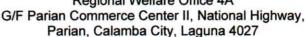


Department of Migrant Workers OVERSEAS WORKERS WELFARE ADMINISTRATION

Regional Welfare Office 4A (CALABARZON)
Regional Welfare Office 4A





PR4A 2025-04-0007 Date: April 30, 2025

REQUEST FOR QUOTATION / PROPOSAL

COMPANY NAME:

ADDRESS OF COMPANY:

To whom it may concern:

Please quote your lowest net price/s (taxes included) on the lot or item/s below, subject to the General Conditions indicated herein, stating the shortest time of delivery and submit your quotation using your company letterhead or this form duly signed by your official representative to Overseas Workers Welfare Administration Regional Welfare Office IV-A (OWWA RWO IV-A) not later than <u>8 May 2025</u>, 10:00 a.m.

MARICYNNE L PENIERO
BAC Chairperson

ROSARIO C. BURAYAG Regional Director

PROJECT TITLE/NAME: Venue and Accommodation for OWWA RWO 4A for 2025 Scholars Summer Youth Camp						DEALERS'S/SUPPLIERS OFFER	
ITEM NO	SPECIFICATIONS	QTY	UNIT	APPROVED BUDGET FOR CONTRACT (ABC)	UNIT COST (VAT Inclusive)	TOTAL COST (VAT Inclusive)	
1	Venue and Accommodation for Scholars Summer Youth Camp	1	Lot	P 525,000.00			
	No. of Day/s – 2 (two) days and 1 (one) night, from May 22-23, 2025			Ξ			
	No. of Participants - 150 (one hundred fifty) pax				a .		
	Facilities and Venue Package Inclusions • Parking for Service Vehicles						

The state of the s				
	Use of Hotel Rooms			
	with Towels and			
	Toiletries			
	Airconditioned			
1	Function Hall with			
	basic Sound System			=
	and Projector			
	Free Use of			(*)
	Amenities			
	 Complimentary Welcome Tarp 			
	Outdoor Package			
	Inclusions			
	Activity Design			
	Participants			
	Orientation			
	Team Building			
	Instructors,			
	Facilitators and			
	Technicians			
	Safety Personnel			
	Emergency			
	Response Team			
	Event Materials	-		
	Food Package Inclusions	 		
	Food Fackage Inclusions			
	Day 1 (May 22) - Managed			
	Buffet AM Snack, Lunch, PM		8	
	Snack, Managed Buffet			
	Dinner			
	J.I.I.O.			
	Day 2 (May 23) - Managed			T.
	Buffet Breakfast, AM Snack,			
	Managed Buffet Lunch			
	Additional Documentary			
	Requirements must be			
	submitted upon submission			
	of offer:			
	1. PhilGEPS Certificate or			
	Philgeps Registration			
	Number			
	2. Mayor's / Business			
	Permit			
	3. BIR Certificate of			
	Registration			
	Note: Bidders may also			
1	submit their proposal and			
	supporting documents			
	through email address:			
	region4a@owwa.gov.ph			
	g. orr raigoripri	 		

GENERAL CONDITIONS

- 1. Entries must be typewritten / if handwritten, it must be clear and legible;
- 2. Bidders must submit certificate of PHILGEPS Registration;
- 3. Bidders must submit necessary business permits (SEC, LGU, DTI, CDA, etc.):
- 4. All quotations can be submitted through the following means: a) in a SEALED ENVELOPE, or b) thru ELECTRONIC MAIL.

Label the envelope with the following:

Bidder's Company Name PHILGEPS Reference No. Project Title/Name

PR No.

- 5. Item/s delivered must have warranties for unit replacements, parts, labor or other services;
- 6. Quoted prices must be inclusive of taxes and shall not exceed Approved Budget for Contract (ABC);
- 7. Proposal/Quotation submitted without signature of the authorized signatory shall not be accepted;
- 8. Proposal/Bid modifications submitted beyond the scheduled deadline shall not be considered;
- 9. Price quoted/submitted on the deadline shall be considered as final and unalterable;
- 10. 10. Use of non-discretionary/non-discrimatory selection criteria as tie-breaking method in case of two or more bidders determined and declared as the Lowest Calculated and Responsive Bidder (LCRB) in accordance with GPPB Circular No. 06-2005.
- 11. 11. The OWWA reserves the right to accept or reject any bid, to annul the bidding process, and to reject at any time prior to contract award, without thereby incurring any liability to the affected bidder or bidders.

any liability	to the affected bi	dder or bidders.		
Location Delivery Terms of Payment Price Validity	: On May : Governr	Indang Cavite On May 22-23, 2025 Government Terms 60 days from date of quotation/proposal		
		Company Name		
		(Print Name and Signature of Authorized Representative)		
		(Designation)		
		Company Tel/Fax/Mobile No.		

(Date)