

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

REQUEST FOR QUOTATION NP- SMALL VALUE PROCUREMENT

| | | RFQ No. : | DSWD7-2024-0541A |
|---|--|--|--|
| | | Date : | May 10, 2024 |
| Company Name | : | | |
| Company Address | : | No. of the Control of | |
| Contact Person | : | | |
| Contact No. | : | | |
| PhilGEPS Registrat | ion No.: | , | |
| Sir/Madam: | | | |
| emperiode for the gr | government price/s including delivery oods listed in Annex A. Failure to ind n descriptive brochures, catalogues, lite | ICATE INFORMATION COULD b | applicable taxes, and other incidental e the basis for non-compliance. Also, f applicable. |
| If you are the exclus in your quotation a d | sive manufacturer, distributor or agent luly notarized certification to this effect. | in the Philippines for the o | goods listed in Annex A , please attach |
| Interested supplier/supon submission of | s are required to submit true copies of quotation/s. An omnibus Sworn State | f their valid Mayor's Pe ement is required prior to | rmit, Philgeps Registration Number award. |
| Till COD | and submit this form together with Ar u City or send it through facsimile num vd.gov.ph on or before May 14, 2024 a | ners ((137) 733_8786, 722 | nation to the BAC Secretariat, DSWD -0261; 231-2172 local 140 or 148 or e- |
| | | Very truly yours, ENGR. EMMANU | 1 / 🔾 / |
| Terms and Condition | - | No virteau, irroq | ulement Wanagement Section |
| Award shall be mage. Quotation validity states | shall be not less than 60 calendar day | s. | t basis |
| Good/s or Service | s shall be delivered within 30 days ca | lendar from receipt and | conformity of P.O. |
| . Place of Delivery: | DSWD FO VII, Corner M.J. Cuenco | Avenue and Gen. Max | ilom Ext., Carreta, Cebu City |
| . Terms of Fayinein | within 30 days from the receipt of | billing statement. | |
| Liquidated Damag In case of discrepa multiplied by the q | es/Penalty: One-tenth of one perce ancy between total price per item and u uantity of that item, the latter shall prev | ent for everyday of delay nit price for the item as ex | shall be imposed. ktended or |
| 3. Warranty period, if | applicable: | Bei | naparte D. CASEÑAS II |
| | | | Canvasser |
| am interested to que | ote and agree to the terms and condition | ne | |

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



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

| | pany Nan | | | - | | RFQ No | DSWD7-2024-0541A |
|-------------|-----------|--------------------|---|--|---|------------------------------|----------------------------|
| | pany Add | | | _ | | Date: | May 10, 2024 |
| Cont | act Perso | n | | | | | |
| | act No. | | | _ | | | |
| | SEPS Reg | gistration I | No.: | _ | | | |
| Tin N | lumber: | | | _ | | | |
| Item No. | Quantity | Unit of Measure | Articles / Descriptions | Statement of Compliance (State "Comply" or "Not Comply" | Bidder's Specifications | Unit Cost | Total Cost |
| | | | Supply and Delivery of | or not comply | | | |
| | | | Forms | | | | |
| 1 | 200 | ream | BUS Form | | | | |
| | | | Specification: | | | | |
| | | | 2 pages Back to Back black Printing | | | | |
| | | | Long Size bondpaper 70 GSM white | | | | |
| | | | Pack in 500 sheets per reams | | | | |
| | | | for the delivery | | | | |
| 2 | 100 | ream | GRS FORM 1 & 2 | | | | |
| | | | Specification: | | | | |
| | | | 1 pages Back to Back black Printing | | | | |
| | | | A4 size bondpaper 70 GSM white | | | | |
| | | | Pack in 500 sheets per reams | | 9 | | |
| | | | for the delivery | | | | |
| 3 | 312 | ream | Social Welfare and Development Indicators (SWDI) Form | | ¥ | | |
| | | | Specification: | | | | |
| | | | 4 Pages Back to Back folded pull black Printing | | | | |
| | | | A3 size bondpaper 80 GSM White | | | | |
| | | | Pack in 500 sheets per reams | | | | |
| | | | for the delivery | | | | |
| | | | Remarks: Supplier must be in Cebu due | | | | |
| | | | to the urgency of the Activity. | | | | |
| Tota | al: | | | | | | |
| Appro | oved Bud | get for th | ne Contract: Php 399,600.00 | Note: | | | |
| End U | ser: | PANT | AWID | "Bidder's Specification of the composition of the c | ons" column may l iption" stated if an | be filled up wi plicable. | th service provider or may |
| PURP | OSE : | For D | istribution of Forms of Pantawid Regi | | | | |

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

Canvasser







| C | LIENT ASS | ISTANCE FO | DRM - REQU | JEST A | ND INQ | UIRY |
|---|--|--|--|--|-------------------------------------|---|
| Ang Client Assistance Form (CAF) na it Importanteng lagyan ng tamang impo | o ay iminungkahi na g ormasyon ang mga sek | amitin sa pagdulog ng inyo syon na may simbolong "a | ong hiling (request) o kata sterisk" tulad nito (*). Ma | nungan (inquir raming salamo | ry) tungkol sa Panto at po. | awid Pamilyang Pilipino Program (4Ps). |
| TRACKING NUMBER: | | 4. 182 | 120 | | PETSA NO | G PAGHAIN: |
| I. IMPORMASYON NG KLIYENTI | era uya an sosiasi) | gapyāl ga deuroleges | is nevers process, | 30000b) (0000) | ogaj ya Neydani | agas aniar 2003 ya kwanagasi 2005 j |
| Uri ng Kliyente*: RCCT Benefici | ary 🗆 MCCT Ben | eficiary □ Non-bene | ficiary 🗆 Authorized | l Representativ | | iling di kilala o anonymous? t tsek, laktawan ang detalye ng pangalan) |
| 4Ps Household ID #: | | | Set: | Client St | atus: | IP Affiliation: |
| Buong Pangalan: Unang Pangalan (Fire | it Name) Gitnang Pa | ngálan <i>(Middle Name)</i> | Huling Pangalan (Last Name) | Sex*: | | Contact #*: |
| Tirahan (Street, Brgy, City/Muncipality | i, Province, Region) *: | | | | | Email: |
| II. DETALYE NG HILING/KATAN | JNGAN | | | ******************************* | | |
| Kumpletong Detalye ng Mensahe o H Uri ng Hiling/Katanungan®: | iling/Katanungan*: | | | | | |
| | | | THE SECTION OF THE PROPERTY OF | MANAGONA ANTONO MANAGONO MANAG | | |
| A. UPDATE REQUEST 1. School Facility Update (Pagba) | | | | | gustanopolis i i metodo i electro e | |
| School Facility Update (Pagba) Pangalan ng Bata | | g Eskwelahan | 2. Health Facility U | | bago sa Pasilidad Pang | ng Kalusugan) kalan ng Pasilidad ng Kalusugan |
| 3. Change Grantee (Pagbabago r | ng Grantael | | A. Change Address | (D1.1. | | |
| Pangalan ng Kasalukuyang | g Gruntee) | 1 | 4. Change Address | (Pagbabago r | ng Tirahan) | |
| Grantee: Pangalan ng Bagong Grantee: | | | Lumang Tirahan: | | | |
| Dahilan ng Pagpalit ng Grantee: | | | Bagong Tirahan: | | | · · · · · · · · · · · · · · · · · · · |
| 5. Add Child/Children for Monito | ring (Paadaadaa na B | ata para sa Monitorina) | | | | |
| Pangalan ng Karagdagang Bata | | | | | | |
| | | | | *************************************** | | |
| B. OTHER REQUEST | | | C. INQUIRY | | | |
| ID Replacement (Pagp) Oath of Commitment (Philhealth Certification | Panunumpa) | a sa Philhealth) | | | da ng Payout) on (Impormasyoi | n sa PPIS) |
| D. OTHER REQUEST/INQUIRY | | | | | | |
| | | | | | | |
| TO ANG MAGSISILBING GRIEVANCE STUB. | ~ ~ | TRACKING NUMBER: | | | PETSA NG PAGHAIN: | |
| Buong Pangalan: | | 4Ps Household ID #: | | Ті | rahan: | |
| Jri ng hiling/katanungan: | | | | | | |
| School Facility Update Health Facility Update Change Grantee Change Address | Add Child/Child ID Replacement Oath of Commit Philhealth Certif | ment | Payout Schedule PPIS Record Info | rmation | | |
| temarks: | | | | Status | Ongoing | Resolved |
| ara sa follow-up, managarina a1 | 7 175 NAS 1 | | | | | · |
| ara sa follow-up, mangyaring makipa angalan: | g-ugnayan kay: | Designation: | | Park Street of the Street Stre | Contact N | |
| • | | osognation. | | | Contact Number | ; |

PAGE 1 of 2



Pabatid sa Pribasiya at Pagiging Kumpidensiyal

Ang pagkolekta ng personal na impormasyon ay gagamitin lamang sa dokumentasyon at pagproseso ng inyong idinulog na isyu o mensahe sa loob ng 4Ps at kapag naaangkop, ito ay aming i-eendorso sa ibang opisina ng Kagawaran at/o sa ibang ahensya ng gobyerno na may saklaw sa paksa ng inyong idinulog.

Ang inyong personal na impormasyon at ang inyong pinapaabot na mensahe tungkol sa Programa ay pribado at kumpidensyal. Maliban sa tunay na layunin ng mensahe, walang bahagi nito o pagkakakilanlan ng pagkatao ang maaaring ibunyang, kopyahin o ipalabas nang walang pahintulot mula sa nagpadala. Ang mga awtorisadong tauhan lamang ng 4Ps ang pwedeng gumamit nito. Kaakibat nito ang layuning ang aksyon at proseso ay mapapadali sa pamamagitan ng email at nakalimbag na kopya. Hanggat maari, aming pangangalagaan na ang inyong personal na impormasyon ay mananatiling pribado, para sa katuparan ng layunin nito.

| and the second control of the second control | III. RESOLUTION INFORMATION | |
|--|---|--|
| TO BE COMPLETED BY THE PANTAWID PAMILYAS | TAFF. | The second and desired and all the second persons and account of |
| Initial Resolution: | | |
| | | |
| This for | rm has been thoroughly discussed with me and all information disclosed herein should not be used agai | inst me |
| Client's Signature: | Assisted by: | |
| | | |
| Date: | | l Name and Designation |
| pate: | Date Assisted: | |
| Date | there is a factor of the state | |
| and a control of the | Updates | Updated By: |
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Beneficiary Data Update Request Form

Pantawid Pamilyang Pilipino Program

Date Filed:

nstructions: 1. The household grantee shall properly fill-out this form. Fill out only the section that is applicable.
2. Please refer to Types of Updates at the back for the details of the supporting documents.
3. Updates related to payments should be prioritized for updating. This is to ensure the maximum amount of grants will be received by the household.
4. Ensure to secure a copy of Acknowledging Receipt once this form submitted to the Pantawid Personnel.

| | | PARI | | JT BY THE HOUSEHO D AND PERSONAL DA | | | |
|---|------------------|--------------------|-------------------------|--|------------------------------|---|----------------|
| RANTEE NAME | LAST NAME | | FIRST NAME | D AND I ENGONAL DA | MIDDLE NAME | EXTEN | SION NAME |
| OUSEHOLD ID NU | MRFR | | | ADDRESS | HOUSE NO. | STREET | /PUROK/SITIO |
| ODRESS | BARANGAY | | CITY/MUNICIPALIT | | PROVINCE | REGIO | · · |
| | ···· | | B. DATA CHANG | E/CORRECTION/UPDA | TING | | |
| NEWBORN AN | ID/OR ADDITION | IAL HOUSE | HOLD MEMBER | | | | |
| NAME OF CLU | LAST NAME | | FIRST NAME | | MIDDLE NAME | EXTEN | SION NAME |
| NAME OF CHI | TH (MM/DD/YYYY): | | | | SEX: | DISABLED | ? Yes No |
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| STREET/PUR | HEALTH FACILIT | ~ | | FROM | | то | |
| NAME OF ME | | | ING: Yes No, Reas | son for Not Attending: | | | |
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| u = u. | | ADDRES | | | | *************************************** | |
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| NAME OF MEI | MBEK: | | | son for Not Attending: | | | 4 % Ay As |
| ° | **** | ADDRES | SS: | | | | |
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| GRADE LEVE | L: | | | | | | |
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| GRADE LEVE | | *4** | | 2 | | | rig e |
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| Beneficiary's Copy | 137 | Da | ite Filed: | City/Municipal Link's Co | ору | Date Filed | |
| AC | KNOWLEDGEM | ENT RECEI | PT | | ACKNOWLEDGEME | NT RECEIPT | |
| | | | | 2 | | | |
| lame of Beneficiary: | | H | HID No.: | Name of Beneficiary: | | HH ID No.: | |
| Type of Update | Field U | Ipdated | Change To | Type of Update | Field Updated | Change To | Remarks |
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| 6 | CHANGE OF HH GRANTEE | | B 8 | Kt ma | | | | | | regus . | ^ | | | |
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| - | NAME OF GRANTEE: | | <u> </u> | ROM | | | Annual en consequence and the second | Avenda you as to real about the second | | T | <u>U</u> , ~ | <u></u> | 2 | |
| ş' ' | NEW GRANTEE'S INFORMA | TION: | 1 . 3 | | | | | | The second second | | | | | The section of the se |
| | MOTHER'S MAIDEN NAME: | | | | DATE | OF BIRTH (MM/C | D/YYYY): | F | ELATION | ISHIP TO | HH HEAD | | | 18.9 |
| | GUARDIAN'S NAME (For Mi | nor grantee or | nly): | | The state of the s | | 2000 Participation and Spinish | | | | r Grantee | | | |
| | REASON FOR CHANGE: | | | eceased | П | Sickly or Old | Age | | ornp to ti | ic willo | Oldinoc | | | *********** |
| 7 | DECEASED | - | Aurent and a second a second and a second and a second and a second and a second an | | | ording or ord | 7.90 | | | | | | | |
| | NAME(Last Name, First Name, Midd | e Name, Extensio | n Name) | | SEX | RELATION | SHIP TO HH | HEAD DA | TE OF | BIRTHO | MMODAVV | FOR | REDIAC | EMENT |
| | 1 | | | | | | | | | | | 1 1 | YES | NO |
| | 2 | | | | | | | | | | | 1 7 | YES | NO |
| - | (If for replacement, please facilitation | e the deselectio | n using Up | date Type | 11 with reas | son as decease | d then proceed | d to the selec | tion of the | replace | ment child | of the ho | usehold) | |
| 9 | CAPTURING/CORRECTION | | | TON | FR | OM | Section for the Section of the Secti | | | | TO | | | |
| | NAME (Last Name, First Name, Middle No | me, Extension Name |): | | | | | - | | | | | | |
| | DATE OF BIRTH (MM/DD/YYYY): | - | - | | | | | maly have the Assessment agreement and agreement agreeme | | - | | | | |
| | RELATIONSHIP TO HH HEA MARITAL STATUS: | D: | *************** | | | | | | | | | | | |
| | SEX: | | | | | MANAGES PROPERTY COMPANY CONTRACTOR CONTRACT | | | | | | | | |
| | DISABLED?: YES NO | 90101 | PARENT: | Tyre | Пио | | 000110471 | | | | | 1111111 | | |
| | NAME (Last Name, First Name, Middle No | | | L TES | Пио | | OCCUPATI | ION: | | | | | | |
| | DATE OF BIRTH (MM/DD/YYYY): | me, Extension Name |): | | | | | - | | | | | | - |
| | RELATIONSHIP TO HH HEA | De | | | | | | | | - | | | | |
| | MARITAL STATUS: | J. | *************************************** | | | | The second secon | The same of the sa | | | | ************ | | |
| | | | | dang h | | | | Process Section of the Control of th | | | - | | | |
| | DISABLED?: YES NO | SOLO | PARENT: | YES | NO | | OCCUPATI | ON: | | | | 7 1 1 2 | | |
| | NAME (Last Name, First Name, Middle Na | ne, Extension Name) | | | | - | | emunos | | | | Principal de la company de | | |
| | DATE OF BIRTH (MM/DD/YYYY): | | | | | | | *************************************** | | | | - | 1 | |
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| | MARITAL STATUS: | | | | | | | MONTHS MANAGEROUS | | | | | | |
| | DISABLED?: YES NO | 9010 | PARENT: | TVEC | | | COCUPATION | ~~! | | | | | | |
| 10 | CAPTURING/CORRECTION | | | LITES | LINO | | OCCUPATION | ON: | | | | | | |
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| | 2 | Note that the same of the same | | | | | | | | | | All the second | | |
| | Applicable to all household i | | | ************** | | **** | | | | | | | | |
| 11 | | | DENEERO | IADV (IE | e) FOD E | DUCATION | *************************************** | - | | | | | | - |
| | SELECTION/REPLACEMEN Name of Child | OI OIIIED- | Coloction I | PHILI HE | O) FUR E | DUCALION A | | | TO LUDDAYE LIE | OCHOMA LIT M | | | | 2 |
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| 12 | CAPTURING OF PREGNANC | Y STATUS | | | on | Reason | | | | Replac | ement Ch | ild for s | Selection | |
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| Pantawid ID No.: | | <u> </u> | TT - CT | | | SWDI Index: | | |
| Name of Respondent: | , | <u> </u> | Grantee | L Not i | 7 | · · · · · · · · · · · · · · · · · · · | | |
| | | | Grantee | Not Grantee | | Level of Well-being: | | |
| Components and India | cators | Level | Code | | Maria State Control of the State of the Stat | TIONAL QUESTION: | | |
| I. ECONOMIC SUFFICIENCY | | | | | DECLA | RATION OF ASSETS | | |
| A. Employable Skills Occupational skills of family aged 18 years or over A.1 | members | | | (i.e. cash | , inventory | inancial/ economic assets? (\) , land, properties, equipment, e | | |
| A.2 | | | | n yes, nn | up tne ma | trix below: | | |
| A.3 | 5 % | | | Descript | ion Esti | mated Value of Asset (in Ph | | |
| A.4 | | | | | | | | |
| A.5 | | | | | | | | |
| A.6 | s ² v = 48 | | | | | | | |
| A.7 | | | | | | | | |
| A.8 | | | | | | | | |
| A.9 | | | | | | | | |
| A.10 | *************************************** | | | Total | Php | | | |
| B. Employment Working status of family members aged 18 years or o | PSOC SMG | | | | | | | |
| B.1 | over | _ | | Re | marks: | | | |
| B.2 | | ļ | | | manno. | - 1 | | |
| | | | | | | | | |
| B.3 | | | | | | | | |
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| B.5 | | 1 × 1 | | | 1 | | | |
| B.6 | | 11.0 | | | | | | |
| B.7 | | | | | | | | |
| B.8 | | | | _ | | | | |
| B.9 | | | | | | | | |
| B.10 | 10 | | | | | | | |
| C. Income Family monthly per capita income the past six months | ome in | | | | | | | |
| D. Social Security Membership or access of fan financial institutions | nily to formal | | | , | | | | |
| SOCIAL ADEQUACY | | | | - | | | | |
| A. Health | | | | | | | | |
| Health Condition and Availn Services | | | | | | | | |
| a. Availment of family members of accessible health services in the past six m | oers onths | | к | - | | | | |
| b. Health condition of family the past six months | members in | | | | ₹ . | | | |
| 2. Nutrition | | | | | | | | |
| a. Number of meals the fam had in a day | ily | | , | | | | | |
| b. Nutritional status of childr years or below | en aged 5 | | | | | | | |
| Name Ag | e Weight | | | | | | | |
| 1 | g,it | | | - | | | | |
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| Components ar | nd Ind | icat | ors | | | L | .evel | | Cc |
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| IL SOCIAL ADEQUACY | | | | | | | | 1 | |
| 3. Water and Sanitation | on | | | | | | | | |
| a. Family's access | to safe | drin | kino | wa | ter | ╁ | | + | |
| b. Family's access | - | · · · · · · · · · · · · · · · · · · · | +- | | | | | | |
| facilities | | | 5 | | | | | | |
| c. Most common fa garbage disposa | amily al | oract | ice | of | | | | | |
| B. Housing | , | | | | | +- | | + | |
| 1.a Construction mate | erials o | of the | roc | of | | ╫ | | + | |
| 1.b Construction mate | rials c | of the | ou | ter | | + | | + | |
| walls | 22 403 | | | 5 | ٠, | | | 1 | |
| 2. Tenure status of ho | | 1 12 | | | · · · · · · · · · · · · · · · · · · · | | | | |
| 3. Lighting facility of th | ie hou | se | | | | | | | |
| C. Education | | • 4 | | | | | | T | |
| Functional literacy members aged 10 | of fam | ily | | *************************************** | | | | + | , |
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| 1.9 | - - | | | | _ | | | <u> </u> | |
| 1.10 | +- | | | | | <u> </u> | | <u> </u> | |
| School enrolment/ a children aged 3-18 informal school | attend years | ance in fo | of rma | / | | | | | |
| Name | | Scl | nool | | | | | | |
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| 2.7 | | | | | | | | | |
| 2.8 | | | | | | | | *************************************** | |
| 2.9 | | | | | \Box | | | | |
| D. Role Performance of | | T | | | | | | | |
| Involvement of family activities | | | | | 1 | * | · .] | | |
| Ability of parents and discern problems in solutions | | | | | 1 | | | | |
| Participation of family me widely-recognized people clations or support group (Please specify in remains) | e's orga s in the | nizat | ions/ | asso | - | | | | |
| (* reade about it tells | | | | | _ | | -+ | | - |
| E. Family Awareness of Re | levant | Soc | ial Is | ssue | 5 | | I | | |
| | 3 7 2 7 | | | | S | A | | | |
| E. Family Awareness of Re | hts of | chilo | Iren | | S | 77. | | | |

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| SE | ELF-A | SSES | SME | VT | |

| | ITIONAL QUESTION: ELF-ASSESSMENT | |
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| the Pantawid | ou are ready to gradua Program? ox below) Please Explain | |
| Yes No | | |
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| Remarks: | | |
| D. Role Perfor | mance, Item 3 (Type of F | 0 |
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| Signatur of t complished by: | e over Printed Name the Respondent | |
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| of t | over Printed Name the Interviewer | - |
| Designatio | n: | |



| Family Member | Pop'n. group (Code: 0- Aged less than 18 yrs. old not in | Salaries and Wages from Employment (Php) (Includes gross basic compensation received in cash, cash commissions, tips, bonuses, cash all ances for food, health, housing and clothing, salary and wages in kind, e.g., compensations received form of goods such as rice, corn, rental value of housing, if provided) Note: Salaries and wages of family members less than 18 years old who are not in school Code=0 in Col. 2, will not be included in the computation of the sub-total under Salaries and Wages. | | | | | | | | |
|--|---|---|---|---|--|---------------------------------------|-----------------------|--|--|--|
| | school, 1,-In school, 2- Senior citizen, 3-PWDs, 4- Others) | Basic Compensation (in cash) | Cash | Cash A (food, he | llowance alth, hous- clothing) | Basic Compensatio (in kind) | Sub-Total | | | |
| (1) | (2) | (3) | (4) | | (5) | (6) | (7) | | | |
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| 8. | | | | | | | | | | |
| 9. | <u> </u> | , | 4 | 41 | | | * . | | | |
| 10 | | | | | | | | | | |
| Sub-Total | | | | | | , | | | | |
| | | | | * I | | | | | | |
| Note: Does not include loans borrowed to others, profits from sale of stocks and C2. Income from Entrepret | from the bank, to bonds and net neurial/Sus | withdrawals from winnings from gatenance Acti | savings account, cash s mbling, lotto, communit vities (in the past | surrender val ly-based num l six mont | ue of insurance obers game and | e, payments rece d sweepstakes | eived from loand gran | | | |
| (e.g. net income from crop farming, fishing including backyard pla produce is consumed by the | ng, garden- | Type (Code: 1 - Entrepreneurial, 2 - Sustenance) | Gross Value/Sal (Php) | es | Deduction cost of seed licides, irrigat cost of cap | l, fertilizer, | Net Income (Php | | | |
| (8) | | (9) | (10) | | (41) | | | | | |

| provide solidation by the failily) | Type | Gross Value/Sales (Php) | Deduction (Php) (e.g. cost of seed, fertilizer, pesticides, irrigation, labor, cost of capital) | Net Income (Php |
|------------------------------------|------|----------------------------|---|-----------------|
| (8) | (9) | (10) | (11) | (12) |
| 1. | | | | (12) |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | <u> </u> |
| Sub-Total | | | | |

C3. Transfers (in the past six months)

| | Amount (Php) | | | | |
|--|--------------|---------|-----------|--|--|
| Sources of Income | In Cash | In Kind | Sub-Total | | |
| 1 Decide 16 | (13) | (14) | (15) | | |
| Receipts, gifts, support, relief and other forms of assistance abroad including those from OFWs | | | (10) | | |
| Receipts ,gifts, support and assistance from other families/ entities in the country | | 2.0 | | | |
| B. Support received from the Philippine government including support from the Pantawid PAmilya Program | | | | | |
| Sub-Total | | | | | |

C4. Other Sources (in the past six months)

| Sources of Income | Amount (Php) | | | |
|--|--------------|---------|----------|--|
| Sources of Income | In Cash | In Kind | Sub-Tota | |
| 1. Pensions | (16) | (17) | (18) | |
| 2. Dividends | | | | |
| . Interests | | | | |
| Imputed Rental of owner-occupied dwelling unit | + | | | |
| . Other sources, not elsewhere classified | | | | |
| Sub-Total | | | | |

| Sub-Total of Income (Php) from | | | | Total Income (Php) | | Per Capita | Monthly Per Capita |
|--------------------------------|-----------|-----------|-----------------|---|-------------|--------------------------|-----------------------------|
| (Col. 7) (19) | (Col. 12) | (Col. 15) | C4 (Col. 18) | (Col. 19) + (Col. 20) + (Col. 21) + (Col.22) | Family Size | (Col. 23) / (Col. 24) | Income (Php) (Col. 25/6) |
| | (20) | (21) | (22) | (23) | (24) | (25) | (26) |



| Remarks: | | | | Department of Social Waltare and Development |
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| am ko at malinau | V sa akin na | rg-susuri na ito ng i | DSWD-Pantawid F | Pamilyang Pilipin Program. |
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| hintulot at/o pina | payagan ang DSWD |) na kolektahin, nam | -400 - | loob na nagbibigay |
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| ormasyon na na | kuha sa "2019 SWD | I Assessment". | | |
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| n ko at naiintind | ihan ko na malaya a | kong makibahagi s | a pag-susuri na it | o at maari kong tapusin and |
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Card Issue

Inclusion request

Para sa follow-up, mangyaring makipag-ugnayan kay:

Disqualification

angalan:

Appeal

acility issue

Implementer issue

Designation:





DSWD-4PS-GF-003 | REV 02 | 03 APR 2024 **CLIENT ASSISTANCE FORM - GRIEVANCE** Ang Client Assistance Form (CAF) na ito ay iminungkahi na gamitin sa pagdulog ng inyong reklamo (grievance) tungkol sa Pantawid Pamilyang Pilipino Program (4Ps). Importanteng lagyan ng tamang impormasyon ang mga seksyon na may simbolong "asterisk" tulad nito (*). Maraming salamat po. TRACKING NUMBER: PETSA NG PAGHAIN: IMPORMASYON NG KLIYENTE Uri ng Kliyente*: RCCT Beneficiary ☐ MCCT Beneficiary ☐ Non-beneficiary □Authorized Representative ☐ Manatiling di kilala o anonymous? (kung tsek, laktawan ang detalye ng pangalan) 4Ps Household ID #: Set: Client Status: P Affiliation: Buong Pangalan: _ Sex*: Contact #*: Unang Pangalan (First Name) Gitnang Pangalan (Middle Name) Huling Pangalan (Last Name) Tirahan (Street, Brgy, City/Muni, Province, Region) *: Email: II. DETALYE NG REKLAMO Kumpletong Detalye ng Mensahe o Reklamo*: Uri ng Reklamo*: 1. Payment Issue (Di pagtanggap o kulang ang natanggap na cash grants) 2. Card Issue (Problema sa cash card) Year Period No card Damaged card Delayed card No payment inaccessible account Perforated card Delayed fund transfers Underpayment No top-ups Captured card Delayed name-matching Overpayment Lost card ocked/Hot card Stolen card Unclaimed payment Blocked card SSI payment issues Cash Card No.: 3. Inclusion Request (Kahilingan na mapasama sa Programa) Disqualification (Reklamong diskwalipikasyon ng benepisyaryo ng Programa) Transient poor Chronic poor With high-value property Extreme poor With relative abroad Date of Birth: Name of HH Concerned: Address: 5. Misbehavior (Reklamo sa di tamang pag-uugali ng benepisyaryo ng Appeal (Apela na mapabilang muli sa Programa) Programa) () 1st Offense () 2nd Offense () 3rd Offense Appeal for reactivation Vices Beneficiary fraudulence Appeal for reinstatement Gambling collection of any kind Pawning ersuasion Misrepresentation Disinformation Name of HH Concerned: Address 7. Facility issue (Reklamo sa kakulangan ng pasilidad ng DepEd o DOH) 8. Implementer issue (Reklamo sa mga nagpapatupad ng Programa) Inadequate education services and/or facilities Imposition of additional conditions Incorrect reporting of information and data Inadequate health services and/or facilities Discourtesy action to requests Collection of any kind Delayed action to requests mplementer fraudulence Other required information: Name of implementer Concerned: Office Concerned: Address: TO ANG MAGSISILBING GRIEVANCE STUB. TRACKING NUMBER: PETSA NG PAGHAIN: Buong Pangalan: 4Ps Household ID #: Tirahan: Uri ng reklamong hininain: Status Ongoing Resolved Remarks: Payment Issue ∕lisbehavior

PAGE 1 of 2



Contact Number:

Pabatid sa Pribasiya at Pagiging Kumpidensiyal

Ang pagkolekta ng personal na impormasyon ay gagamitin lamang sa dokumentasyon at pagproseso ng inyong dulog na isyu o mensahe sa loob ng 4Ps at kapag naaangkop, ito ay aming i-eendorso sa ibang opisina ng Kagawaran at/o sa ibang ahensya ng gobyerno na may saklaw sa paksa ng inyong dulong.

Ang inyong personal na impormasyon at ang inyong pinapaabot na mensahe tungkol sa Programa ay pribado at kumpidensyal. Maliban sa tunay na layunin ng mensahe, walang bahagi nito o pagkakakilanlan ng pagkatao ang maaaring ibunyang, kopyahin o ipalabas nang walang pahintulot mula sa nagpadala. Ang mga awtorisadong tauhan lamang ng 4Ps ang pwedeng gumamit nito. Kaakibat nito ang layuning ang aksyon at proseso ay mapapadali sa pamamagitan ng email at nakalimbag na kopya. Hanggat maari, aming poprotektahan na ang inyong personal na impormasyon ay mananatiling pribado, para sa katuparan ng layunin nito.

| | III. RESOL | UTION INFORMATION | I FORGER STREET STREET |
|------------------------|---|---|------------------------|
| TO BE COMPLETED BY THE | PANTAWID PAMILYA STAFF. | | 1 |
| Initial Resolution: | 2 | | |
| S. | | | |
| | This form has been thoroughly discussed with me | and all information disclosed herein should not be used against me. | |
| Client's Signature: | | Assisted by: | |
| | | | |
| | | Signature over Printed Name and Des | gnation |
| Date: Date Assisted: | | | |
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| Date | | Updates | |
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