



Republic of the Philippines
Department Of National Defense
OFFICE OF CIVIL DEFENSE
 REGION X

2F Egmedio Bldg., Corrales Avenue, Cagayan de Oro City

Date: 01-16-2019
 PR Ref No: 2019-01-0007
 Quotation No: _____

Company Name : _____
 Address : _____
 PhilGEPS Cert. # : _____

REQUEST FOR QUOTATION

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 of Regulations of Republic Act 9184.

The OCD hereinafter referred to as “the Purchaser”, now requests submission of a price quotation for the subject below:

| | |
|--|---|
| Name of Project | Provisions of Meals, Training Venue & Hotel Accommodation, Services for Participants, Instructors and Secretariat involved in the 1-Day Basic DRRM Training for Victims of Disaster and Calamity Sector of Iligan City on February 13, 2019. |
| Location | Within Iligan City |
| Date of Event: | February 13, 2019 |
| Type of Accommodation | Twin-Sharing |
| Brief Description: | Must be at least a Standard Hotel |
| Terms of payment | <u>Send bill policy as payment for services</u> |
| ABC (Approved Budget for the Contract) | Php 53,200.00 |
| Fund Source | OCD Region X 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.**

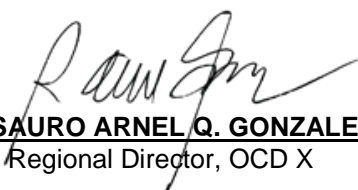
Prospective bidders shall accomplish and submit the duly signed “**Annex A (Technical Specifications) & Annex “B” Price Quotation Form (PQF)**” (under prescribed form) **non-submission shall automatically be disqualified** not later than **08:00 AM on 24 January 2019**, at the Office of Civil Defense – Regional Office X, 2F Egmedio Bldg., Corrales Avenue, Cagayan de Oro City. Submit your **sealed quotation (indicate the project name)** duly signed by your authorized representative. For any clarifications, you may contact the **OCD-X** at telephone no. **(088) 857-3988** or email address at **ocdr10procurement@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 (with valid and current annexes if applicable)
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. ROSAUROL Q. GONZALES JR.
 Regional Director, OCD X

ANNEX “A”
Technical Specifications

PROVISIONS OF MEALS, TRAINING VENUE & HOTEL ACCOMMODATION, SERVICES FOR PARTICIPANTS, INSTRUCTORS AND SECRETARIAT INVOLVED IN THE 1-DAY BASIC DRRM TRAINING FOR VICTIMS OF DISASTER AND CALAMITY SECTOR OF ILIGAN CITY

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. | Agency Specification for Meals, Training Venue & Hotel Accommodation and Services | Statement of Compliance |
|----------|--|-------------------------|
| I. | DATE OF EVENT <ul style="list-style-type: none"> • February 13, 2019 | |
| II. | LOCATION <ul style="list-style-type: none"> • At least a Standard Hotel within Iligan City | |
| III. | ACCOMMODATION: A. Rooms for 6 Persons (Instructors & Secretariat) Check-In Date: February 12, 2019 Check-Out Date: February 13, 2019 Room Type: Twin Sharing B. Others <ul style="list-style-type: none"> • Room rates inclusive of breakfast • Hotel must be located within Iligan City • All rooms must be air-conditioned • Furnished with TV, closet, clean toilet & beddings, towels, toiletries (tissue, shampoo, conditioner and soap) • With Wi-Fi connection | |
| IV | MEALS A. Provision of Meals <ul style="list-style-type: none"> • February 12, 2019 – Dinner for 6 pax • February 13, 2019 – Free Breakfast for 6 pax; AM/PM Snacks and Lunch for 46 pax B. Others: <ul style="list-style-type: none"> • All Lunch should be assisted buffet • Snacks must be served plated • All meals must come with free beverages • Menu Options: Vegetables, Sea Foods, Fish, Chicken, Beef, Rice (STRICTLY NO PORK). • Free flowing coffee for the entire duration of the training. | |
| V | TRAINING VENUE <ol style="list-style-type: none"> A. Can accommodate at least 50 persons B. With four (4) sets of tables arranged and on ten (10) seating capacity each. C. Two (2) medium-size tables for secretariat and instructors D. Must come with free Audio system, at least three (3) microphones, one (1) projector screen and podium E. Must have on-call operator for audio systems F. Must come with 2 medium-size whiteboards G. Air-conditioned and adequate lighting with uninterrupted power supply H. Adequate number of comfort rooms comfortable located within or adjacent in the training venue I. Have sufficient power outlets and extension wires J. MUST NOT HAVE POSTS OR OTHER OBSTRUCTIONS K. Function hall should be available in the afternoon of February 12, 2019 for set-up | |

| | | |
|----|--|--|
| VI | OTHER REQUIREMENTS A. Must accept SEND BILL policy as payment for services | |
|----|--|--|

I hereby commit to comply with all the above requirements.

Company Name : _____
Address : _____

AUTHORIZED REPRESENTATIVE

Signature : _____
Complete Name : _____
Date : _____

ANNEX "B"

PRICE QUOTATION FORM

Regional Director
Office of Civil Defense – Region 10
2F Egmedio Bldg. Corrales Avenue, Cagayan de Oro City

Sir/ Madame:

After having carefully read and accepted the terms and conditions in the Request for Quotation hereunder are our financial proposal for all items identified below:

| Item | Unit Cost | Total Cost |
|---|-----------|------------|
| Provisions of Meals, Training Venue & Hotel Accommodation, Services for Participants, Instructors and Secretariat involved in the 1-Day Basic DRRM Training for Victims of Disaster and Calamity Sector of Iligan City on February 13, 2019. | | |
| | | |

TOTAL OFFERED QUOTATION Php _____

AMOUNT IN WORDS: _____

Note: The above quoted prices are VAT Inclusive

1. We undertake, if our quotation or bid is accepted, to deliver the above goods within seven (7) calendar days from receipt of Work Order (WO)/Purchase Order(PO).
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 : _____
Complete Name : _____
Date : _____