



Republic of the Philippines
Department of Agriculture
PHILIPPINE COUNCIL FOR AGRICULTURE AND FISHERIES
Department of Agriculture Compound
Elliptical Road, Diliman, Quezon City
Tel. No. (02) 8928-8751 to 64 locals 2601-2625, email: pcafofficial@pcaf.da.gov.ph

For Posting

June 16, 2025

**NOTICE OF AWARD
No. 2025-075**

MS. SHAYMMA EVANGELISTA
Sales Coordinator
THE BAYLEAF HOTEL - CAVITE
Gov, Drive, Brgy. Manggahan,
General Trias, Cavite

Dear Ms. Evangelista:

With reference to your quotation for the **ONE (1) LOT MEALS AND ACCOMMODATION FOR THE CONDUCT OF PARTICIPATORY MONITORING AND EVALUATION TRAINING FOR THE AFCS OF REGION IV-A (CALABARZON) ON JULY 21-25, 2025 IN CAVITE**, we are pleased to confirm the award to your firm for the total amount of **THREE HUNDRED FIFTY-FIVE THOUSAND TWO HUNDRED PESOS ONLY (Php355,200.00)**, inclusive of appropriate taxes and fees, with the following specifications:

Item Description	QTY	Unit	Unit Cost	Total Cost
MEALS AND ACCOMMODATION FOR THE CONDUCT OF PARTICIPATORY MONITORING AND EVALUATION TRAINING FOR THE AFCS OF REGION IV-A (CALABARZON) ON JULY 21-25, 2025 IN CAVITE	1	lot		355,200.00
4 nights and 5 days @ 37 pax				
Inclusions:				
HOTEL ROOM ACCOMMODATION (airconditioned, twin sharing with individual bed)				
MEALS on the 1st day (Lunch, PM Snacks and Buffet Dinner)				
MEALS on the 2nd day (Buffet Breakfast, AM Snacks, Managed Buffet Lunch, PM Snacks, Managed Buffet Dinner)				
MEALS on the 3rd day (Buffet Breakfast, AM Snacks, Managed Buffet Lunch, PM Snacks, Managed Buffet Dinner)				
MEALS on the 4th day (Buffet Breakfast, AM Snacks, Managed Buffet Lunch, PM Snacks, Managed Buffet Dinner)				
MEALS on the 5th day (Buffet Breakfast and AM Snacks)				
MEALS should include two (2) main courses, vegetables, soup, and dessert (should be locally produced)				
and one round drinks/juice during lunch and dinner				
Note: No Cream Dory in the menu				
Use of Conference room for 3 days				
(could accommodate participants up to 50-70 pax for fish bone and/or round table set up, well-lighted, airconditioned, with good ventilation)				
Provision of lift or elevator when building has more than 2 floors for Senior Citizens and PWD use				





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Provision of LCD screen, at least 2 whiteboards with markers and eraser, at least 4 microphones with extra batteries, pads, and pen				
Free use of electricity for laptops, LCDs, and printers				
Free use of sound system and extension cords				
Free use of projectors and wireless presenters / pointers				
Flowing coffee/tea and purified water, candies/mints and peanuts during sessions				
With complimentary welcome streamer and back drop tarpaulin				
Preferably with in-house nurse and medical attendant in-case of emergencies				
Free parking and access to other hotel amenities free of charge				
With hot and cold shower				
Complimentary WI-FI connectivity				
With standby generator				
Preferred Location: Cavite or Batangas				
(must be strategically located and accessible by public transport)				
Date: July 21-25, 2025				
Payment: 50% before the activity and 50% upon completion.				
<i>Purpose: For the conduct of training entitled, "Participatory Monitoring and Evaluation for Agricultural and Fishery Councils (AFCs) of Region IV-A CALABARZON" on July 21-25, 2025 in Cavite or Batangas</i>				

Please acknowledge receipt and acceptance of this Notice within 3 working days by signing in the space provided below and email us at bacsec@pcaf.da.gov.ph upon receipt thereof.

In connection with this Notice, please submit the following documents;

1. Omnibus Sworn Affidavit that the bidder is not related to the HOPE by consanguinity or affinity up to the third civil degree;
2. Income/Business Tax Return; and
3. Signed Contract of Agreement.

For inquiries, you may get in touch with Mr. Ken Ryan P. Eleazar, BAC Secretariat of PCAF at telephone numbers 8926-2147. Loc 2622

Thank you.

Very truly yours,


JULIETA E. OPULENCIA
Deputy Executive Director III

19-06-2025

I acknowledge receipt of this Notice of Award on THE BAYLEAF CAVITE
Name of Authorized Representative SHAYMMA EVANGELISTA
Signature _____
Bank Details:

Name of Payee : THE BAYLEAF HOTEL
Name of Bank : METRO BANK
Branch : METROBANK PASMARINAS BRANCH
Account Number : 235 3275 72 762 6

