DEPARTMENT OF TOURISM

National Capital Region Telefax: 8553-3530 Direct Line: 84595200 local 212 Email: dotncr.bac@tourism.gov.ph

Date: August 24, 2023

GENTLEMEN:

REQUEST FOR QUOTATION

| QUANTITY | UNIT | e to us your latest price(s) on the following item(s): ITEM/DESCRIPTION/SPECIFICATION | UNIT PRICE |
|----------|------|--|---------------|
| 1 (ONE) | LOT | TOUR OPERATOR | |
| | DOI | Project Name: | |
| | | CONDUCT OF TRAINING MONITORING AND IMPACT ASSESSMENT | |
| | | IMPLEMENTATION DATE : | |
| | | August 31, September 1, September 7 | |
| | | (*subject to change due to the availability of venue, and to be agreed by the DOT-NCR | |
| | | and the supplier in coordination with the concerned LGU/stakeholders) | |
| | | I. BRIEF BACKGROUND: | |
| | | The Office of Industry Manpower Development (OIMD) is set to conduct the Tourism Industry Skills Program (TISP) Training Monitoring and Impact Assessment in the National Capital Region. The TISP Training Monitoring and Impact Assessment is a follow-through evaluation of the beneficiaries of previous trainings conducted in 2022 by the Department of Tourism-National Capital Region (DOT-NCR), through its Industry Development Manpower Unit (IMDU). As such, through a memorandum dated 11th day of July 2023, OIMD is requesting DOT-NCR's assistance in the facilitation of the activity, coordination with the beneficiaries of the aforementioned trainings conducted, and provision of tokens of appreciation to the beneficiaries, and meals and transportation for the facilitators. | |
| | | II. OBJECTIVES: | |
| | | To capture the impact of the training on the participants' knowledge and skills To measure the quality of service, productivity, and professional growth | |
| | | of the participants after attending the DOT Trainings | |
| | | III. SCOPE OF WORK AND DELIVERABLES AND BUDGETARY REQUIREMENTS | |
| | | A. MEALS Meals (AM Snack, Lunch, PM Snack) Facilitators / Organizers Php 220 x 3 x 13 pax x 3 days PhP 25,740.00 | |
| | | B. TRANSPORTATION | |
| | | DOT Office and Points in Metro Manila to Airport and Vice Versa: - 1 Van Hire - DOT Office to any point in Metro Manila and Vice versa - 1 unit of air-conditioned van - Provision of 1 cooler for bottled waters inside the van - Inclusive of: Driver, Driver's Meals, Fuel, Parking, Toll Fees, Driver's Fee - Driver must be fully vaccinated - 9,200.00/day x 3 days = 27,600.00 | |
| | | - 9,200.00/day x 3 days - 21,800.00 | |
| | | 31 August, 1 September and 7 September 1 Service Vehicle for DOT-NCR Staff and DOT-OIMD (Includes service from Pick up in points in Metro Manila) | |
| | | C. COMMUNICATION EXPENSES PhP 300.00 | |
| | | D. OFFICE SUPPLIES A4 Size Bond Paper = Php 259 x 2 = Php 518.00 Ballpens = Php 90 (12 pieces/box) x 5 box = Php 450.00 A4 Clipboard Folder = Php 139 x 5 pcs = Php 695 Total: Php 1,663.00 | |
| | | E. POST-TRAINING KITS Php 400 x 70 pax = PhP 28,000.00 | |

| 1V. MINIMUM REQUIREMENTS OF TOUR OPERATOR: A. Must be Accredited by the Philippine Government Electronic Procurement System (PhilGEPS) B. Must be A DOT Accredited Tour Operator, and C. Must be willing to provide services on send-bill arrangement. | |
|---|--|
| APPROVED BUDGET FOR THE CONTRACT (ABC) EIGHTY THREE THOUSAND THREE HUNDRED THREE ONLY (PHP 83,303.00) (inclusive of all applicable taxes, EVAT/VAT/government taxes/service charge/ and other applicable taxes and charges) | |
| DOCUMENTARY REQUIREMENTS TO BE SUBMITTED: 1. Valid Mayor's Business Permit; 2. PhilGEPS Registration Number; 3. Duly notarized Omnibus Sworn Statement; 4. DOT Accreditation Certificate; | |
| CONTACT PERSON: Mr. Mark Ryan Isidro mjisidro@tourism.gov.ph Mobile: 09951088548 | |
| Please quote your lowest price for the above requirements and submit your quotation along with documentary requirements VIA PERSONAL SERVICE AND/OR COURIER in three (3) original sets IN A SEALED ENVELOPE to this office address: DOT NCR BAC SECRETARIAT Mr. Lawrence J. Alcantara – Head, NCR BAC Secretariat 2nd Floor, DOT Building, 351 Sen. Gil Puyat Avenue, Makati City | |
| Note: Deadline of submission is on August 29, 2023 @ 8:00 am | |

This office desires to place an order for the above item(s) with the minimum delay. Your firm quotation will help us very much in placing the order.

PRINT NAME OF DEALER/SUPPLIER

ADDRESS OF DEALER/SUPPLIER

CONTACT NUMBER(s)

TIN:

AUTHORIZED SIGNATURE OVER PRINT NAME

LANDBANK ACCOUNT NUMBER

NCR-ADMIN-PMD-004-00

Thank you.