



**DSWD**

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Field Office VII

Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

Department of Social Welfare and Development

**REQUEST FOR QUOTATION  
NP- SMALL VALUE PROCUREMENT**

RFQ No. : DSWD7-2025-0068

Date : January 27, 2025

Company Name : \_\_\_\_\_  
Company Address : \_\_\_\_\_  
Contact Person : \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
PhilGEPS Registration No.: \_\_\_\_\_

**Sir/Madam:**


Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Failure to indicate information could be the basis for non-compliance. Also, kindly furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are the exclusive manufacturer, distributor or agent in the Philippines for the goods listed in **Annex A**, please attach in your quotation a duly notarized certification to this effect.

Interested service providers are required to submit true copies of their **valid Mayor's/Business Permit & Philgeps Registration Number**. An **Omnibus Sworn Statement** is required prior to award.


Please accomplish and submit this **form** together with **Annex A** and **Bank Information** to the BAC Secretariat, DSWD Field Office VII, Cebu City or send it through facsimile numbers (032) 233-8785; 233-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **January 31, 2025 at 5:00PM**.

Very truly yours,

  
**ENGR. EMMANUEL M. EDLES**  
AO V/Head, Procurement Management Section

**Terms and Conditions:**

- Award shall be made on per:  item basis  total quoted price  lot basis
- Quotation validity shall be not less than **60 calendar days**.
- Good/s or Services shall be delivered **within 30 days calendar from receipt and conformity of P.O.**
- Place of Delivery: **DSWD FO VII, Corner M.J. Cuenco Avenue and Gen. Maxilom Ext., Carreta, Cebu City**
- Terms of Payment: **within 30 days from the receipt of billing statement.**
- Liquidated Damages/Penalty: **One-tenth of one percent for everyday of delay shall be imposed.**
- In case of discrepancy between total price per item and unit price for the item as extended or multiplied by the quantity of that item, the latter shall prevail.
- Warranty period, if applicable: \_\_\_\_\_

  
**CHARL ALBERT J. TORREFIEL**  
Canvasser

I am interested to quote and agree to the terms and conditions.

\_\_\_\_\_  
(Signature over Printed Name of Supplier / Service  
Provider / Authorized Representative)




DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
Field Office VII, Cebu City

Company Name \_\_\_\_\_  
 Company Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Contact No. \_\_\_\_\_  
 PhilGEPS Registration No.: \_\_\_\_\_  
 Tin Number: \_\_\_\_\_

RFQ No.: **DSWD7-2025-0068**  
 Date: **January 27, 2025**

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
			<b>Provision of Notarial Services</b>				
1	132	per MOA	Notarial Services for Social Pension Program MOA between DSWD Field Office VII and LGUs who opted for Fund Transfer for CY 2025				
<b>Approved Budget for the Contract: Php 66,000.00</b>				Note:			
End User: <b>Social Pension Program</b>				"Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
<b>PURPOSE :</b> For Social Pension Program							

*Note: Procurement procedure in accordance with DSWD-Memorandum Circular No. 2, Series of 2007.*

  
**CHARL ALBERT J. TORREFIEL**  
 Canvasser

\_\_\_\_\_  
 Signature of Supplier / Authorized Representative Over  
 Printed Name