



REQUEST FOR QUOTATION
RFQ No. 2024-08-058

_____ Date

Name of Establishment: _____

Address: _____

Business Permit No.: _____ TIN: _____

PhilGEPS Registration No. (**required**): _____

The Philippine Statistics Authority – Bukidnon, (PSA-Bukidnon) through its Sub-Technical Working Group - Bukidnon, will undertake a Lease of Real Property – **Space Rental** with Section 53.10 of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184. Details of the procurement are as follows:

Name of Project	Space Rental for 2024 POPCEN-CBMS Data Processing Center
Location	within Malaybalay City
Date of Event	September to November 30, 2024
Quantity	170 sqm.
Terms of Payment	30 working days upon receipt of Statement of Account and must accept send bill policy
Approved Budget for the Contract (ABC)	Two hundred fifty five thousand pesos only (Php 255,000.00)

We hereby invite all interested suppliers to submit quotations/proposals duly signed by duly authorized representatives not later than **27 August 2024, 12:00 NN** subject to the Terms and Conditions provided in this RFQ. If you haven't provided the PSA a copy of your **Mayor's/Business Permit, Income/Business Tax Return and Philgeps Registration Number**, please submit these documents along with your accomplished quotation.

Open quotations maybe submitted, manually, or email at **psabukprocurement@gmail.com**.

For any clarification, you may contact **Lailanie S. Acola** at the above-mentioned contact details.

VIRGILIO A. ITEM JR.
 Head TWG – PSO Bukidnon



General Terms and Conditions

1. Bidders shall provide correct and accurate information required in this form. Failure to use this form will result in disqualification of your bid.
2. Partial bid is not allowed.
3. Price quotation, in peso denomination, must be valid for 30 calendar days from the date of submission. It shall include all taxes, duties, and/or other charges.
4. Quotations exceeding the Approved Budget for the Contract shall be rejected.
5. Late submission of the quotation shall not be accepted.
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 Table of Rating Factors for Lease of Venue as provided in the IRR of RA 9184 shall be used in the evaluation of the venue and room accommodation. The passing rate is 90 percent.
8. Award of contract shall be made to the supplier with the highest rated bidder compliant to the minimum technical specifications and general terms and conditions stated herein.
9. In case of two or more bidders are determined highest rated bidders, the PSA 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. The goods must be delivered according to the requirements specified in this RFQ.
11. Payment shall be prepared through check/Advice to Debit Account (ADA) upon receipt of the supplier's Statement of Account, subject to deduction of applicable taxes.
12. The PSA reserves the right to reject any or all quotations, to declare failure of bidding, to reject all quotations/bids at any time prior to contract award, without thereby incurring any liability to the affected Bidder(s), and to accept only the offer that is most advantageous to the Government.

BID FORM

Instructions:

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. Technical specifications with asterisks(*) are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify the entire quotation.
5. Failure to use this form will disqualify your quotation.
6. Please do not leave any blank items. Indicate "0" if item is being offered for free.

After having carefully read and accepted the Terms and Conditions. I/We submit our quotation for the item/s as follows:

No.	Technical Specification/s	Unit	Qty	Offered Price		Compliance to Technical Specifications		Remarks
				Unit Price	Amount	(Please Check)		
						Yes	No	
A	B	C	D	E	F = DxE	G	H	
I. ELIGIBILITY REQUIREMENTS								
1	Copy of Business Permit with Appropriate Line of Business (If provided with PSA-Bukidnon, please indicate in the Remarks portion and check "Yes" in Column G)							
2	Snip of PhilGEPS Registration Number (If provided with PSA-Bukidnon, please indicate in the Remarks portion and check "Yes" in Column G)							
II. Space Rental								
	<i>Specification:</i> With at least floor of area of 170 sqm.	monthly	3					
III. Location and Site Condition								
1	Accessibility Within Malaybalay City Bukidnon							
	With access to main roads and highways*							
2	Parking Space With free parking space reserved within or near venue*							
IV. Neighborhood Data								
1	Sanitation and health condition Proper waste managementsystem* such as regular garbage collection and with Sanitary Permit from appropriate authority							
2	Police and fire station Proximity to Police and FireStations							
3	Restaurant Proximity to restaurants							

4	Banking, Postal and Telecom Proximity to banks, postal and telecommunications serviceprovider							
V.	Real Property							
1.	Structural Condition The foundation is made of concrete and structural steel materials or combination of both.							
	Fully Furnish							
2.	Functionality must have high ceiling.							
	Well-lighted and well-ventilated							
	Comfortable and wide spacefor at least 70 processors, space enough to implement one- meter physical distancing							
	With strong (full bar signal mobile network signal e.g.Globe/Smart							
3.	Facilities Water supply and toilet Continuous water supply and with own comfort room							
	Fire escapes and fire-fighting equipment Accessible emergency exit and alarm, standby fire extinguisher and automatic sprinkler*							
V.	Payment Scheme							
	Send bill arrangement							
	Accept check payments *****							
	TOTAL OFFERED PRICE (in words and in figures)							

Printed Name of authorized representative / Signature: _____

Position: _____

Name of Company: _____

Address: _____

Email Address: _____

Tel./Cellphone No. : _____

Date: _____