



**PLEASE USE THIS FORM. DO NOT RETYPE OR ALTER**

**Annex A**

**TECHNICAL PROPOSAL FORM**

Item No.	Description / Technical Specifications	Qty
1	<b>Drone Flight Training</b> <ul style="list-style-type: none"><li>• 2 days training of 5 persons to be conducted by CAAP Certified Drone Pilot</li><li>• CAAP Certificate of Training and Assistance;</li><li>• Context Capture data processing training</li></ul>	1 lot

**Project Requirements/Terms and Conditions:**

- 1) **Delivery/completion** period: Within **Fifteen (10) calendars days** from receipt of Notice to Proceed.
- 2) **Delivery Site:** Materials Handling Section, Basement, DENR Main Building, Visayas Ave., Diliman, Quezon City
- 3) **Replacement of Defective Items:** Within ten (10) Calendar Days upon receipt of Notice of Defects from DENR.
- 4) Payment shall be made in accordance with the Terms and Conditions of the Contract.
- 5) **Liquidated Damages (LD)** equivalent to one tenth of one percent (0.1%) of the value of contract not delivered within the prescribed period shall be imposed per day of delay. The DENR may rescind the Contract once the cumulative amount of LD reaches 10% of the amount of the Contract, without prejudice to other courses of action and remedies open to it.

**FINANCIAL QUOTATION FORM  
(PRICE MUST BE VAT INCLUSIVE)**

Item No.	DESCRIPTION	QTY	ABC PRICE (₱)	TOTAL BIDDER'S PRICE QUOTATION (₱)	
				Unit Price	Total
1	Drone Flight Training	1 lot	411,200.00		

**BIDDER'S UNDERTAKING**

I/We, the undersigned Supplier, after having examined the Technical Specifications/ Project Requirements, hereby OFFER to supply/deliver/perform the above described items.

I/We undertake, if our proposal is accepted, to deliver the items/services in accordance with the terms and conditions contained in the Request for Quotation.

Until a formal Contract is prepared and signed, this quotation is binding on us.

NAME OF COMPANY (IN PRINT)

SIGNATURE OVER PRINTED NAME OF THE AUTHORIZED REPRESENTATIVE

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Designation: \_\_\_\_\_  
Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telefax No.: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_