc6@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

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.


JOSE ROBERTO R. NUÑEZ
HOPE/Regional Director
Office of Civil Defense VI

ANNEX "A"
Technical Specifications

Provision of hotel accommodation and meals in the conduct of Post-Disaster Needs Assessment (PDNA) for Typhoon Ursula-Affected Provinces in Western Visayas

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																																		
	<p>Name of Event: Provision of hotel accommodation and meals in the conduct of Post-Disaster Needs Assessment (PDNA) for Typhoon Ursula-Affected Provinces in Western Visayas Date of Event: February 27-29, 2020 Location: within the Province of Capiz</p> <p>No. of participants: 30 participants</p> <table border="1"> <thead> <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/s</th> <th>Remarks</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">30</td> <td style="text-align: center;">twin-sharing</td> <td style="text-align: center;">15</td> <td style="text-align: center;">27-Feb-20</td> <td style="text-align: center;">29-Feb-20</td> <td style="text-align: center;">2</td> <td style="text-align: center;">Participants</td> </tr> </tbody> </table> <p style="text-align: center;">Meals/Restaurant Services:</p> <table border="1"> <thead> <tr> <th>No. of Pax</th> <th>Meal/Snack</th> <th>Serving Arrangement</th> <th>Inclusive Date</th> <th>Menu</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">30</td> <td style="text-align: center;">Lunch</td> <td style="text-align: center;">Managed Buffet</td> <td style="text-align: center;">Feb. 27-29, 2020</td> <td style="text-align: center;">Choice of pork, chicken or beef with side dish and dessert and one beverage</td> </tr> <tr> <td style="text-align: center;">30</td> <td style="text-align: center;">Dinner</td> <td style="text-align: center;">Managed Buffet</td> <td style="text-align: center;">Feb. 27-28, 2020</td> <td style="text-align: center;">Choice of pork, chicken or beef with side dish and dessert and one beverage</td> </tr> <tr> <td></td> <td style="text-align: center;">Complimentary Breakfast</td> <td></td> <td style="text-align: center;">Feb. 28-29, 2020</td> <td></td> </tr> </tbody> </table>	No. of pax	Room requirement	No. of rooms	Check-in date/time	Check-out date/time	No. of Night/s	Remarks	30	twin-sharing	15	27-Feb-20	29-Feb-20	2	Participants	No. of Pax	Meal/Snack	Serving Arrangement	Inclusive Date	Menu	30	Lunch	Managed Buffet	Feb. 27-29, 2020	Choice of pork, chicken or beef with side dish and dessert and one beverage	30	Dinner	Managed Buffet	Feb. 27-28, 2020	Choice of pork, chicken or beef with side dish and dessert and one beverage		Complimentary Breakfast		Feb. 28-29, 2020		
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I.	<p>OTHER REQUIREMENTS:</p> <ul style="list-style-type: none"> • Must have internet connection at least 4GB, 30 mbps in the rooms of the hotel • Provide free bottled drinking water inside the room (to be replenished daily) or this equivalent • Toiletries must be replenished daily • Must provide free parking space for participants/ facilitators • Hotel/ Resort must have fire exit and fire extinguisher • Hotel/ Resort must be able to adjust to the abrupt change in the number of hotel rooms needed for the activity • Hotel security must be present during the whole duration of the activity 																																			
III.	<p>Payment: Must accept SEND BILL policy as payment for services.</p>																																			

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 VI
Camp Gen. Martin Teofilo B. Delgado
Fort San Pedro, Iloilo 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	Cost per pax	Total Price
Provision of hotel accommodation and meals in the conduct of Post-Disaster Needs Assessment (PDNA) for Typhoon Ursula-Affected Provinces in Western Visayas on February 27-29, 2020 within the Province of Capiz	1 Lot	PHP	PHP
TOTAL PRICE		PHP	PHP

AMOUNT IN WORDS: _____

Note: The above quoted prices are VAT Inclusive.

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 : _____