

Republic of the Philippines **PHILIPPINE STATISTICS AUTHORITY** Region 7 – Central Visayas

REQUEST FOR QUOTATION

RFQ # 0761-RFQ2024-11-063

08 November 2024

The Philippine Statistics Authority-Region 7 (PSA-R07) through its Bids and Awards Committee (BAC) will undertake Alternative Mode of Procurement, <u>Small Value Procurement</u> for the <u>Procurement of Full board Accommodation for PSA Central Office</u> (CO) <u>Personnel and NEDA</u> <u>representative (speaker) for the Siguijor Provincial Product Accounts - Data Dissemination Forum.</u>

Name of Project	Provincial Product Accounts - Data Dissemination Forum of Siquijor PSO
Solicitation (If posted at the PhilGEPS)	0700-2024-11-158
Purchase Request No.	PR #0761-2024-10-035
Location	PSA - Siquijor Provincial Statistical Office
Brief Description	Full Board Accommodation
Quantity	please see the detailed quantity on page 3
Approved Budget for the Contract (ABC)	Php 10,080.00
Contract Duration	27 - 29 November 2024
Date of Delivery	27 - 29 November 2024

Please quote your best price for the item described herein, subject to the Terms and Conditions provided in this RFQ. Submit your sealed quotation duly signed by you or your duly authorized representative personally not later than <u>13 November 2024</u>, <u>12:00 Noon</u> through the address <u>3/F</u> <u>Siquijor Business and Convention Center, Poblacion, Siquijor, Siquijor.</u>

Note: Online submission of accomplished bid form/s will not be accepted.

For any clarification, you may contact Ms. Rizalyn Teodora Postrado at telephone nos. (035) 542 - 5239/ (035) 542 - 5371.

JILL BERN SrSS - Siguijor/ BAC Member

Terms and Conditions:

1. Only the suppliers registered at the Philippine Government Electronic Procurement System (PhilGEPS) shall be allowed to submit the quotation.

2. All entries must be typewritten/printed legibly in the Bid Form. Failure to use this form will result to disqualification of your bid.

3. Bidders shall provide correct and accurate information required in this form.

4. Bidders may quote for any or all lots and must be qoute all the items under a specific lot.

5. Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or your duly authorized representative/s.

6. Late submission of quotation shall not be accepted.

7. Bids exceeding the ABC for each item/lot shall be disqualified.

8. Award of contract shall be made to the Lowest Calculated and Responsive Bidder which complies with the specifications and other terms and conditions as stated herein.

9. The Lowest Calculated and Responsive Bidder shall be informed immediately.

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10. In case of two or more bidders are determined to have submitted the Lowest Calculated Quotation/Lowest Calculated and Responsive Quotation, the PSA shall adopt and employ "drawlots" as the tie-breaking method to finally determine the single winning provider in accordance with GPPB Circular 06-2005.

11. The item/s shall be delivered according to the requirements specified in the Technical Specifications.

12. The PSA shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.

13. The following documentary requirements must be submitted prior to issuance of Purchase Order/Contract:

- Mayor's/Business Permit
- PhilGEPS Registration Number/Certificate
- Income/Business Tax Return (for ABCs above P500K)
- Omnibus Sworn Statement (for ABCs above P50K)

14. The PSA reserves the right to reject any or all bid proposals, or declares the bidding a failure, or not to award the contract, and makes no assurance that a contract shall be entered into as a result of this invitation.

15. Payment shall be made after delivery and upon the submission of the required supporting documents, i.e. documentary requirements mentioned above (item no. 13), billing statement from the supplier. Our Government Servicing Bank, i.e. the Land Bank of the Philippines, shall credit the amount due to the supplier's identified bank account not earlier than twenty-four (24 hours), but not later than forty-eight (48) hours, upon receipt of our advice.

16. Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. The PSA shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies to it.

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BID FORM

IMPORTANT NOTES/INSTRUCTIONS:

- 1. Make sure to read the Terms and Conditions stated in the Request for Quotation before filling out this form.
- 2. Use this form for your quotation. Additional bidder's proposal can also be attached to this form.
- 3. Accomplish this form correctly and accurately.
- 4. Do not alter the contents of this form in any way.
- 5. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 6. Ensure to indicate the price for the whole lot and the unit price per unit.
- 7. Ensure to fill-up the TOTAL AMOUNT IN WORDS.
- 8. Ensure to check the "Compliance with Technical Specifications" Column.

9. Submit your bid sealed in an envelope.

10. Failure to follow these instructions will result to the disqualification of your entire quotation/bid.

ltem No.	Item/s and specification/s (minimum)	Unit	Qty.	Approved Budget for the Contract (ABC) per unit	Unit Price (in Peso) Please indicate your offer/price here.	Total Amount (VAT inclusive)	Tech Specific (please		e check)	
	Provincial Product Accounts - Data Dissemination Forum of Siquijor PSO						YES	5	NC)
1	Full board Accommodation for PSA Central Office (CO) Personnel and NEDA representative (speaker) for the Siquijor Provincial Product Accounts - Data Dissemination Forum on 28 November 2024.	LOT	1	10,080.00						
	ABC for accommodation - 900.00/day						()	()
	ABC for Breakfast for 180/pax						()	$\frac{1}{1}$)
	ABC for Dinner for 180/pax						()	$\overline{(}$)
	, 1,260.00 x 4 pax x 2 days = 10,080.00						()	()
	Number of pax: 4 pax for 2 nights Venue: within Siquijor Province Check in: 27 November 2024 at 2:00 PM Check out : 29 November 2024 at 12:00 Notember 2024 at 12:00						()	()
							()	()
							()	()
							()	()
	Food Requirements:									
	1. Complimentary Breakfast						()	()
<u> </u>	2. Dinner						()	()
	3. Meals include rice, 1 appetizer, 1 soup, at least 3 main courses, dessert & healthy drinks (preferably fresh fruit juices)						()	()
	****Breakfast - should be served by 7:00 AM	1					()	()
	****Dinner - should be served by 6:00 PM						()	()

5. Food Schedules:				()	
27 November 2024 - Dinner						
28 November 2024 - Complimentary						
Breakfast and Dinner				()	
29 November 2024 - Complimentary						
Breakfast						
Room Requirements:						
1. With free wifi access				()	T
2. Provision of free bottled water,				,	,	T
coffee/tea/milo, toiletries and towels				()	
3. Spacious, tidy and clean				()	
4. Well lighted and well ventilated				()	
5. Room types:				()	T
****either single occupancy, double				,	,	T
occupancy or triple occupancy***				()	
Note: Number of rooms per type of						
occupancy and participants are subject to				1	١	
change and rooming list will be provided by				``	,	
the office						+
Other Requirements:						t
1. Mode of Payment: SEND BILL						T
Arrangement or 15-30 working days				()	
after receipt of the billing statement.						
2. Price qoutation/s validity: Must be						
valid for a period of thirty (30) calendar				()	
days from the date of submission.						
TOTAL AMOUNT IN WORDS :	I					

Other Requirements:

Terms of Payment:	
Payment shall be made either through check or Land Bank's LDDAP-ADA/Bank Transfer facility, within thirty (30 days after Submission of Billing/Statement of Account and User Acceptance of the product. Bank Transfer fee s charged against the creditor's account.	
Payment Details:	
Banking Institution:	
Account Number:	
Account Name:	
Branch:	

After having carefully read and accepted your Terms and Conditions. I/We quote you on the item at prices noted above.

Printed Name of authorized	d representativ	/e/Signature	_
Position:		_	
Name of Company			
TIN #:		_ (Please specify if <i>VAT or NON-VAT</i>)	
Address:		Email Address:	
Fax No	Tel No.:	Cellphone No	
Date:			