

Republic of the Philippines
Department of National Defense
OFFICE OF CIVIL DEFENSE
Camp Simeon Ola, Legazpi City

RFQ No. 2019-03-020

REQUEST FOR QUOTATION

Company Name : _____
Address : _____
PhilGEPS Registration No. : _____

The Office of Civil Defense (OCD) Region V), 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 for Lease of Venue including meals and snacks for the conduct of Three-day Emergency Operation Center Training for Formal Labor and Migrant Workers in the Province of Albay
Location	:	Within Province of Albay
Date of Event	:	April 10-12, 2019
Type of Service	:	Full Board Accommodation
Number of Participants	:	48 pax
Brief Description	:	Provision of hotel accommodation training venue and, meals and snacks for total of 48 persons. Activity is comprised of 40 Participants and 8 person training team involved in the conduct of Three-day Emergency Operation Center Training for Formal Labor and Migrant Workers in the Province of Albay
Terms of Payment	:	30 working days of processing and <u>must accept send bill policy</u>
ABC (Approved Budget for the Contract)	:	Php 288,200.00
Fund Source	:	DRRM Fund, APB CY 2019 of OCDRO5

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 **9:00 AM on 25 March 2019**, at the OCD5 Building, Camp Simeon Ola, Legazpi City. Submit your **sealed quotation (indicate the project name)** duly signed by your authorized representative. For any clarifications, you may contact the **OCD Regional Office V** at telephone nos. **481-5031** or email address at **procurement.ocd5@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 and 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.


CLAUDIO L. YUCOT
Regional Director, OCD5

ANNEX "A"
Technical Specifications
LEASE OF VENUE

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 Specification	Statement of Compliance
I.	Date of Event: April 10-12, 2019	
II.	Location and Site Condition: Within Province of Albay	
III.	Neighborhood Data: 1. Proper waste management system such as regular garbage collection and with Sanitary Permit from approximate authority. 2. Proximity to police and fire stations & hospital. 3. Strategic location to commercial establishments, ATM banks and Telecommunications service provider.	
IV.	Training Venue: * 1. Structural Condition: the foundation is made of concrete and structural steel materials or combination of both. 2. One training hall which can accommodate at least 50 persons 3. With four (4) sets of rectangular tables arranged and on ten (10) seating capacity each; 4. Can provide and accommodate four (4) medium size whiteboards 5. Three (3) medium size square tables for secretariat and instructors; 6. Must come with free Audio system, at least three (3) microphones, with at least two (2) wireless, one (1) projector, two (2) white screens and four (4) extension wires; 7. Air-conditioned and adequate lighting with uninterrupted power supply; 8. With podium and elevated platform (stage); 9. Adequate number of comfort rooms comfortably located adjacent the training venue; 10. Have sufficient power & extension wires outlets for laptops. 11. No posts or any vertical column in the middle of the training area 12. With 24H back-up Generator Set 13. With fast Wi-Fi connection	
V.	Room Accommodation: A. Instructors and Secretariat (4 nights): Check-in Date: April 9, 2019, 2 PM Check-out Date: April 13, 2019, 12 PM Room Type: 2 triple sharing rooms, 2 single rooms B. Participants (3 nights): Check-in Date: April 9, 2019, 2 PM Check-out Date: April 12, 2019, 12 PM Room Type: 12 triple sharing and 2 twin sharing C. Participants (1 night): **for participants from distant provinces Check-in Date: April 12, 2019, 2 PM Check-out Date: April 13, 2019, 12 PM Room Type: 4 triple sharing and 1 twin sharing Others: * <ul style="list-style-type: none"> • Room rates must not be inclusive of breakfast. • Hotel must be located in Province of Albay • No bed sharing • All rooms must be air-conditioned; 	

Item No.	Agency Specification	Statement of Compliance
	<ul style="list-style-type: none"> • Fully furnished with TV, clean toilet & bathroom, beddings, towels, toiletries (tissue, shampoo, conditioner and soap) • Rooms must have access to a stable internet service through a working Wi-Fi connection; • Hot & cold shower; • GAD-sensitive room assignments. 	
VI.	<p>Meals:</p> <p>A. Provision of Meals: *</p> <ul style="list-style-type: none"> • Dinner for 28 persons on April 9, 2019 • Complete Meal (Breakfast, AM Snacks, Lunch, PM Snacks and Dinner) for 48 pax (April 10-11, 2019) • Breakfast, AM Snacks, Lunch and PM Snacks for 48 pax (April 12, 2019) <p>Others: *</p> <ul style="list-style-type: none"> • All Meals and Snacks preferably assisted buffet; • Meals for training team on April 9-12, 2019 preferably plated and unlimited rice service; • Snacks must be served plated; • Snack rate inclusive of finger foods (Pica-pica), eg. peanuts, chips, etc; • All meals must come with free beverages; • Free-flowing coffee for the entire duration of the stay; • Menu Options: Vegetables, Fish, Pork, Chicken, Beef and Rice 	
VII.	<p>Light Ventilation and Air-Conditioning: Proper Light ventilation and air-conditioning units*</p>	
VIII.	<p>Other Requirements:</p> <ol style="list-style-type: none"> 1. All equipment and facilities properly maintained. 2. Exhibits professional ambiance; must satisfy the requirements of security and substantive objectives of the OCD-NDRRMC concerned.* 3. Adequate security service (24/7). 4. Free use of telephone for local calls in function room* 5. Free use of extension cords/wires* 6. On call medical personnel in case of emergency. 7. <u>Hotel Must Accept a Send Bill Policy in the payment of services.*</u> 8. Hotel must be able to adjust to the abrupt change in the number of hotel room and conference rooms needed for the event.* 9. Must have been in business for a minimum of two (2) years and must be at least a two-star hotel.* 	

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

BIDS AND AWARDS COMMITTEE
 OFFICE OF CIVIL DEFENSE, RO V
 Camp Simeon Ola, Legazpi City

Sir/Madam:

- 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 for Lease of Venue including meals and snacks for the conduct of Three-day Emergency Operation Center Training for Formal Labor and Migrant Workers in the Province of Albay Room Accommodation: Can accommodate: at least 50 pax A. Instructors and Secretariat (4 nights): Check-in Date: April 9, 2019, 2 PM Check-out Date: April 13, 2019, 12 PM B. Participants (3 nights): Check-in Date: April 9, 2019, 2 PM Check-out Date: April 12, 2019, 12 PM C. Participants (1 night): **for participants from distant provinces Check-in Date: April 12, 2019, 2 PM Check-out Date: April 13, 2019, 12 PM ***Note: Room rates must not be inclusive breakfast Meals: Provision of Meals: * <ul style="list-style-type: none"> • Dinner for 28 persons on April 9, 2019 • Complete Meal (Breakfast, AM Snacks, Lunch, PM Snacks and Dinner) for 48 pax (April 10-11, 2019) • Breakfast, AM Snacks, Lunch and PM Snacks for 48 pax (April 12, 2019) 	2 triple sharing room 2 single rooms 12 triple sharing rooms 2 twin sharing rooms 4 triple sharing rooms 1 twin sharing room		

AMOUNT IN WORDS: _____

Note: The above quoted prices are VAT Inclusive

- We undertake, if our Quotation or bid is accepted, to deliver the above goods within thirty (30) calendar days from receipt of Contract.
- 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.
- We understand that payment for items will be made to the winning supplier after the inspection and acceptance of good(s) delivered.
- 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 : _____