



## ADMINISTRATIVE DIVISION FIELD OFFICE VII

DSWD-AS-GF-091 | REV 01 | 28 SEPT 2022

## Supplemental/Bid Bulletin Addendum No. 1

TITLE : Printing of Various Forms for Crisis Intervention Section

**ITB NO.** : DSWD7-PB-2024-10

**DATE** : 08 March 2024

Issued pursuant to Section 22.5 of the IRR of Republic Act 9184 to clarify and/or anent certain provision on the Bidding Documents issued for this project, considering the issues raised and clarifications made by prospective bidders during the Pre-Bid Conference held on **March 07**, **2024**, and shall form an integral part thereof, viz:

Subject	Amendment/Agreement/Clarification				
Section VII. Technical Specifications	<ul> <li>This supplemental / bid bulletin is issued to remove the Bidder's Remarks column of Section VII. Technical Specifications for this project.</li> <li>Bidder is only required to indicate the Statement of Compliance.</li> </ul>				

Attached herewith are the **Revised Section VII. Technical Specifications.** 

This Bid Bulletin shall form part of the bidding documents.

Please be guided accordingly.

Sgd. ROSEMARIE S. SALAZAR
Chairperson, Bids and Awards Committee I



## Revised Section VII. Technical Specifications

Bidders must state either "Comply" or "Not Comply" in the Statement of Compliance column to each indicated parameter or specification.

NO.	ITEM DESCRIPTION	STATEMENT OF COMPLIANCE
1.	Certificate of Eligibility (Outright Cash) - Form #1	
	Certificate of Eligibility (Outright Cash) - Form # 1  Paper Stocks: Carbonless Paper Size: A4, 21cm(w)x 29.7cm(h) (8.27 x 11.69") No. of Copies: 2 copies (White & Yellow) Prints: 1/0, Black Finish: Padded/100 sets per pad  PROTECTIVE SERVICES DIVISION FIELD OFFICE VII OUND PROJECTIVE SERVICES DIVISION FIELD OFFICE VIII OUND PROJECTI	STATEMENT OF COMPLIANCE
	Client RDO / SDO SWO / ADMIN (Signature over Printed Name) (Signature over Printed Name) (Signature over Printed Name)  **E.D 165 service 2022	
	PED 163 series 2022    DEND Field Office VIII. M.J. Common Anneas Charle Code Months Anneas Steps Contribs. Celer City   DEND Field Office VIII. M.J. Common Anneas Charle Code City   Denda A Trigonomy are als Table for 100 100 11 11 11 12 13 2-2011     DENDA FIELD CODE   DENDA FIELD CODE   DENDA FIELD CODE	

2.	Certificate of Eligibility (Service Provider) - Form # 2	
	Paper Stocks: Carbonless Paper Size: A4, 21cm(w)x 29.7cm(h) (8.27 x 11.69") No. of Copies: 2 copies (White & Blue) Prints: 1/0, Black Finish: Padded/100 sets per pad	
	PROTECTIVE SERVICES DIVISION FIELD OFFICE VII DSWD-PABD-GF-0]4   REV 02 [08 JAN 2024  CERTIFICATE OF ELIGIBILITY (Guarantee Letter)  QN: PCN: QR	
	This is to certify that, kumpletong Pangalan ng Myonte (Per name Assiste name) Kasarian (See) Edad (Apre)  and presently residing at Kumpletong Tilahan (Compiles Address)  has been found digible for assistance after the assessment and validation conducted, for his/herself or in representation of his/her  Relayon ng Kinatawan sa Beneployang (Palabatonite or the Representative with Beneficies) kumpletong Pangalan ng Beneployang (Prist Rene Addith Awere Leaf Herms)	
	Records of the case such as the following are confidentially filed at the Crisis Intervention Division (CID)   General Intake Sheet	
	The Client is hareby recommended to receive	
	Approved by:  Approving Authority  (Signature oner Printed Name)	
	DIWD Fail Office Vil, M. J. Crease Associate Control Medical Associate Degr. Crease, Color City  Basil Religible on control Color 233-2461 (233-264)  Website Deposition down graph	

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	General Intake Sheet Part 1- Form #3	
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	Size: A4, 21cm(w)x 29.7cm(h) (8.27 x 11.69")	
	Prints: 1/0, Black	
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	Fillish. I feath – 300 sheets	
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	PROTECTIVE SERVICES DIVISION FIELD OFFICE VII	
	DSWD-PMB-GF-011   REV 02   08 IAN 2024	
	GENERAL INTAKE SHEET MAARING MAGPATULONG SUMAGOT SA DSWD PERSONNEL	
	QN: PCN: Date: Date:	
	□ New □ Returning ○ On-site □ Walk-in □ Referral ○ Off-site  Part I: To be filled out by Client	
	IMPORMASYON NG KINATAWAN (Client's Identifying Information)	
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	House No./Street/Purok (ds 192-849) Barrangay (ds delease) City/Municipality (ds causen trip Province/District (ds par s) Region (ds part)	
	Nutriero ng Telepono assiw m.j Kapanganakan asinkusu Edad (visi) Kaserian rawi Civil Status (valyung tale) Trabaho (rocusany) Buwanang Kita (asany Sang)	
	Relasyon as Beneptsyanyo (haduunip is sa Zuwato)	
	IMPORMASYON NG BENEPISYARYO (Beneficiary's Identifying Information)	
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	House No./Street/Purok (ds rzz dun) Barangay (ds Annum) Cily/Municipality (ds. dunes ob) Province/District (ds. du a) Region (ds. Acon	
	Namero ng Telepono awake mis Kapanganakan pancalay Edad Juju Kasarian (sky) Civil Status programs yang Trabaho (osupulow Buwanang Kita yakeny keung KOMPOSISYON NG PAMILYA (Family Composition)  Tako Ganasa kegi Enwang penggrop pagel keung kandasagan	
	Buong Pangalan Reliasyon sa Benepisyeryo Edel Trabeho Buwanang kita (Complete Harre) (Mintransino as ha Penepisyery) (Harr (Complete Harre) (Mintransino as ha Penepisyery) (Harry (Companios) (Mintransino as ha Penepisyery)	
	Part II: To be Filled out by DSWD Personnel  Client Category Social worker's Assessment	
	Target Socior: Specify Sub-Category	
	SC Indigenous People WEDC Recovering Person who used drugs	
	PNSP APS DSWD Beneficiary Street Dwellers	
	PLHIV Psychosocial/Mental/Learning Disability CNSP Stateless Person/Asylum Seekers/Refugees	
	Others	
	Financial Assistance:   Material Assistance:   Psychosocial Support:   Referral:     Medical   Food Assistance   Family Food Packs   Psychosocial First Aid     Family Food Packs   Psychosocial First Aid     Other Food Items   Psychosocial First Aid     Psychosocia	
	Assistance Assistance	
	Transportation   Emergency Cash   Ingeneral Septing Ris   Social Work Counseling   Social Work Counseling   Transfer-AICS   Assistive Device & Technologies   Social Work Counseling   Transfer-AICS   Provided   Amount   Fund Source	
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	3	
١	We are committed to protect and respect the privacy of our clients and beneficiaries and see will only collect, record, store, process and use parannal information in accordance with	
	Republic Act No. 10173 or the Date Privacy Act of 2012. By signing this form you are giving your consent to the DSWD and	
	hereby agree to the terms and conditions set herein and with the applicable Data Privacy Policy of the Department.	
	Buong Pangalian at Pirma Social Worker Approving Authority (Signature our Prints Name) (Signature our Prints Name) (Signature our Prints Name)	
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	DBWD Floid Office VII, N. J. Clustes Avenue Comer Cos. Musilion Areas, Bags. Clarida, Cidra City Exall: 6 (Global grays for Mos. (20) 233-14-719-7) 233-2621  **SECTION OF THE COST OST OF THE COST OF THE COST OF THE COST OF THE COST OST OF THE COST OST OF THE COST OST OST OST OST OST OST OST OST OST	
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	Petsa ng Transaksyon (dd/mm/yyyy)	Pangalan ng Kilye	inte (Una,Gitna,F	tuli)	E.	ded											
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			<b>©</b>	0	0	8	<b>②</b>	0									
	SQD0. Naelyahan ako sa serbisyong aking natanggap s SQD1. Makatwiran ang oras na aking ginugol para	2-10/22/2/05/2/2/2/2/2/															
	transaksyon.					-											
	SQD2. Ang opisine ay sumusuned sa mga kinakalar hakbang batay sa impormasyong itirigay.		1														
	SQD3. Ang mga hakbang sa pagproseso, kasama na a simple lemang. SQD4. Mabilis at mateli akong nakahanap ng impol transaksyon mula sa opiatna o webalis nilo.				-												
	transaksyon mula sa opisina o website nito. SQD5. Nagbayari ako ng makatawang halage para sa ang serbisyo ay ibinigary ng libre, magliagay ng isak sa h		_			+											
	SQD6. Pakiramdam ko ay patas ang opisina sa lahat, aking transaksyon.																
	SQD7. Magalang along trinato ng mga kawani ng opis humingi ng tulong) alam ko na alla ay handang tumulong																
	SQDB. Nabigay sa akin ang kinakallangang sarbisyo ma man nabigay. Ito ay nalpaliwanag sa akin ng maayos at	ule sa opisine. Subsilt hind malinaw.															
	Feedback (Opsyonal): Papuri, mungkahi, o re				ahatid ng an	ning mga serb	isyo sa iyo.										
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I hereby certify that all statements indicated under the **Statement of Compliance** and **Bidder's Remarks** are true and correct, otherwise, if found untrue and incorrect either during bid evaluation or post-qualification, the same shall give rise to automatic disqualification of our bid.

Name of Company/Bidder	
Bidder's Signature over Printed Name	
Date:	

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