



REQUEST FOR QUOTATION

Date: 11 December 2023

RFQ No.: 100-23-11-7861

Name of Company: _____

Address: _____

Name of Store/Shop: _____

Address: _____

TIN: _____

PhilGEPS Registration Number: _____

The City Government of Pasig, through the Bids and Awards Committee (BAC), intends to procure Printing of Various Forms, Customized Shirts and Bags – Pasig City Social Service and Welfare Department with an Approved Budget for the Contract (ABC) of **Php 826,500.00**, in accordance with Section 53.9 of the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184. Please quote your best offer for the item in the table below.

The Project shall be awarded as One Project having several items that shall be awarded as one contract. Quotations received exceeding each total Cost per Item and/or the total Approved Budget for the Contract shall be rejected.

| Item No. | Item Description | Brand Name <small>(PLEASE DO NOT LEAVE BLANK)</small> | QTY | UOM | Approved Budget | | Price Offer | |
|----------|---|--|-----|------|-----------------|------------|-------------|------------|
| | | | | | Unit Cost | Total Cost | Unit cost | Total Cost |
| 1 | Advocacy Polo Shirt, Navy Blue, - small-75pcs - medium-90pcs - large- 60pcs - xl- 40pcs - xxl 20pcs material: cotton advertising shirt,cultural shirt | | 285 | pcs | 300.00 | 85,500.00 | | |
| 2 | Tote Bags, - zippered canvass tote | | 160 | pcs | 100.00 | 16,000.00 | | |
| 3 | Vest, - training vest with printed logo color red 65% cotton,35% polyester small-30pcs medium- 120pcs large- 50pcs xl-50pcs | | 250 | pc/s | 1,500.00 | 375,000.00 | | |
| 4 | Printing Blank Forms, - long bond paper, colored print,80gsm - various from-list of donation forms(1,666 sheets) - daily progress report form,attendance sheets form(1,667sheets) | | 10 | pcs | 2,500.00 | 25,000.00 | | |

| | | | | | | | |
|---|--|--|-----|-----|--------------|-------------------|--|
| | - relief distribution sheets forms (1,667 sheets) | | | | | | |
| 5 | forms non-acct, - long bond paper, colored prints,80gsm - assesment forms,grievance forms(43 ream) - - evecuation center information board forms(44 ream) - - list of internally displance person(43 ream) | | 130 | pds | 2,500.00 | 325,000.00 | |
| Note: Other terms and conditions are stipulated in the attached Terms of Reference, if any. | | | | | Total | 826,500.00 | |
| DELIVERY TERM: Within Twenty-Five (25) calendar days upon the receipt of Notice to Proceed but not to exceed 31 December 2023. | | | | | | | |

**Indicate the BRAND NAME or MANUFACTURER NAME and the specific MODEL to be offered or attach a BROCHURE for the offered item; items including but not limited to clothing, vehicle, equipment, devices, electronics, machines, drugs, medicines, medical supplies must be branded or at the very least, manufacturer shall be indicated.*



7861

TEARMS OF REFERENCE

- I. **BACKGROUND:**
Various activities under Department of Social Welfare and Development
- II. **OTHER ITEMS:**
 - Advocacy polo shirt w/print
 - color navy blue
 - 60% cotton, 35% polyester cotton,professional custom overalls,advesting shirts,culture shirt
 - Vest with printed logo
 - color: red
 - 65% cotton,35% polyester
- III. **DELIVERY ADDRESS:**
Central Supply unit-Werehouse at baltazar st, barangay sto tomas , Pasig City
- IV. **TIME OF DELIVER:**
8am-5pm
- V. **DATE OF DELIVERY**
25 days Celendar after receipt of the NTP
- VI. **SPECIFICATION:**
 - Delivery receipt / acknowledgement will be provided by the supplier.
 - One contact person for request.
 - Payment will Depend on the actual Number of Supply delivered.




Prepared by :


JOHN MICHAEL D. CRUZ
Administrative Aide III / Procurement staff

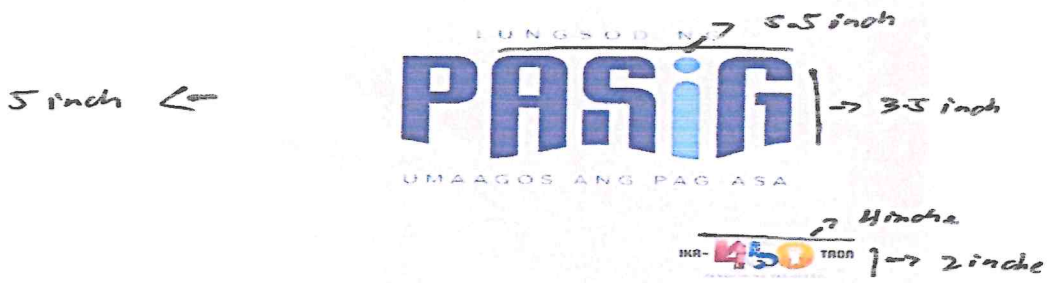
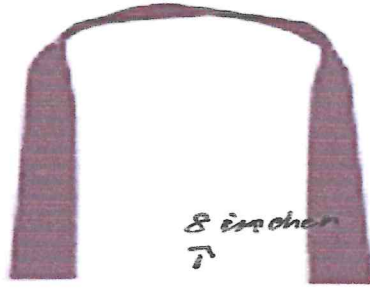
Caruncho Avenue, Barangay San Nicolas, Pasig City 1600 Metro Manila



Caruncho Avenue, Brgy. San Nicolas, Pasig City, Philippines 1600

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$L \times W = 8 \text{ inch} \times 5 \text{ inch}$ for bag
 ~~$= 5 \text{ inch} \times 3 \text{ inch}$ for logo~~
 $= 5.5 \text{ inch} \times 3.5$ for logo of pasig
 $= 4 \text{ inch} \times 2 \text{ inch}$ for 450 taon logo



BACK

FRONT

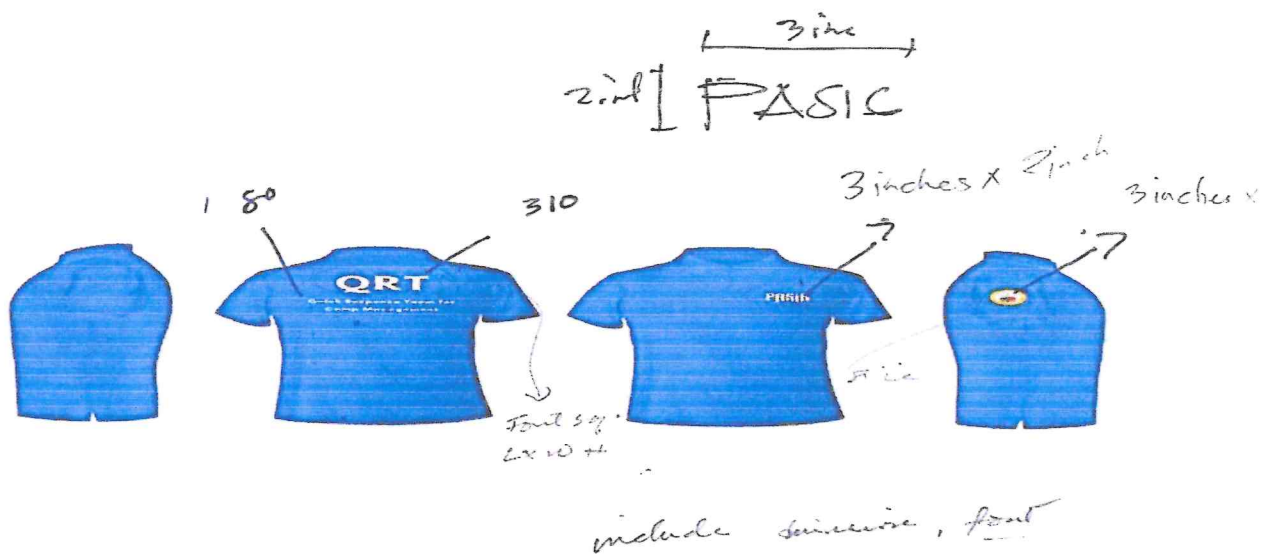
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CAMP COORDINATION AND CAMP MANAGEMENT

Font > CALIBRI (BODY)

Size > 75



Mairanda GD

Caruncho Avenue, Barangay San Nicolas, Pasig City 1600 Metro Manila



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Quick Response Team for Camp Management


Font: Mariandra GD
size: 80

QRT

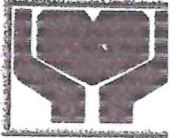
Font - MARIANDRA GD
SIZE - 310

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OFFICE ON SOCIAL WELFARE & DEVELOPMENT


10 reams
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Sample Form
LIST OF DONOR DURING DISASTER

| NAME OF DONOR | DATE / TIME | ITEMS | QUANTITY | REMARKS |
|---------------|-------------|-------|----------|---------|
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OFFICE ON SOCIAL WELFARE & DEVELOPMENT

30 reams

SAMPLE FORM

DAILY PROGRESS REPORT

Type of Disaster: _____ Evacuation Center: _____

Date/Place of Occurrence: _____ Barangay : _____

REMARKS:

Prepared by:

Name of Worker

Position

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PASIG
OFFICE ON SOCIAL WELFARE & DEVELOPMENT



OFFICE ON SOCIAL WELFARE & DEVELOPMENT

10 reqms

SAMPLE FORM

ATTENDANCE SHEET

Type of Disaster: _____ EvacuationCenter: _____

Date / Place of Occurrence: _____ Barangay: _____

| DATE | NAME | TIME- IN | SIGNATURE | TIME- OUT | SIGNATURE |
|------|------|-------------|-----------|--------------|-----------|
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OFFICE ON SOCIAL WELFARE AND DEVELOPMENT

20 years

Sample

RELIEF DISTRIBUTION SHEET (RDS)

REGION: _____ Name of Evacuation Center: _____
 CITY: _____ Type of Disaster: _____
 BARANGAY: _____ Date of Occurrence: _____
 Date of Relief Distribution: _____

| NO. | NAME OF BENEFICIARY | No. of Dependents | ASSISTANCE PROVIDED | | SIGNATURE / THUMBMARK |
|-----|---------------------|-------------------|---------------------|-----------------|-----------------------|
| | | | KIND / TYPE | Quantity / Unit | |
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OFFICE ON SOCIAL WELFARE & DEVELOPMENT

10reams

SAMPLE FORM

ASSESSMENT FOR EARLY RECOVERY / POST EVALUATION

Type of Disaster: Fire Flood

Evacuation Center: _____ BARANGAY: _____

Name of Family Head: _____

Address: _____

Number of Family Members: _____

Family's Plan After Termination of Evacuation Center:

- A.) BalikProbinsya
- B.) UupangBahay
- C.) BalikBahay
- D.) Plan to Apply forResettlement / Long Term Transitional Shelter

Remarks: _____



Signature Over Printed Name

Prepared by:

Name of Worker

Position

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OFFICE ON SOCIAL WELFARE & DEVELOPMENT

Sample Form

10 items

GRIEVANCE INTAKE FORM

Name of Evacuation Center: _____ Date: _____

Location: _____ Control No. _____

I. PERSONAL INFORMATION

Name of Complainant: _____

Address / Agency: _____

Age: _____ Sex: _____ Contact No. _____

II. NATURE OF COMPLAINT

PROTECTION ISSUES
Protection Issues

RELIEF ASSISTANCE
Relief Assistance

Cash / Food for Work

Shelter Assistance

Others (pls specify) _____

III. STATEMENT OF GRIEVANCES / DETAILS OF COMPLAINT

(use extra sheet if necessary)

IV. ACTION TAKEN / REMARKS

DECLARATION

I hereby certify that the above information is true and correct to the best of my knowledge.

Grievance Officer / Camp Manager

Complainant

Signature Over Printed Name

Signature Over Printed Name

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PASIG



10 years

EVACUATION CENTER INFORMATION BOARD

REGION : _____
CITY : _____
BARANGAY : _____

Name of Evacuation Center

Location: _____ No. of 4Ps Bene: _____
Number of Families: _____
Number of Individuals: _____

| CATEGORY | AGE | MALE | FEMALE | TOTAL |
|----------------------------------|----------------------|------|--------|-------|
| Infant – Toddler | 0 – 2 years old | | | |
| Pre-Schooler | 3 – 5 years old | | | |
| School Age | 6-12 years old | | | |
| Teenage | 13-17 years old | | | |
| Adult | 18-24 years old | | | |
| | 25-30 years old | | | |
| | 31-50 years old | | | |
| | 51-59 years old | | | |
| Senior Citizen | 60 years old & above | | | |
| Persons With Disabilities (PWDs) | | | | |
| Single Headed Household | | | | |
| Pregnant Women | | | | |
| Lactating Mothers | | | | |
| FACILITIES: | | | | |
| No. of Latrines | | | | |
| No. of Bathing Cubicles | | | | |
| No. of Cooking Counters | | | | |
| No. of Women Friendly Spaces | | | | |
| No. of Child Friendly Spaces | | | | |
| Common Illness: | | | | |
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Contact Details of Evacuation Center Management Team:

CAMP MANAGER: _____
CONTACT NUMBER: _____
ASSISTANT CAMP MANAGER: _____
CONTACT NUMBER: _____

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PSig
PASIG CITY GOVERNMENT

10 rows

LIST OF INTERNALLY DISPLACE PERSON



OFFICE ON SOCIAL WELFARE & DEVELOPMENT

CITY: _____
BARANGAY: _____
NAME OF EVACUATION CENTER: _____

REGION: _____
NO. OF FAMILIES: _____

NO. OF INDIVIDUALS: _____

| NO. | NAME OF INTERNALLY DISPLACE PERSON | NO. OF FAMILY MEMBERS | Sex | Civil Status | Relationship | AGE BRACKET | | | | | | | | ADDRESS | CONTACT NUMBER | Housing Tenure (Owner/ Renter) |
|-----|------------------------------------|-----------------------|-----|--------------|--------------|-------------|-----|------|-------|-------|-------|-------|-------|---------|----------------|--------------------------------|
| | | | | | | 0-2 | 3-5 | 6-12 | 13-17 | 18-24 | 25-30 | 31-50 | 51-59 | | | |
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Sample form

LEGENDS: (P - Pregnant; LM - Lactating Mother; PWD - Persons with Disabilities; SC - Senior Citizen)

Page _____ of _____

OWNER -
RENTER -
TOTAL =

Submit this Quotation (Accomplished and duly signed by the Owner or the respective Authorized Representative indicated in the Secretary's Certificate/Special Power of Attorney) not later than the closing date specified in the Bid Notice Abstract posted in PhilGEPs website along with the following documents:

- **Mayor's/Business Permit** (or a recently expired Mayor's/Business permit together with the official receipt as proof that the prospective bidder has applied for renewal within the period prescribed by the concerned local government unit subject to submission of the Mayor's Permit before the award of contract). The nature of business as stated in the Mayor's/Business Permit should at the very least be similar or related to the project to be bid.
- **PhilGEPs Registration Number**
- **Income Tax Return** - Latest Income or Business Tax Returns filed and paid through the BIR Electronic Filing and Payment System (EFPS).

In accordance with Revenue Regulation No. 3-2005, the above-mentioned tax returns shall refer to the following:

1. Latest Income Tax Return (ITR) - For participants already with an Annual ITR, latest ITR shall refer to the ITR for the preceding Tax Year be it on a calendar or fiscal year. For new establishments which, therefore, have no annual ITR yet, it shall refer to the most recent quarter's ITR.
 2. Latest Business Tax Return - refers to the Value Added Tax (VAT) or Percentage Tax returns covering the previous six (6) months.
- Accomplished and notarized **Omnibus Sworn Statement** (Form can be downloaded thru <https://www.gppb.gov.ph/downloadable-forms/#tab-61412>)
 - **Proof of Authorization: Secretary's Certificate** if corporation, or **Special Power of Attorney**, if individual.

ADDITIONAL REQUIREMENTS:

For Procurement of Drugs and Medicines:

Documents from the Food and Drug Administration (FDA):

- a. Certificate of Product Registration;
- b. Certificate of Good Manufacturing Practice;
- c. License to Operate;
- d. Batch Release Certificate (*for vaccines, toxoids and immunoglobulins only*) [*to be submitted upon delivery*]; and
- e. Certificate of Analysis (*for anesthesia and antibiotics*) [*to be submitted upon delivery*].

If the Supplier is not the Manufacturer, a certification from the Manufacturer that the supplier is an authorized distributor/dealer of the products/items.


Please submit the accomplished Quotation and required documents on or before the deadline of submission at the Bids and Awards Committee (BAC) through the **Procurement Management Office (BAC Secretariat Office), 4th Floor, Pasig City Hall, San Nicolas, Pasig City.**

All documents should be submitted in a sealed brown envelope addressed to the "Bids and Awards Committee, 4th Floor, Pasig City Hall", and properly marked with the Project Title as provided herein.

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The CITY GOVERNMENT OF PASIG reserves the right to reject any and all bids, declare a failure of bidding, or not award the contract at any time prior to contract award in accordance with Sections 35.6 and 41 of the 2016 revised IRR of RA No. 9184, without thereby incurring any liability to the affected bidder or bidders.

For any clarification, you may contact us at telephone no. (02) 8641-1111 / (02) 8643-1111 loc. 1461 or email address at bidsandawards@pasigcity.gov.ph



ATTY. PONCE MIGUEL D. LOPEZ,
Officer in Charge, Procurement Management Office

I hereby certify that I have read and agree to this Request for Quotation, its Terms of Reference, and Bid Bulletin/s, if any. I further certify that the products to be delivered will conform to the specifications stated in the Item Description.

Conforme:

Signature over Printed Name

Position

Duly authorized to sign quotation/offer for and on behalf of _____
(Please indicate Company Name)