

NATIONAL AUTHORITY FOR CHILD CARE
#2 Chicago cor. Ermin Garcia Street, Barangay Pinagkaisahan, Cubao, Quezon City, 1111

REQUEST FOR QUOTATION

RFQ No. 2025-165 **NP-SVP**

Date: **May 7, 2025**

Company Name : _____
Company Address : _____
Contact Person : _____
Contact No. : _____
PhilGEPS Reg. No.: _____
Company TIN: _____

Sir/Madam:

Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in **Annex A**. Failure to indicate information could be basis for non-compliance. Also, furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are the exclusive manufacturer, distributor or agent in the Philippines for the goods listed in **Annex A** please attach in your quotation a duly notarized certification to this effect.

Please submit together with your bid quotation, your valid 1. Mayor's/Business Permit (CTC), 2. PhilGEPS Registration Number (CTC).The Certificate of Platinum Membership may be submitted in lieu of the Mayor's/Business Permit and PhilGEPS Registration Number, 3. Certified True Copy of Income/Business Tax Return (For SVP & Emergency Cases with ABC above P500K, 4. Original and Notarized Omnibus Sworn Statement (For SVP with ABCs above P50K & For All Emergency Cases) 5. Certified True Copy of BIR Certificate of Registration 2303

Please accomplish and submit this form together with Annex A and all the required documents to NACC-BAC Secretariat at 5th Floor #2 Chicago cor. Ermin Garcia Street, Barangay Pinagkaisahan, Cubao, Quezon City, 1111 or email to procurement@nacc.gov.ph not later than **13th day of May 2025; 5:00PM**. Quotations submitted to different email address(es) as stated above shall not be considered for evaluation.

Very truly yours,


FERDINAND MARCELO
Administrative Officer V

Terms and Conditions:

1. Award shall be made on per: Item Basis Total Quoted Price Lot Basis
2. Quotation validity shall be **Sixty (60) calendar days from the deadline of submission of quotations.**
3. Good/s shall be delivered within **15-30 calendar days upon receipt of Notice to Proceed/Purchase Order**
4. Place of Delivery: **RACCO 9 - ZAMBOANGA CITY**
5. Terms of Payment: **within 30-45 days upon completion of supporting documents.**
Payment through **LDDAP-ADA (List of Due and Demandable Accounts Payable-Advise to Debit Account).**
Account Name : _____ Account Number : _____
BankName : _____ Branch : _____
***Note: Non Land Bank of the Philippines accounts shall be charged a service fee.**
6. Liquidated Damages/Penalty: **In case of failure to make full delivery within the time specified above, the amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.**
7. For goods, please indicate brand, model and country of origin.
8. In case of discrepancy between unit cost and total cost, unit cost shall prevail.
9. Please indicate Warranty: _____
10. In case of a tie, the contract shall be awarded to the supplier or service provider who first submitted its quotation.
11. **NOTE: "Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph and register for free."**


EMIL A. BALACANAO

BAC Secretariat

Tel Nos. Trunkline: (02) 8726-4551; 8721-9711; 8726-4568.
(02) 8721-9782

(Signature over Printed Name)
Supplier

NATIONAL AUTHORITY FOR CHILD CARE

Annex A

NOTE: "Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph to register."

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Item	Qty.	Unit	Purchaser's Specifications	Approved Budget for the Contract	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
			AACW BIKE RIDE 2025	94,000.00			
			DATE OF THE ACTIVITY: JUNE 2025				
			NO. of PARTICIPANTS: 200pax				
			LOCATION				
			Meals and Snacks: ZAMBOANGA CITY				
	200	PAX	1 MEAL (LUNCH)				
	200	PAX	1 SNACK (AM)				
	200	PAX	Bottled Water				
			CATERING SERVICES				
			1. GUARANTEED MEALS TO ALL PARTICIPANTS				
			INCLUSIVE MEALS (WITH SOUP, DRINK AND DESSERT/ MANAGED BUFFET (LUNCH AND PM SNACKS))				
			2. MENU SHOULD BE FEASIBLE TO RELIGIOUS AND HEALTH REQUIREMENTS/ CONSIDERATIONS (NO PORK)				
			MAIN COURSE CONSISTING OF:				
			ATLEAST 2 VARIANT OF MEAT				
			ATLEAST 1 VARIANT OF VEGETABLE				
			ATLEAST 1 VARIANT OF FISH				

