



Department of Migrant Workers
OVERSEAS WORKERS WELFARE ADMINISTRATION
Regional Welfare Office 4A (CALABARZON)
Regional Welfare Office 4A
G/F Parian Commerce Center II, National Highway,
Parian, Calamba City, Laguna 4027



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 **8 May 2025, 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					
	No. of Participants – 150 (one hundred fifty) pax					
	Facilities and Venue Package Inclusions <ul style="list-style-type: none">Parking for Service Vehicles					

	<ul style="list-style-type: none"> • Use of Hotel Rooms with Towels and Toiletries • Airconditioned Function Hall with basic Sound System and Projector • <i>Free Use of Amenities</i> • <i>Complimentary Welcome Tarp</i> 					
	Outdoor Package Inclusions <ul style="list-style-type: none"> • Activity Design • Participants Orientation • Team Building Instructors, Facilitators and Technicians • Safety Personnel • Emergency Response Team • Event Materials 					
	Food Package Inclusions <i>Day 1 (May 22) - Managed Buffet AM Snack, Lunch, PM Snack, Managed Buffet Dinner</i> <i>Day 2 (May 23) - Managed Buffet Breakfast, AM Snack, Managed Buffet Lunch</i>					
	<i>Additional Documentary Requirements must be submitted upon submission of offer:</i>					
	1. PhilGEPS Certificate or Philgeps Registration Number					
	2. Mayor's / Business Permit					
	3. BIR Certificate of Registration					
	<i>Note: Bidders may also submit their proposal and supporting documents through email address: region4a@owwa.gov.ph</i>					

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. 5. Item/s delivered must have warranties for unit replacements, parts, labor or other services;
6. 6. Quoted prices must be inclusive of taxes and shall not exceed Approved Budget for Contract (ABC);
7. 7. Proposal/Quotation submitted without signature of the authorized signatory shall not be accepted;
8. 8. Proposal/Bid modifications submitted beyond the scheduled deadline shall not be considered;
9. 9. Price quoted/submitted on the deadline shall be considered as final and unalterable;
10. 10. Use of non-discretionary/non-discriminatory 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.

Location : Indang Cavite
Delivery : On May 22-23, 2025
Terms of Payment : Government Terms
Price Validity : 60 days from date of quotation/proposal

Company Name

***(Print Name and Signature of
Authorized Representative)***

(Designation)

Company Tel/Fax/Mobile No.

(Date)