

DEPARTMENT OF TOURISM  
National Capital Region  
Telefax: 8553-3530  
Direct Line: 8553-3531/09202909993  
Email: dotncr.bac@tourism.gov.ph

Date: January 23, 2025

GENTLEMEN:

REQUEST FOR QUOTATION

Kindly quote to us your latest price(s) on the following item(s):

QTY	UNIT	ITEM/DESCRIPTION/SPECIFICATION	UNIT PRICE
		<b>VAN HIRE/RENTAL ( SERVICE OF A TOURIST TRANSPORT OPERATOR )</b>	
<b>1 (ONE)</b>	<b>UNIT</b>	<b>PROJECT NAME : TECHNICAL ASSISTANCE ON CONVERGENCE WITH THE REGIONAL TOBACCO CONTROL NETWORK – METRO MANILA CENTER FOR HEALTH DEVELOPMENT (RTCN-MMCHD) – “MPOWER Training” FOR NCR HOTELS’ HEALTH OFFICERS</b>	
		<b>I. BRIEF BACKGROUND :</b>  Globally, Tobacco use is the leading preventable cause of death and its effects – health, social, and economic are devastating. In the Philippines, the annual productivity losses from premature deaths for four (4) smoking-related diseases – lung cancer, cardiovascular diseases, coronary artery diseases, and chronic obstructive pulmonary diseases ranged from US\$65.4 million to US\$1.08 billion using the conservative “Peto-Lopez Estimates” (Tobacco and Poverty Study in the Philippines, GATS 2009). If current global trends continue, it is likewise estimated that tobacco will kill more than eight (8) million people annually by 2030, with three-quarters of deaths being in low and middle-income countries.	
		<b>II. OBJECTIVES:</b>  a. To protect public health – reducing exposure to tobacco and e-cigarette marketing and advertising, and restricting their use, sale and distribution; b. To help people quit – providing support and resources for people who want to quit c. To raise awareness – warning people about the dangers of tobacco and e-cigarette d. To enforce bans – enforcing bans on tobacco advertising, promotion and sponsorship	
		<b>III. TECHNICAL SPECIFICATIONS :</b>	
		<b>Implementation Date : February 14, 2025 (min of 10 hrs , overtime pay included)</b> <b>Area : Quezon City</b>	
		<b>Itinerary – Metro Manila</b> <b>** subject to change without prior notice</b> <b>Project/Activity – Technical Assistance on Convergence with the Regional Tobacco Control Network -Metro Manila Center for Health Development –“MPOWER Training” for NCR Hotels’ Health Officers “</b>  <b>Date of Engagement – February 14, 2025 (min of 10 hrs , overtime pay included)</b>  <b>Scope of Services :</b> <b>** 1 (one) unit of airconditioned van</b> <b>** inclusive of : driver, driver’s meals, fuel, parking and toll fees , driver’s fee</b> <b>** first aid kit on board</b> <b>** preferably with waze directional app</b> <b>** itinerary subject to change</b> <b>** willing to enter “send bill arrangement”</b>	

		<b>Terms of Payment :</b> ➤ willing to engage in send bill arrangement	
		<b>Documentary Requirements to be Submitted:</b>	
		<ul style="list-style-type: none"><li>• Mayor’s Business Permit</li><li>• PHILGEPS Membership</li><li>• DOT Accreditation Certificate</li></ul>	
		<b>Approved Budget for the Contract (ABC):</b> <b>Php 9,200.00</b> <b>Pesos : NINE THOUSAND TWO HUNDRED ONLY</b> <i>* inclusive of all applicable taxes, EVAT/VAT/government taxes/service charge/and other applicable taxes and charges</i> <b>net</b> upon completion of the project and delivery of all requirements as agreed upon. <i>Government procedure and subject to appropriate government taxes</i>	
		<b>Contact Persons:</b> <b>MS. MARIVILLE P. RAMOS - <a href="mailto:mpramos@tourism.gov.ph">mpramos@tourism.gov.ph</a></b> <b>- 09164340478</b>	
		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: <b>DOT NCR BAC SECRETARIAT</b> <b>Mr. Lawrence J. Alcantara – Head, NCR BAC Secretariat</b> <b>7840 Makati Avenue, Poblacion, Makati City</b>	
		Note: Deadline of submission is on <b>January 27, 2025 at 8:00am</b>	

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.

Thank you

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**PRINT NAME OF DEALER/SUPPLIER**

\_\_\_\_\_  
**ADDRESS OF DEALER/SUPPLIER**

\_\_\_\_\_  
**CONTACT NUMBER(s)**

\_\_\_\_\_  
**Email Address**

**TIN:** \_\_\_\_\_

\_\_\_\_\_  
**LANDBANK ACCOUNT NUMBER**

\_\_\_\_\_  
**AUTHORIZED SIGNATURE OVER PRINT NAME**