



REQUEST FOR QUOTATION (RFQ)

DATE: Aug 14, 2026 PURCHASE REQUEST NO.: 26-08-007
RFQ no. 2026-08-14-002 IMPLEMENTING UNIT: HRMD-TDD
PROCUREMENT MODE: Sec. 34 of the IRR of RA No.12009- Small Value Procurement

I. INTRODUCTION

Cultural Center of the Philippines (CCP) invites qualified suppliers to submit a quotation for the procurement of the following items/services:

Qty	UOM	Description	Approved Budget for the Contract (ABC)
1	Lot	Supply and delivery of Packed Meals for the conduct of Basic Records and Archives Management Training on August 26-27,2026	₱63,000.00

Note: Quotation should be for the **entire lot**, incomplete or partial quotations may not be considered.

II. TERMS AND CONDITIONS

- Bidders shall provide correct and accurate information required in this form.
- Price must be **inclusive of VAT and other applicable charges**.
- The financial proposal must be within the Approved Budget for the Contract (ABC). Submission of a bid or proposal exceeding the ABC shall constitute grounds for **automatic disqualification**.
- Price quotation(s) must be valid for at least **30 calendar days** from submission date.
- Delivery period: As per Schedule of Requirements (*see attached Annex "A"*)
- Place of Delivery: **CCP Admin and Finance Building, CCP Complex, Roxas Boulevard, Pasay City**
- The Cultural Center of the Philippines (CCP) **reserves the right to accept or reject** any or all quotations.

III. SUBMISSION OF QUOTATIONS

Interested suppliers, contractors, service providers, or consultants shall submit their quotations to the Procurement Management Division at the CCP Admin and Finance Building, CCP Complex, Roxas Boulevard, Pasay City, or via email to marifel.peralta@culturalcenter.gov.ph and pmd@culturalcenter.gov.ph on or before **Aug 18, 2026 8:00 AM**.

IV. POST-AWARD DOCUMENTARY REQUIREMENTS

The winning supplier/contractor/consultant shall be required to submit the following documents for verification prior to the award of the contract:

- Duly signed quotation by the authorized representative (see attached Annex "A");
- Valid Business/Mayor's Permit;
- PhilGEPS Registration;
- Duly notarized Omnibus Sworn Statement and if applicable, document showing proof of authorization (e.g. Original Notarized Secretary's Certificate, Board/ Partnership Resolution, or Special Power of Attorney, whichever is applicable).
Template may be accessed to this link: [NGPA Omnibus-Sworn-Statement.docx](#);

Prepared by:

Approved by:

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DELFIN R. SAUR, JR.
Officer-in-Charge
Procurement Management Division

ANNEX "A" - PRICE PROPOSAL

Date: _____
Project Reference: PR no. 2026-08-007

UOM	Description	Quantity	Unit Cost	Total Cost
Pack	Packed meals - AM Snack	126		
Pack	Packed meals - Lunch	126		
Pack	Packed meals - PM Snack	126		
TOTAL (in Philippine Peso)				

TECHNICAL SPECIFICATIONS & COMPLIANCE

Instructions to Bidders: Bidders must state "COMPLY" or "NOT COMPLY" against each of the individual parameters of each Specification. Statements of "Comply" must be supported by evidence in a Bidders Bid and cross-referenced to that evidence.

Evidence: Statements of "Comply" must be supported by evidence. **If applicable**, please highlight the specific page and line in your submitted brochure that proves compliance with our specifications.

Required Specifications	Statement of Compliance	Reference (Brochure/Page no.)
AM Snack: Sandwich, Coffee/Tea, Water Lunch: 1 Viand, Side dish, Steamed rise, and drinks PM Snack: Pasta and drinks Note: - Interested caterers or food suppliers must have at least 5 years' experience in the food service industry and must have rendered satisfactory catering service to government agencies within the last 2 years - Supplier to coordinate with Training and Development Division for the schedule of activity		

PERFORMANCE SCHEDULE

- General Mandate**
The winning Provider must strictly adhere to the milestones outlined below. Time is of the essence; any delay in the performance of these milestones shall be subject to Liquidated Damages in accordance with the IRR of R.A. No. 12009.
- Milestone Table**
The Provider must deliver the following items/services on the schedule stated below:

Description	Quantity	UOM	Delivery Period	Delivery Site
Packed meals - AM Snack	63	pack	August 26, 2026, 8:00AM	CCP Admin Building II
Packed meals - Lunch	63	pack	August 26, 2026, 11:00AM	
Packed meals - PM Snack	63	pack	August 26, 2026, 2:00PM	
Packed meals - AM Snack	63	pack	August 27, 2026, 8:00AM	
Packed meals - Lunch	63	pack	August 27, 2026, 11:00AM	
Packed meals - PM Snack	63	pack	August 27, 2026, 2:00PM	

SPECIAL INSTRUCTIONS: QUALITY ASSURANCE & SUPPLIER LIABILITY

1. **Pre-Award Evaluation & Benchmarking:** To guarantee the quality of materials, the Procuring Entity requires a sample evaluation prior to the award. At the Entity’s discretion, the bidder shall either:
 - Submit a physical sample for end-user evaluation/testing; or
 - Facilitate an on-site inspection of the goods/prototype by the inspection team. The approved sample or inspected prototype shall serve as the official benchmark for all subsequent deliveries.
2. **Inspection and Acceptance:** Final acceptance of delivery is strictly contingent upon a successful on-site inspection. Goods that are found to be defective, improperly packaged, or otherwise non-compliant with the approved benchmark and technical specifications will be rejected and returned immediately.
3. **Supplier Liability for Returns and Replacements:** The Supplier shall be strictly liable for all costs incurred during the return and replacement process. This includes, but is not limited to:
 - Shipping, hauling, and handling fees for rejected goods.
 - Labor costs for removal or re-delivery.
 - The immediate replacement of all non-conforming goods with items that meet the required specifications at no additional cost to the Procuring Entity.

SUPPLIER’S QUOTATION AND DECLARATION

I have read and understood the Terms and Conditions. By signing below, I certify that the above offer is true and correct and that I am authorized to transact and sign on behalf of the company.

COMPANY NAME:	
ADDRESS:	
COMPANY TIN NO.:	
CONTACT NUMBER:	
EMAIL ADDRESS:	
PHILGEPS REGISTRATION NO.:	

Authorized Representative:

Signature over Printed Name:
Designation:
Date: