



REQUEST FOR QUOTATION

RFQ # 2020-12- 469
17 December 2020


The Philippine Statistics Authority-Region 7 (PSA-R07) through its Bids and Awards Committee (BAC) will undertake Alternative Mode of Procurement, **Shopping** for the **Supply and Delivery of Office Supplies, Consumables, Janitorial and Office Equipment for Additional Supplies for the 4th Quarter Regular Operation of PSA RSSO VII.**

Name of Project	<i>Additional Supplies for the 4th Quarter Regular Operation of PSA RSSO VII.</i>
Solicitation (If posted at the PhilGEPS)	0700-2020-12-124
Purchase Request No.	0700-2020-12-099
Location	PSA RSSO 7, Gaisano Capital South Bldg., Colon St., Cebu City
Brief Description	Category C – Janitorial for the 4 th Quarter
Quantity	Please refer to page 3 of the RFQ for the detailed quantity
Approved Budget for the Contract (ABC)	Php45,300.00
Contract Duration	2-3 working days after the receipt of Purchase Order
Date of Delivery	

Please quote your **best price** on the item/s listed below and submit personally your **SEALED QUOTATION** not later than **22 December 2020, 5:00 PM** through the address below, subject to the Terms and Conditions provided in this RFQ:

*Region 7 Bids and Awards Committee (R07 BAC)
Philippine Statistics Authority – RSSO VII
Gaisano Capital South Bldg, Colon St. Cebu City*

*Attn.: Mr. Caylord D. Niala / Ms. Melita C. Jomud / Ms. Irish B. Velasco
R07 BAC Secretariat
Contact Nos.: (032)412-6794/254-0470 (telefax)
Email address: psa07.rbac@gmail.com*


EDWINA M. CARRIAGA
R07 BAC Chairperson

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 quote 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.
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 "**draw lots**" 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 payment:
 - *Mayor's/Business Permit*
 - *PhilGEPS Registration Number/Certificate*
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. Mode of payment shall be made either through check or Advice to Debit Account (ADA) to the supplier.
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.

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. Ensure to indicate the price for the whole lot and the unit price per unit.
4. Ensure to fill-up the **TOTAL AMOUNT IN WORDS**.
5. Ensure to check the “Compliance with Technical Specifications” Column.
6. Submit your bid in any of the following:
 - a. Sealed in an envelope, or
 - b. Email to psa07.rbac@gmail.com only
7. Failure to follow these instructions will result to the disqualification of your entire quotation/bid.

Item 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)	Compliance with Technical Specifications (please check)	
							YES	NO
1	<u>CATEGORY C</u> Janitorial for the additional supplies for the 4th quarter with the following technical specifications:	Lot	1	45,300.00			()	()
1.1	ALCOHOL, ethyl, 68%-70%, scented, 1gallon	gallon	10	550.00			()	()
1.2	DETERGENT POWDER, all purpose, 1kg	pack	15	150.00			()	()
1.3	DISINFECTANT SPRAY, aerosol type, 400-550 grams	can	15	310.00			()	()
1.4	HAND SOAP, liquid, antibacterial, with pump, 225ml min	bottle	15	200.00			()	()
1.5	MASK, surgical, disposable, 3-ply, 50pcs/box	box	130	150.00			()	()
1.6	TOILET bowl cleaner, 1L	bottle	10	300.00			()	()
1.7	TRASHBAG, plastic, black, small, 10's/roll or pack	roll/pack	20	90.00			()	()
1.8	TRASHBAG, plastic, black, xlarge, 10's/roll or pack	roll/pack	34	100.00			()	()
1.9	TRASHBAG, plastic, black, 2XL, 10's/roll or pack	roll/pack	20	110.00			()	()
	Other Requirements:							
	Mode of Payment: SEND BILL Arrangement or 15-30 working days after receipt of the billing statement						()	()

	Price quotation/s validity: Must be valid for a period of thirty (30) calendar days from the date of submission.						()	()
	TOTAL AMOUNT IN WORDS: <hr/> <hr/>							

Other Requirements:

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 representative/Signature _____

Position: _____

Name of Company _____

TIN #: _____ *(Please specify if VAT or NON-VAT)*

Address: _____ Email Address: _____

Fax No. _____ . Tel No.: _____ Cellphone No. _____

Date: _____