

Republic of the Philippines

Department of Education

REGION IV-A CALABARZON

REQUEST FOR QUOTATION

The Department of Education Region IV-A (CALABARZON) through its Bids and Awards Committee, intends to procure "TRAVEL INSURANCE FOR THE EDUCATION BOOTCAMP SERIES ON CAMPUS JOURNALISM ON APRIL 29, 2025 TO MAY 2, 2025" in accordance with Alternative Method of Procurement under Section 53.9 (Negotiated Procurement – Small Value Procurement) of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184.

The Approved Budget for the Contract (ABC) is **THIRTY THOUSAND PESOS** (Php30,000.00).

The Project shall be awarded as one Project having several items that shall be awarded as one contract.

Please quote your **Best Offer** for the item/s described herein, **subject to the Terms and Conditions** provided at the bottom/last page of this Request for Quotation (RFQ). Submit your proposal/quotation duly signed by your authorized representative **not later than <u>APRIL 2, 2025 at 9:00 A.M.</u>** at the BAC Secretariat, DepEd Region IV-A CALABARZON, Gate 2 Karangalan Village, Cainta, Rizal. **Quotations may also be submitted through facsimile or email at the address and contact numbers indicated below**.

A copy of your 2025 **Business/Mayor's Permit, PhilGEPS Registration Number and Latest Income/Business Tax Return** are required to be submitted along with your signed quotation/proposal. A valid Certificate of PhilGEPS Registration (Platinum Membership) may be submitted in lieu of the Business/Mayor's Permit.

For any clarification, you may contact us at telephone no. **(02) 8682-2114** or by email at **bac.calabarzon@deped.gov.ph**.

LOIDA N. NIDEA
BAC Chairperson

08F/ROA/Pro2



Address: Gate 2, Karangalan Village, Cainta, Rizal

Telephone No.: 02-8682-2114

Email Address: region4a@deped.gov.ph
Website: depedcalabarzon.ph





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	Date:					
	Name of Company:					
	Address:					
	Name of Store/Shop (if applicable):					
	TIN:					
	PhilGEPS Registration Number:					
			INCT	RUCTIONS:		
	(2) Do not alter (3) All technical the mandate	the conte specificatory require	correctly, nts of this tions are r ements wi	accurately and of form in any was nandatory. Fail	y. are to comply with	
	Sir/Madam: After having careful for Quotation, hereu					e Request
		TEC	HNICAL	SPECIFICATION		
` '	ease quote your <u>bes</u> dicate "0" if item l	t offer for	the item/	s below. Please	_	blank items.
	dders must state "C ompliance" against e					
Item	Description	1	Total QTY	Bidder's Statement of Compliance ("Comply" or "Not Comply")	Unit Cost (VAT Inclusive)	Total Cost (VAT Inclusive)

1	TRAVEL INSURANCE	200		
1.	Php150.00/pc	pcs		

Specification from End-User:

PREMIUM INSURANCE (INCLUSIVE OF TAXES)

Coverage of the Premium / Person	
1.Accidental Death & Permanent Disablement	Php100,000.00
2.Accident Medical Reimbursement	Php10,000.00
3.Unprovoked Murder and Assault	Php100,000.00
4.Burial Benefit (Accident Related)	Php15,000.00
5.Accident Daily Hospital Confinement Benefit (max of 15 days)	Php250.00/day

TOTAL COST:

^{*}The above quoted prices are inclusive of all costs and applicable taxes.

SCHEDULE OF REQUIREMENTS Bidders must state "Comply" or any equivalent term in the column "Bidder's Statement of Compliance" against each of the individual parameters of each SCHEDULE.	BIDDER'S STATEMENT OF COMPLIANCE ("Comply" or "Not Comply")
From April 29, 2025 To May 2, 2025 inclusive of travel time	

FINANCI	AL OFFER
Approved Budget for the Contract	Your Total Offered Quotation
Php30,000.00	In words:
	In figures:

<u>Payment</u> <u>Details:</u>	Payment shall be made promptly, but in no case later than sixty (60) days, through Land Bank's LDDAP-ADA/Bank Transfer facility after submission of billing statement/invoice and upon fulfilment of other obligations as stipulated in the contract as well as upon inspection and acceptance of the goods by the end user.
Banking Institution	
Account Number	
Account Name	
Branch	

TERMS AND CONDITIONS:

- 1. Bidders shall provide correct and accurate information required in this form.
- 2. Price quotation/s must be valid for a period of sixty (60) calendar days from the date of submission of quotation.
- 3. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
- 4. Quotations exceeding the Approved Budget for the Contract shall be rejected.
- 5. Award of contract shall be made to the Lowest Calculated and Responsive Quotation (for goods and infrastructure) or, the Highest Rated Offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
- 6. Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
- 7. The item/s shall be delivered according to the requirements specified in the Technical Specifications.
- 8. The Department of Education Region 4A shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
- 9. In case two or more bidders are determined to have submitted the Lowest Calculated Quotation/Lowest Calculated and Responsive Quotation, the DBM 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.
- 10. Payment shall be processed after delivery and upon the submission of the required supporting documents, in accordance with existing government accounting rules and regulations. Please note that the corresponding bank transfer fee, if any, shall be chargeable to the contractor's account.

11. 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 Department of Education Region IV-A 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 open to it.

Signature over Printed Name
Position/Designation
Office Telephone Number
Fax/Mobile Number
E-mail Address/es