



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

REQUEST FOR QUOTATION

RFQ No. 2025-040 NP-LOV
Date: February 4, 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 07 of February 2025. 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:

- Award shall be made on per: Item Basis Total Quoted Price Lot Basis
- Quotation validity shall be Sixty (60) calendar days from the deadline of submission of quotations.
- Good/s shall be delivered within 15-30 calendar days upon receipt of Notice to Proceed/Purchase Order
- Place of Delivery: National Authority for Child Care Central Office (NACC-CO)
- 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.
- 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.
- For goods, please indicate brand, model and country of origin.
- In case of discrepancy between unit cost and total cost, unit cost shall prevail.
- Please indicate Warranty: _____
- In case of a tie, the contract shall be awarded to the supplier or service provider who first submitted its quotation.
- 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

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Item No.	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
1	LOT		Hotel Accommodation, meals and venue for the Mental Health and Wellness Workshop of Operations Cluster Location: Luzon Date of Activity: March 2025 (3 day activity including travel time) Room type: Twin/Triple Sharing Board and Lodging for the Central Office -OED, DDS, DAD, ACCD, ICAD and Resource person Check in: 1st day Check out: 3rd day Meal Serving: 1st day Pm snacks and Dinner 2nd day Breakfast, AM & PM snack, Lunch and Dinner 3rd day Breakfast, AM Snacks and Lunch Secretariat/Holding/Consultation Room *must be near the event venue * must be available for the secretariat a day before the event and throughout the event Use of conference room that can accommodate the following: March 2025 79 participants Complimentary use of standard conference equipment: preferably use of lapel for the speaker 2 registration table, each with 2 chairs Free flowing coffee/tea during training WiFi Internet Access during training	568,800.00			

