

# Office of the Vice President of the Philippines

## REQUEST FOR QUOTATION

Reference No.: 2021-660  
Posting Date: November 3, 2021

The Office of the Vice President (OVP), through its Bids and Awards Committee, will undertake a Negotiated Procurement - Community Participation for the “*Supply and Delivery of Community-Based Jackets*” in accordance with Section 53.12 of the Revised Implementing Rules and Regulations of Republic Act No. 9184.

Name of Project : Supply and Delivery of Community-Based Jackets  
Approved Budget for the Contract : Four Hundred Fifty Thousand Pesos  
(P450,000.00)

Specifications : Please see attached Annex “D”  
Delivery Address : 7th Floor, Ben-Lor Building, 1184 Quezon Avenue, Quezon City

Interested providers are required to submit the following documents:

### I. For Organized Community-based Service Providers<sup>1</sup>:

- a. Certificate of registration from the Department of Trade and Industry (DTI), Securities and Exchange Commission (SEC), Cooperatives Development Authority (CDA), Department of Labor and Employment (DOLE), National Commission on Indigenous People (NCIP), national government agency, or local government unit, whichever is applicable;
- b. Certification for Community Participation in Government Procurement (Annex “A”)
- c. Either of the following:
  - a. List of completed contracts similar to procurement (Annex “B”);
  - b. List indicating the experiences of members of the community-based service provider related to the project (Annex “C”);
- d. Updated audited financial statement.

### II. For Unorganized Community-based Service Providers:

1. Certificate from the Punong Barangay concerned that the individual members of the group are residents of the community;
2. Resolution or minutes of the Barangay Assembly approving the creation of the community labor group as a community-based service provider;
3. List indicating the experiences of members of the community-based service provider related to the project (Annex “C”); and
4. Guidelines for the establishment of a financial management system necessary for the performance of the project and the implementation of a payroll system.

### III. Common Requirements for Organized and Unorganized Community-based Service Providers:

1. Compliance to the Technical Specifications (Annex “D”); and
2. Accomplished Price Quotation Form (Annex “E”).

Use of forms other than the attached OVP prescribed Price Quotation Form and Technical Specifications is not acceptable.

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<sup>1</sup> e.g. Civil Society Organizations, Community Based Organizations, People’s Organizations

Submission of quotation and eligibility documents is on or before 9:00 a.m. of November 9, 2021 at the Property and Procurement Unit, 7<sup>th</sup> Floor, Ben-Lor Building, 1184 Quezon Avenue, Quezon City. Submission may be done manually, through facsimile at telefax no. 370-1724 local 129 or via e-mail at bacsecretariat@ovp.gov.ph.

The OVP reserves the right to accept or reject any price quotation, to annul the procurement process, and to reject all price quotation at any time prior to contract award, without thereby incurring any liability to affected bidder/s or any person.

For inquiries, you may contact us at telephone number 370-1724 local 128 to 129.

  
**SOFIA C. YANTO-ABAD**  
B/C Chairperson

**TECHNICAL SPECIFICATIONS**

Bidders must state **"Comply"** in the column "Statement of Compliance" against each of the individual parameters of each "Requirement." Please do **not** just place check in the bidder's "Statement of Compliance."

<b>Specification</b>	<b>Quantity</b>	<b>Statement of Compliance</b>
<b>Jacket</b>  a. <i>Dimension:</i> Small (21 in. X 26.25 in.) M (22 in. x 27 in.) Large (23 in. X 27.75 in.) b. <i>Design Detail:</i> Black jacket with OVP logo	600 pcs	

Note: Quantities are indicative and may be increased or decreased during project implementation, provided that the total cost shall not exceed the ABC for the Project.

We hereby certify to comply and deliver all the above Technical Specification.

\_\_\_\_\_  
**Name of Community  
Based Service Provider**

\_\_\_\_\_  
**Signature over Printed Name  
of Leader/Authorized  
Representative**

\_\_\_\_\_  
**Date**

## PRICE QUOTATION FORM

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 Date
**The Bids and Awards Committee**

Office of the Vice President  
 7<sup>th</sup> Floor Ben-Lor Bldg., 1184 Quezon Ave.,  
 Quezon City

**Sir/Madam:**

- (1) After having carefully read and accepted the terms and conditions in the Request for Quotation (RFQ), hereunder is our quotation/s for the item/s as follows:

Project	Specification	Quantity	Unit	Unit Price	Total Price
<b>Supply and Delivery of Community-based Jacket</b>	Jacket	600	Pcs		
	<b>TOTAL (Inclusive of VAT)</b>				

- (2) We undertake to deliver above goods per technical specifications not later than November 15, 2021; and
- (3) We agree to abide by this quotation/bid for a period of sixty (60) days after the date of deadline of submission specified in your RFQ.

(Amount in Words)

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The above-quoted prices are inclusive of all costs and applicable taxes

Very truly yours,

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Name and Signature of Leader/  
 Authorized Representative

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Name of Community-Based  
 Service Provider

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Contact Number

### List of Completed Contracts Similar to Procurement

Name of Client	Date of the Contract	Kinds of Goods	Amount of Contract	Date of Delivery

Note: Similar contract shall refer to supply and delivery of handwoven products.

Submitted by:

\_\_\_\_\_  
**Name of Community  
 Based Service Provider**

\_\_\_\_\_  
**Signature over Printed Name  
 of Leader/Authorized  
 Representative**

\_\_\_\_\_  
**Date**

## Certification for Community Participation in Government Procurement

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I, *[Name of Leader/Representative]*, of legal age, *[Civil Status]*, *[Nationality]*, and residing at *[Address of Affiant]*, representing the organized community based service providers from *[name of organization or locality]* hereby certify that:

1. None of our incorporators, organizers, directors or officials is an agent or related by consanguinity or affinity up to the fourth civil degree to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), or other official authorized to process and/or approve the proposal, contract, and release of funds;

2. *Select one and delete the other:*

*If no related business:* None of our incorporators, organizers, directors or officials

*If with related business:* That our incorporators, organizers, directors or officials have related business, as follows:

Name	Related Business	Extent of Ownership

3. We have an existing bank account with the following details:

Account Name:	
Account Number:	
Name of Bank and Mother Branch:	

4. We have an existing financial management system that maintains the following sets of book of accounts: cash receipts book, cash disbursement book, ledger/logbook, subsidiary ledger (particularly for inputs, assets, properties belonging to community based service provider, bank book/bank statements, disbursement vouchers, and official receipt).

This Certification is being issued for purposes of community participation in government procurement in compliance with the Community Participation Procurement Manual adopted through Government Procurement Policy Board Resolution No. 09-2014.

\_\_\_\_\_  
Signature over Printed Name  
Leader/Authorized Representative

\_\_\_\_\_  
Date

**List of Experiences of Members of the  
Community Based Service Provider**

**Name of Community Based Service Provider:**

**Address:**

1. Name of Member:

a. Position, if any:

b. Inclusive years of membership:

c. Trainings, if any:

Name of Training	Training Provider	Date of Training

d. Projects participated in:

Name of Project	Client	Description of Work Done	Date Completed

e. Other notable work experience, if any:

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2. Name of Member:

a. Position, if any:

b. Inclusive years of membership:

c. Trainings, if any:

Name of Training	Training Provider	Date of Training

d. Projects participated in:

Name of Project	Client	Description of Work Done	Date Completed

e. Other notable work experience:

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3. Name of Member:

a. Position, if any:

b. Inclusive years of membership:

c. Trainings, if any:

Name of Training	Training Provider	Date of Training

d. Projects participated in:

Name of Project	Client	Description of Work Done	Date Completed

e. Other notable work experience:

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Submitted by:

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**Name of Community  
Based Service Provider**

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**Signature over Printed Name  
of Leader/Authorized  
Representative**

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**Date**