

Republic of the Philippines Department of Education Region X – Northern Mindanao DIVISION OF OZAMIZ CITY City of Ozamiz



IBJT Compound, Carangan, Ozamiz City Telephone (088) 545-0988 Fax No. (088) 545-0990 Website: www.ozamiz.deped.gov.ph/ Email: ozamiz.city@deped.gov.ph

REQUEST FOR QUOTATION

Procuring Entity:		DepED, Division of Ozamiz City		DEC24-297							
Office/End-User:		SGOD-School Health Section, DepEd Division of Ozamiz City	PR No.	2024-12-297							
Purpose:		For the conduct of Training on Mental Health Assessment Tools and	Date:	December 20, 2024							
		Mental Health Crisis Management									
ERMS a	and CONDIT	ONS:									
1.	All entries m	entries must be typewritten or legibly written. Any overwriting, erasures must be initialed by the Bidder.									
2.	Delivery per	elivery period is on Janruay 30-21, 2025 and delivered goods/services must be in accordance to accepted offer of the bidder.									
3. 4. 5.	Price Ouotat	ng if stocks are not available within the period stipulated. tion/s shall be inclusive of all taxes, charges or fees. currty shall be for a minimum of three (3) months for expendable supplies and 1 year for non-expendable supplies from date of acceptance by the									
6. 7		/ shall be for a period of Forty Five (45) calendar days. I submit original brochures showing certifications of the product, if applicable.									
		ng the bidding process.									
9.		oods shall be inspected upon the date/period stipulated and shall be acknowledged to comform the compliance with the technical specifications.									
10.	Failure to de delivered.	liver within the stipulated delivery period shall subject the supplier to a penalty or liquidated damages of 1/10 1% per day of delay on items not									
11.	Quotations s	ubmitted must be sealed .									
12	servicing bar	all be made after the delivery/activity and upon the submisson of the required document/s such as: Order slip/Billing Statement by the supplier. Our hk: Development Bank of the Philippines shall credit the amount due to the bank account of the supplier/contractor. Please take note that ng bank transfer fees, if any, shall be chargeable to the account of the supplier/contractor.									

13. Procuring Entity may terminate and contract anytime in accordance with the grounds provided under R.A 9184 and its 2016 revised IRR.

14. The RFQ, Purchase Order and other related documents for the above-stated projects shall be deemed to form part of the contract.

Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions stated above and submit/email your quotation duly signed by your representative not later than December 23, 2024 at 2:00 PM.



DIONESIO L. LIWAGON, JR., CESE ASDS/BAC Chair

Compan	y Name:						
Address	:						
PhilGEPS	S Reg. Numl	per					
ltem No.	QTY	Unit	Items and Description	ABC	Bidder's Brand/Model and Specifications	Unit Price	Total Price
Manner	r of Awardi	ng:					
1	214	pax	Use of Training Venue, Meals and Snacks of Participants, Speakers and Support Staff for 2 days January 30, 2025 (Day 1) - January 31, 2025 (Day2) @ 350 per pax/day	350.00			
2	0	0	Inclusions:	-			
3	0	0	Lunch (rice, 2 main course, 1 pasta/vegetable,dessert, softdrinks) for 2 days	-			
4	0	0	a.m. and p.m. snacks (pasta/bread/pastry/juice in can for 2 days	-			
5	0	0	Function Hall/Plenary Hall - 148 pax-capacity, with free use of at least 3 microphones, free internet connectivity, sound system, and generator in case of power interruption	-			
6	0	0	*with Projector and whiteboard with maker and eraser	-			
7	0	0	*lobby directional signage	-			
8	0	0	*parking area	-			
9	0	0	*basic technical support	-			
10	0	0	*with flowing coffee, choco drink/milo & water, disposable cups and standby water dispenser in the plenary hall	-			
			*** Nothing Follows ***				
TOTAL							

After having carefully read and accepted your General Conditions, I / We quote you on the item(s) at prices noted above.

Note:

DOCUMENTARY REQUIREMENTS:

- * MAYOR'S BUSINESS PERMIT (photocopy only)
- * Certicate of Registration (BIR 2303) (Photocopy only)
- * DTI/SEC Certificate/(photocopy only) * Omnibus Sworn Statement (photocopy only) Above 50,000.00
- and SVP as Alternate Mode of Procurement only
- * Latest Income Business Return (photocopy only) Above
- 500,000.00 and SVP as Alternate Mode of Procurement only

Signature Over Printed Name / Date Contract Number/Email Address