

SUPPLEMENTAL / BID BULLETIN
Addendum No. 1

TITLE : Printing of Various Forms for Crisis Intervention Section

ITB NO. : DSWD7-PB-2025-35

DATE : 11 June 2025

Issued pursuant to Section 22.5 of the IRR of Republic Act No. 9184 to clarify and/or amend certain provision on the Bidding Documents issued for this project, considering the issues raised and clarifications made by prospective bidders during the Pre-bidding Conference held on **June 10, 2025**, and shall form an integral part thereof, viz:

Subject	Amendment/Agreement/Clarification
This supplemental/bid bulletin is issued to emphasize amendments on the bidding document for the following sections, to wit:	
Section VII. Technical Specifications	Minor modifications on the item specifications are reflected in this section, that is to say: <ul style="list-style-type: none">➤ For Form # 2 and 3 – to amend from “<i>White Bond Econo</i>” to “Book paper” and from “<i>50gsm</i>” to “70gsm”➤ For Form # 4 – to amend from “<i>subs.20</i>” to “subs.16”
All changes are reflected in this bid bulletin.	

Attached herewith is the revised Section VI. Technical Specifications.

This Bid Bulletin shall form part of the bidding documents.

This is for the guidance and information of all concerned. Please be guided accordingly.

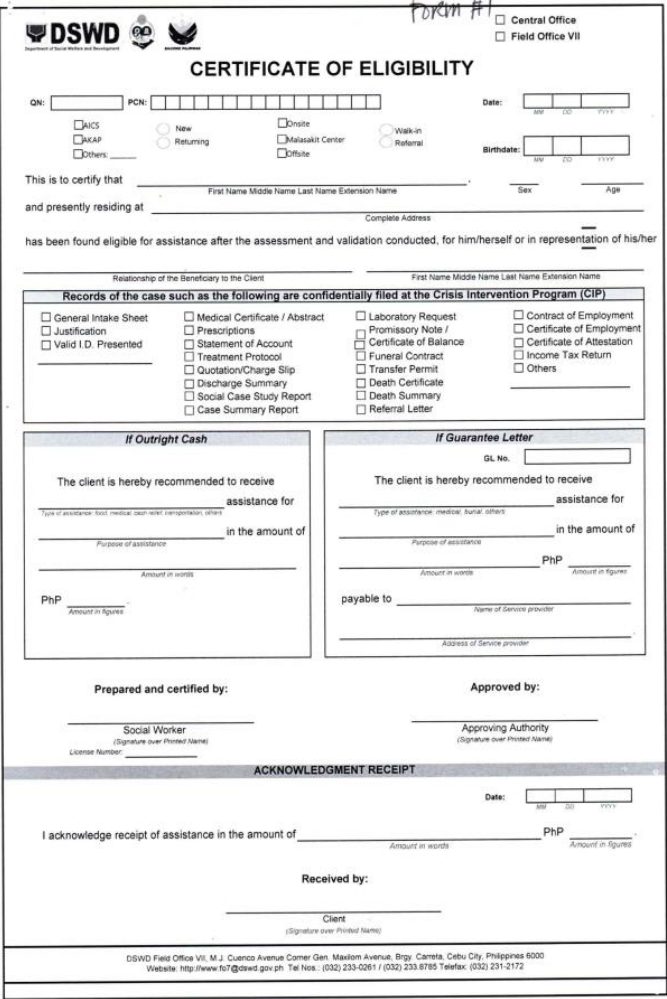
Thank you.

-Signed-
PATRICIA R. MEGALBIO
Chairperson, Bids and Awards Committee I

Revised Section VII. Technical Specifications

ITB No. DSWD7-PB-2025-35

Bidders must state either “Comply” or “Not Comply” in the **Statement of Compliance** column to each indicated parameter or specification. The bidder’s offered item must also be indicated in the **Bidder’s Remarks** column. Ensure that the offered item/s must all be compliant to the indicated parameter/s or specification/s to avoid failure of bids.

Item No.	Item Description	Statement of Compliance	Bidder’s Remarks
1.	<p>Certificate of Eligibility – Form #1</p> <p>Paper Stocks: Carbonless Paper Size: A4, 21cm(w)x 29.7cm(h) (8.27 x 11.69inches) No. of Copies: 2 copies (White & Yellow) Prints: 1/0, Black Finish: Padded, 100 sets per pad</p>  <p>The form is a 'Certificate of Eligibility' from the Department of Social Welfare and Development (DSWD). It includes fields for the beneficiary's name, address, date of birth, and sex. It also has checkboxes for various documents and services, such as 'General Intake Sheet', 'Medical Certificate / Abstract', 'Laboratory Request', 'Contract of Employment', etc. There are sections for 'Outright Cash' and 'Guarantee Letter' with fields for amounts and service providers. The form is signed by a Social Worker and an Approving Authority. At the bottom, there is an 'ACKNOWLEDGMENT RECEIPT' section with a date and a signature line for the client.</p>		

2.

General Intake Sheet – Form # 2




Paper Stocks: Book paper subs.20, 70gsm

Size: A4, 21cm(w)x 29.7cm(h) (8.27 x 11.69inches)

Prints: 1/1, Black (back-to-back)

Finish: 1 ream = 500 sheets

Form # 2

DSWD   

GENERAL INTAKE SHEET

☐ AICS ☐ New ☐ Onsite ☐ Walk-in
☐ AKAP ☐ Returning ☐ Malasakit Center ☐ Referral
☐ Others: _____ Date: ____/____/2025

CLIENT'S NAME
 Last Name _____ First Name _____ Middle Name _____ Ext. (S.C.I.U) _____
BENEFICIARY'S NAME ☐ SAME AS ABOVE
 Last Name _____ First Name _____ Middle Name _____ Ext. (S.C.I.U) _____

PURPOSE OF ASSISTANCE : _____
DIAGNOSIS/CAUSE OF DEATH (if funeral) : _____
MODE OF ASSISTANCE : ☐ Outright Cash ☐ Guarantee Letter ☐ Material Assistance ☐ Psychosocial Support ☐ Referral Service
AMOUNT NEEDED : PpP _____

I. INCOME AND FINANCIAL RESOURCES
Occupations of family member
 Employed _____
 (Indicate number of members working)
 Seasonal Employee _____
 (Indicate number of members working)
 Combined family income _____
☐ Insurance coverage
☐ Savings

II. BUDGET AND EXPENSES
☐ Monthly expenses of the family
 (Salary, rent, Maintenance and Medication, Mortgage/Rent, Debt, and Others)
☐ Availability of emergency fund

III. SEVERITY OF THE CRISIS
 How long does the patient suffer from the disease?
☐ Recently diagnosed (3mos & below)
☐ 3 months to a year
☐ chronic or lifelong
☐ not applicable
 In the past three (3) months, did the family experience at least one crisis?
☐ YES ☐ NO
 If yes, which among the following crises did the family experience in the past three (3) months (check all that apply):
☐ Hospitalization
☐ Death of a family member
☐ Catastrophic Event (fire, earthquake, flooding, etc.)
☐ Displacement
☐ Loss of Livelihood
☐ Others, specify _____

IV. AVAILABILITY OF SUPPORT SYSTEMS
☐ Family
☐ Relatives
☐ Friends
☐ Employer
☐ Church/Community Organization

V. EXTERNAL RESOURCES TAPPED BY THE FAMILY
☐ Philhealth
☐ Health Card
☐ Guarantee Letter from other agencies
☐ MSS Discount
☐ Senior Citizen Discount
☐ PWD Discount
☐ Others, specify _____
☐ Not applicable

VI. SELF HELP AND CLIENT EFFORTS
☐ Successfully sought employment opportunities or explored additional income sources
☐ Successfully reached out to relevant organizations or agencies for financial assistance or support




















VII. VULNERABILITY AND RISK FACTORS
☐ There are elderly/ Child in need/ PWD/ Pregnant in the household
☐ A member is physically or mentally incapacitated to work
☐ Inability to secure stable employment

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 DSWD Field Office 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 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1357, 1358, 1359, 1360, 1361, 1362, 1363, 1364, 1365, 1366, 1367, 1368, 1369, 1370, 1371, 1372, 1373, 1374, 1375, 1376, 1377, 1378, 1379, 1380, 1381, 1382, 1383, 1384, 1385, 1386, 1387, 1388, 1389, 1390, 1391, 1392, 1393, 1394, 1395, 1396, 1397, 1398, 1399, 1400, 1401, 1402, 1403, 1404, 1405, 1406, 1407, 1408, 1409, 1410, 1411, 1412, 1413, 1414, 1415, 1416, 1417, 1418, 1419, 1420, 1421, 1422, 1423, 1424, 1425, 1426, 1427, 1428, 1429, 1430, 1431, 1432, 1433, 1434, 1435, 1436, 1437, 1438, 1439, 1440, 1441, 1442, 1443, 1444, 1445, 1446, 1447, 1448, 1449, 1450, 1451, 1452, 1453, 1454, 1455, 1456, 1457, 1458, 1459, 1460, 1461, 1462, 1463, 1464, 1465, 1466, 1467, 1468, 1469, 1470, 1471, 1472, 1473, 1474, 1475, 1476, 1477, 1478, 1479, 1480, 1481, 1482, 1483, 1484, 1485, 1486, 1487, 1488, 1489, 1490, 1491, 1492, 1493, 1494, 1495, 1496, 1497, 1498, 1499, 1500, 1501, 1502, 1503, 1504, 1505, 1506, 1507, 1508, 1509, 1510, 1511, 1512, 1513, 1514, 1515, 1516, 1517, 1518, 1519, 1520, 1521, 1522, 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1855, 1856, 1857, 1858, 1859, 1860, 1861, 1862, 1863, 1864, 1865, 1866, 1867, 1868, 1869, 1870, 1871, 1872, 1873, 1874, 1875, 1876, 1877, 1878, 1879, 1880, 1881, 1882, 1883, 1884, 1885, 1886, 1887, 1888, 1889, 1890, 1891, 1892, 1893, 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901, 1902, 1903, 1904, 1905, 1906, 1907, 1908, 1909, 1910, 1911, 1912, 1913, 1914, 1915, 1916, 1917, 1918, 1919, 1920, 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 20

4.

Client's Satisfaction Survey – Form # 4

Paper Stocks: White Bond Econo subs. 16 (50gsm)
 Size: A4, 21cm(w)x 29.7cm(h) (8.27 x 11.69inches)
 Prints: 1/0, Black
 Finish: 1 ream = 500 sheets

 CLIENT SATISFACTION MEASUREMENT FORM <small>DSWD-QMS-GF-005A REV 00 05 OCT 2023</small> <small>DSWD/FO VII/PROTECTIVE SERVICES DIVISION</small>													
CERTIFICATE OF INFORMED CONSENT Kusang-loob kong ibinibigay ang aking pahintulot para sa paggamit ng aking personal na impormasyon. Kinukumpirma ko na nabasa ko ang ibinigay na impormasyon, o nabasa na ito sa akin. Nagkaroon ako ng pagkakataong magtanong tungkol dito, at anumang mga katanungan na ginawa ko ay nasagot sa aking kasiyahan. Nauunawian ko na ang anumang impormasyong nakolekta ay gagamitin lamang upang mapahusay ang mga pangunahing serbisyong patulungan na ibinigay ng DSWD.													
(Lagda ng Kiyente or Thumb Mark)													
Patas ng Transaksyon (dd/mm/yyyy)	Pangalan ng Kiyente (Una, Gitna, Huli)												
Edad													
Kasarian <input type="checkbox"/> Lalake <input type="checkbox"/> Babae <input type="checkbox"/> Minabuting huwag sabihin	Uri ng Kiyente <input type="checkbox"/> Mamamayan (General Public) <input type="checkbox"/> Negosyo (Pribadong Organisasyon) <input type="checkbox"/> Pamahalaan (Kawani o ibang ahensya) <input type="checkbox"/> Iba pa: _____												
Sektor <input type="checkbox"/> Taong may Kapansanan <input type="checkbox"/> Nakatatanda <input type="checkbox"/> Katutubo <input type="checkbox"/> Solong Magulang <input type="checkbox"/> Mga Bata at Kabataan <input type="checkbox"/> Babae <input type="checkbox"/> Iba pa: _____													
Telepono/Email Address	Tirahan (Barangay, Munisipyo, Lalawigan)												
Pangalan ng Kawaning nagbigay ng Serbisyo													
Pangalan ng Transaksyon o Serbisyo:													
PANUTO: Lagyan ng tsek (✓) at iyang sagot sa mga sumusunod na katanungan tungkol sa Citizen's Charter (CC) . Ito ay isang opisyal na dokumento na naglalaman ng mga serbisyo sa isang ahensya/opisina ng gobyerno, makikita rito ang mga kinakailangan na dokumento, kaukulang bayarin, at pang kabuuang oras ng pagproseso.													
CC1: Alin sa mga sumusunod ang naglalarawan sa iyang kaalaman sa CC? • 1. Alam ko ang CC at nakita ko ito sa naputahang opisina. • 2. Alam ko ang CC pero hindi ko ito nakita sa naputahang opisina. • 3. Naiaman ko ang CC nang makita ko ito sa naputahang opisina. • 4. Hindi ko alam kung ano ang CC at wala akong nakita sa naputahang opisina (Lagyan ng tsek ang "NA" sa CC2 at CC3 kapag ito ang iyang sagot)	CC2: Kung alam ang CC (nag-tsek sa opsyon 1-3 sa CC1), maaari mo ba na ang CC nang naputahang opisina ay... • 1. Madaling makita • 2. Medyo madaling makita • 3. Mahirap makita • 4. Hindi makita • 5. Hindi angkop												
CC3: Kung alam ang CC (nag-tsek sa opsyon 1-3 sa CC1), gaano nakatulong ang CC sa transaksyon mo? • 1. Lubos na nakatulong • 2. Bahagyang nakatulong • 3. Hindi nakatulong • 4. Hindi angkop													
PANUTO: Para sa SQD 0-8, lagyan ng tsek (✓) ang hanay na pinakaangkop sa iyang sagot.	<table border="1"> <thead> <tr> <th>Labis na sumasagayon (8)</th> <th>Sumasagayon (6)</th> <th>Wagang sumasagayon (4)</th> <th>Hindi sumasagayon (2)</th> <th>Labis na hindi sumasagayon (0)</th> <th>Hindi Angkop (NA)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Labis na sumasagayon (8)	Sumasagayon (6)	Wagang sumasagayon (4)	Hindi sumasagayon (2)	Labis na hindi sumasagayon (0)	Hindi Angkop (NA)						
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SQD0. Nasiyahan ako sa serbisyong aking natanggap sa naputahang opisina.													
SQD1. Makatwiran ang oras na aking ginugot para sa pagproseso ng aking transaksyon.													
SQD2. Ang opisina ay sumusunod sa mga kinakailangang dokumento at mga hakbang bilang sa impormasyong ibinigay.													
SQD3. Ang mga hakbang sa pagproseso, kasama na ang pagbayad ay maali at simple lamang.													
SQD4. Maalis at madali alang nakahanap ng impormasyon tungkol sa aking transaksyon mula sa opisina o website rito.													
SQD5. Nagbayad ako ng makatwirang halaga para sa aking transaksyon. (Kung ang serbisyo ay ibinigay ng libre, magbigay ng tsek sa hanay ng NA)													
SQD6. Pakiramdam ko ay patas ang opisina sa lahat, o "wagang palakasan", sa aking transaksyon.													
SQD7. Magalang alang tinatlo ng mga kawani ng opisina, at (kung sakali ako ay humingi ng tulong) alam ko na sila ay handang tumulong sa akin.													
SQD8. Nagbigay sa akin ang kinakailangang serbisyo mula sa opisina. Subalit hindi man nagbigay, ito ay napalitanag sa akin ng mayayos at malinaw.													
Feedback (Opsiyonal): Papuri, mungkahi, o reklamo upang mas mapagbuti pa namin ang paghahati ng aming mga serbisyo sa iyo.													

MARAMING SALAMATI!

**Additional Requirements:****Statement of Compliance**

a.

Prior to mass production, the winning bidder/supplier shall submit a printed sample of each form for review and approval of the end-user.

b.

The Supplier's performance shall be evaluated in accordance with the guidelines set forth by the Field Office throughout the implementation of the contract.

c.

The term of payment shall be within thirty (30) calendar days following the submission of complete and accurate sales documents, including the Delivery Receipt and Sales/Charge Invoice, by the Service Provider.

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: _____