



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

REGIONAL DISASTER RISK REDUCTION AND MANAGEMENT COUNCIL IX

President Corazon C. Aquino, Regional Government Center, Balintawak, Pagadian City, ZDS

REQUEST FOR QUOTATION (RFQ)

Company Name : _____
Address : _____
Tel Nos./Fax Nos. : _____
Business Permit No. : _____
PhilGEPS Registration/Cert. No. : _____

The Office of Civil Defense (OCD) IX, 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 IX hereinafter referred to as "the Purchaser", now requests submission of a price quotation for the subject below:

| | | |
|---|---|---|
| Name of Project | : | Procurement of Customized T-Shirt (Advocacy Shirt) with printing services for the 4th Quarter NSED CY 2018 and World Tsunami Awareness Day 2018 |
| Delivery Site | : | President Corazon C. Aquino Regional Government Center, Office of Civil Defense IX, Pagadian City |
| Delivery Schedule | : | October 29, 2018 |
| Date of Event | : | November 5, 2018 |
| Brief Description | : | Round Neck Black T-Shirt with 4 th Quarter NSED & Tsunami Awareness 2018 Design |
| Terms of Payment | : | <u>Send bill policy as payment for services</u> |
| ABC (Approved Budget for the Contract) | : | Php125,000.00 |
| Fund Source | : | CBTS DRRM FUND 2018 |

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** not later than **10:00 AM on 22 October 2018**, at the OCD IX PCCARGC, Balintawak, Pagadian City. Submit your **sealed quotation (indicate the project name)** duly signed by your authorized representative. For any clarifications, you may contact us at telephone no. **(062) 945-0969** or email address at **ocdrc9@yahoo.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:

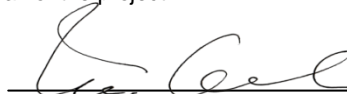
- a. Platinum PhilGEPS Registration only with valid and current annexes
- b. Omnibus Sworn Statement

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 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.


MANUEL LUIS M. OCHOTORENA
Regional Director

ANNEX "A"
Technical Specifications

Procurement of Customized T-Shirt (Advocacy Shirt) with printing services for the 4th Quarter NSED CY 2018 and World Tsunami Awareness Day 2018

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. | Technical Specifications | Statement of Compliance |
|----------|--|-------------------------|
| I. | Date of Event: November 5, 2018 | |
| II. | Location: Pagadian City | |
| III. | Sizes: Total 500 pcs 1. Small – 75 pcs 2. Medium – 150 pcs 3. Large – 200 pcs 4. Extra-Large – 75 pcs | |
| IV. | Materials: Cotton | |
| V. | LOGO With OCD IX LOGO | |
| VI. | TYPE Round Neck Black T-Shirt with 4 th Quarter NSED 2018 & World Tsunami Awareness 2018 Design | |
| VII. | <u>Must accept SEND BILL policy as payment for services.</u> | |

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 IX
PCCARGC, Pagadian 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 | Cost per Unit | Total Price |
|--|---------------|-------------|
| Procurement of Customized T-Shirt (Advocacy Shirt) with printing services for the 4th Quarter NSED CY 2018 and World Tsunami Awareness Day 2018 <ul style="list-style-type: none"> • Date of Event: November 05, 2018 • Location: Pagadian City • TYPE Round Neck Black T-Shirt with 4th Quarter NSED & Tsunami Awareness Design • Materials: Cotton • Sizes: Total 500 pcs <ol style="list-style-type: none"> 1. Small – 75 pcs 2. Medium – 150 pcs 3. Large – 200 pcs 4. Extra-Large – 75 pcs | 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 : _____