



Republic of the Philippines
Department of Finance
INSURANCE COMMISSION



REQUEST FOR QUOTATION


The Insurance Commission (IC) invites all interested suppliers, which are registered in the PhilGEPS, to submit their lowest price proposal/quotation on the item listed below, subject to the attached Terms of Reference (TOR):

<i>Item and Description</i>	<i>Quantity and Unit</i>	<i>Approved Budget for Contract</i>
Program Facilitators including Customized Indoor Program, Facilitation and Synthesis, and Activity Shirts for the 2017 IC Solidarity Day (P.R. No. 2017-05-180)	1 lot	Seven Hundred Twenty-Nine Thousand Six Hundred Eighty-Six Pesos (PhP729,686.00)

Please use the attached Reply Slip Form in submitting price quotation to the IC Office, or through email or fax at the contact information indicated below.

Proposal/quotations must be received **not later than 12:00 Noon of 16 May 2017** at the following address:

Contact person: Ms. Leizle L. Arlando, IC Administrative Officer II
Office Address: 2nd Flr., Insurance Commission Bldg., 1071 United Nations Ave., Ermita, Manila
Telephone Nos.: 534-8462 to 70 loc. 120, 524-3548
E-mail: hr@insurance.gov.ph


REVELYN R. MOJICA
IC Division Manager
Human Resource Division





Republic of the Philippines
Department of Finance
INSURANCE COMMISSION



TERMS OF REFERENCE

Program Facilitators including Customized Indoor Program, Facilitation and Synthesis, and Activity Shirts for the 2017 IC Solidarity Day (P.R. No. 2017-05-180)

I. Scope of Work and Job Specifications

The Supplier shall submit price quotation inclusive of the following goods and services itemized below:

<i>Item and Description</i>	<i>Quantity and Unit</i>
<p>Item 1: Program Facilitators including Customized Indoor Program, Facilitation and Synthesis</p> <p>Specifications:</p> <ol style="list-style-type: none">1. Facilitators shall formulate a customized indoor program for IC's needs on Corporate Branding and Customer Service. Activities shall also touch on themes of solidarity, unity or teamwork. Indoor program shall run for four (4) hours.2. Facilitators shall conduct a Needs Analysis to determine the appropriate learning and development methods and tools to be used in the facilitation of the indoor program.3. Guaranteed number of participants is 240 pax, who will be divided into (4) groups. There shall be at least six (6) activities customized according to the number of groups.4. There shall be at least one (1) lead facilitator and one (1) co-facilitator to deliver and conduct the whole indoor program and each group shall have at least two (2) assistant facilitators assigned to them.5. Facilitators shall provide all supplies/materials/props needed for all activities.6. Facilitators shall facilitate processing/synthesis at the end of each activity. They shall collect relevant responses from the participants during the activities to formulate the collective idea on Corporate Branding and Customer Service.	1 lot

Item and Description	Quantity and Unit
<p>7. Facilitator shall submit an evaluation report to IC within fifteen (15) days after the conduct of the 2017 IC Solidarity Day. Post-program meeting/s shall be conducted to discuss on the results of the program.</p> <p>Rating factors shall be used in the evaluation of the design and outline of the indoor program against IC's needs (Annex A).</p>	
<p>Item 2: Activity Shirts</p> <p>Specifications:</p> <ol style="list-style-type: none"> 1. Shirt Type: Collared Polo Shirt 2. Shirt Textile: High Quality Honeycomb (Thick) 100% cotton fabric for body and sleeves 3. Shirt Design: <ul style="list-style-type: none"> - Plain (no print/design) - Classic Front Placket with two (2) button holes with two (2) four-hole flat shell buttons with rim - With knitted spread collar - With knitted sleeve ends - With double needle stitching in hem line - Straight cut side seams for men and curved/fitted side seams for ladies 4. Shirt Color: Plain Solid Color (No combination) <ol style="list-style-type: none"> a. For Team Shirts: Four (4) colors <ul style="list-style-type: none"> - Light Blue, Gray, Yellow and White b. For Solidarity Shirts: Navy Blue 5. Shirt Sizes shall be separate for Ladies and Men and shall range from Small to 5XL. <p>Rating factors shall be used in the evaluation of quality of Activity Shirts (Annex B).</p>	<p>240 pieces of Team Shirts and 240 pieces of Solidarity Shirts</p>

II. Delivery Terms

The Service Provider shall deliver the Activity Shirts on or before 23 May 2017. Actual facilitation/delivery of the customized indoor program is on 25 May 2017 at the venue designated by the IC.

III. Approved Budget for the Contract

The price quotation should not exceed the Approved Budget for Contract (ABC) of **Seven Hundred Twenty-Nine Thousand Six Hundred Eighty-Six Pesos (PhP729,686.00)** inclusive of 12% VAT and all other applicable taxes and charges.

Bids received in excess of the ABCs shall be automatically disqualified during bid evaluation.

The price quotation must be valid for thirty (30) days and should not be subject to change/increase during the implementation of the contract.

IV. Mode of Procurement

The mode shall be Negotiated Procurement under Small Value Procurement as provided under Section 53.10 of the 2016 Revised Implementing Rules and Regulations (RIRR) of Republic Act No. 9184. It is understood that the relevant provisions of the said law and its implementing rules shall apply, govern and complement the agreement arrived at under this TOR.

Service provider must be registered in the Philippine Electronic Government Procurement System (PhilGEPS).

V. Awarding of Contract

The bidders shall submit their Reply Slip Form, along with the size samples of the activity shirts, and the following documents:

1. Mayor's Business Permit
2. Tax Registration issued by the Bureau of Internal Revenue
3. Latest Income/Business Tax Return
4. Omnibus Sworn Statement (format to be provided by IC)
5. Proof of PhilGEPS Registration


Shirt samples shall be returned to the bidder after inspection of IC.

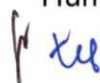
VI. Payment Terms

The payment for the service rendered shall be made within thirty (30) days after the complete delivery, acceptance of the items, and issuance of billing statement by the supplier.

The IC shall not be held liable for any delay in the payment under reasonable and acceptance circumstances.

The IC reserves the right to reject any or all Quotations/bids, to annul the procurement process, 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.


REVELYN R. MOJICA
IC Division Manager
Human Resource Division



REPLY SLIP

Name of Supplier : _____
Office Address : _____
E-mail Address : _____
Telephone No. : _____
Business Permit No. : _____
Tax Identification No. : _____
PhilGEPS Registration/Organization No.: _____

After having carefully read and accepted the terms and conditions in the Terms of Reference for the **Program Facilitators including Customized Indoor Program, Facilitation and Synthesis, and Activity Shirts for the 2017 IC Solidarity Day (P.R. No. 2017-05-180)**, I/we quote you on the item at prices noted below:

<i>Item and Description</i>	<i>Quantity and Unit</i>	<i>Total Cost</i>
Program Facilitators including Customized Indoor Program, Facilitation and Synthesis, and Activity Shirts for the 2017 IC Solidarity Day (P.R. No. 2017-05-180)	1 Lot	

Note:

1. Total cost should not exceed ABC of Seven Hundred Twenty-Nine Thousand Six Hundred Eighty-Six Pesos (PhP729,686.00).
2. Price quotation is inclusive of 12% VAT and all other applicable taxes and charges.

Signature Over Printed Name of Supplier/
Authorized Representative

Position: _____

Date: _____

Annex A

TABLE OF RATING FACTORS

Customized 2017 IC Solidarity Day Indoor Program

Bidder: _____

	Rating Factors	Weight	Rating
I	Understanding of program objectives	30%	
II	Appropriateness of activities based on requirements	20%	
III	Assignment of training facilitators	20%	
III	Vendor Impression	20%	
IV	Price	10%	

Rated by:

Printed Name over Signature
Designation

Annex B

TABLE OF RATING FACTORS

2017 IC Solidarity Day Activity Shirts

Bidder: _____

A. Team Shirts

	Rating Factors	Weight	Rating
I	Textile texture	20%	
II	Textile thickness	20%	
III	Moisture Absorption of textile	10%	
IV	Textile color intensity	10%	
V	Stitching neatness and durability		
	• Neck area	5%	
	• Shoulder seam	5%	
	• Hem	5%	
VI	Collar and sleeve cuff stitching, and strength/durability	15%	
VII	Button style and stitching	10%	

B. Solidarity Shirts

	Rating Factors	Weight	Rating
I	Textile texture	20%	
II	Textile thickness	20%	
III	Moisture Absorption of textile	10%	
IV	Textile color intensity	10%	
V	Stitching neatness and durability		
	• Neck area	5%	
	• Shoulder seam	5%	
	• Hem	5%	
VI	Collar and sleeve cuff stitching, and strength/durability	15%	
VII	Button style and stitching	10%	

Rated by:

Printed Name over Signature
Designation

Omnibus Sworn Statement

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF _____) S.S.

AFFIDAVIT

I, *[Name of Affiant]*, of legal age, *[Civil Status]*, *[Nationality]*, and residing at *[Address of Affiant]*, after having been duly sworn in accordance with law, do hereby depose and state that:

1. **Select one, delete the other:**

If a sole proprietorship: I am the sole proprietor or authorized representative of *[Name of Bidder]* with office address at *[address of Bidder]*;

If a partnership, corporation, cooperative, or joint venture: I am the duly authorized and designated representative of *[Name of Bidder]* with office address at *[address of Bidder]*;

2. **Select one, delete the other:**

If a sole proprietorship: As the owner and sole proprietor, or authorized representative of *[Name of Bidder]*, I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for *[Name of the Project]* of the *[Name of the Procuring Entity]*, as shown in the attached duly notarized *Special Power of Attorney*;

If a partnership, corporation, cooperative, or joint venture: I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for *[Name of the Project]* of the *[Name of the Procuring Entity]*, as shown in the attached *[state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable)]*;

3. *[Name of Bidder]* is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board;
4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;
5. *[Name of Bidder]* is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. **Select one, delete the rest:**

If a sole proprietorship: The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

If a partnership or cooperative: None of the officers and members of [Name of Bidder] is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

If a corporation or joint venture: None of the officers, directors, and controlling stockholders of [Name of Bidder] is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. [Name of Bidder] complies with existing labor laws and standards; and
8. [Name of Bidder] is aware of and has undertaken the following responsibilities as a Bidder:
- a) Carefully examine all of the Bidding Documents;
 - b) Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
 - c) Made an estimate of the facilities available and needed for the contract to be bid, if any; and
 - d) Inquire or secure Supplemental/Bid Bulletin(s) issued for the [Name of the Project].
9. [Name of Bidder] did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.

IN WITNESS WHEREOF, I have hereunto set my hand this ___ day of ___, 20__ at _____, Philippines.

Bidder's Representative/Authorized Signatory

SUBSCRIBED AND SWORN to before me this ___ day of [month] [year] at [place of execution], Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice

(A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her [insert type of government identification card used], with his/her photograph and signature appearing thereon, with no. _____ and his/her Community Tax Certificate No. _____ issued on ____ at _____.

Witness my hand and seal this ____ day of [month] [year].

NAME OF NOTARY PUBLIC

Serial No. of Commission _____

Notary Public for _____ until _____

Roll of Attorneys No. _____

PTR No. _____ [date issued], [place issued]

IBP No. _____ [date issued], [place issued]

Doc. No. _____

Page No. _____

Book No. _____

Series of _____

* This form will not apply for WB funded projects