



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

RFQ No. : DSWD7-2024-1151
 Date : August 30, 2024

Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____
 PhilGEPS Registration No.: _____

Sir/Madam:

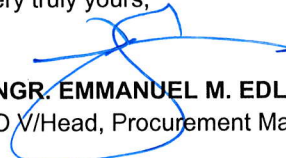
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Failure to indicate information could be the basis for non-compliance. Also, kindly furnish us with descriptive brochures, catalogues, literatures 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 supplier/s are required to submit true copies of their **valid Mayor's Permit, Philgeps Registration Number and Latest Income Tax Return** upon submission of quotation/s. 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 **September 04, 2024 at 5:00PM**.

Very truly yours,


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

Terms and Conditions:

1. Award shall be made on per: item basis total quoted price lot basis
2. Quotation validity shall be not less than **60 calendar days**.
3. Good/s or Services shall be delivered **within 30 days calendar from receipt and conformity of Purchase Order.**
4. Place of Delivery: **DSWD FO VII, Corner M.J. Cuenco Avenue and Gen. Maxilom Ext., Carreta, Cebu City**
5. Terms of Payment: **within 30 days from the receipt of billing statement.**
6. Liquidated Damages/Penalty: **One-tenth of one percent for everyday of delay shall be imposed.**
7. 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.
8. 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. DSWD7-2024-1151

Date: August 30, 2024

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
Production and Delivery of Forms							
1	1,000	pad	Certificate of Eligibility (Outright Cash) - Form Description: Paper Stocks: Carbonless Paper Size: A4, 21cm (w) x 29.7 cm (h) (8.27 x 11.69") No. of Copies: 2 copies (White & Yellow) Prints: 1/0, Black Finish: Padded/100 sets per pad				
2	200	ream	General Intake Sheet Part 1 - Form # 2 Description: Paper Stocks: White Bond Econo subs.20 (50gsm) Size: A4, 21cm (w) x 29.7 cm (h) (8.27 x 11.69") Prints: 1/0, Black Finish: 1 ream = 500 sheets				
3	200	ream	Client's Satisfaction Survey - Form # 3 Description: Paper Stocks: White Bond Econo subs.20 (50gsm) Size: A4, 21cm (w) x 29.7 cm (h) (8.27 x 11.69") Prints: 1/0, Black Finish: 1 ream = 500 sheets				
Total:							
Approved Budget for the Contract: Php 700,000.00				Note:			
End User: PSD-CIS				"Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
PURPOSE : Supplies for use in CIS Office and AKAP.							

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

(page 2 of 2)

GENERAL INTAKE SHEET

MAARING MAGPATULONG SUMAGOT SA DSWD PERSONNEL

QN: PCN: Date:

AICS AKAP New Returning On-site Walk-in Referral Off-site Malasakit Center

Part I: To be filled out by Client
IMPORMASYON NG KINATAWAN (Client's Identifying Information)

Apelyido (Last Name)	Unang Pangalan (First Name)	Gitnang Pangalan (Middle Name)	Ext. (Sr., Jr., I, II)
House No./Street/Purok (Ex. 123 Sun)	Barangay (Ex. Batasan)	City/Municipality (Ex. Quezon City)	Province/District (Ex. Dist III) Region (Ex. NCR)
Numero ng Telepono (Mobile No.)	Kapanganakan (Birthdate) MM-DD-YYYY	Edad (Age)	Kasarian (Sex) Civil Status (Katayuang Sibil) Trabaho (Occupation) Buwanang Kita (Monthly Salary)
Relasyon sa Benepisyaryo (Relationship to the Beneficiary)			

IMPORMASYON NG BENEPISYARYO (Beneficiary's Identifying Information)

Apelyido (Last Name)	Unang Pangalan (First Name)	Gitnang Pangalan (Middle Name)	Ext. (Sr., Jr., I, II)
House No./Street/Purok (Ex. 123 Sun)	Barangay (Ex. Batasan)	City/Municipality (Ex. Quezon City)	Province/District (Ex. Dist III) Region (Ex. NCR)
Numero ng Telepono (Mobile No.)	Kapanganakan (Birthdate)	Edad (Age)	Kasarian (Sex) Civil Status (Katayuang Sibil) Trabaho (Occupation) Buwanang Kita (Monthly Salary)

KOMPOSISYON NG PAMILYA (Family Composition)

Note: Gamitin ang Likurang bahagi ng papel kung kinakailangan

Buong Pangalan (Complete Name)	Relasyon sa Benepisyaryo (Relationship to the Beneficiary)	Edad (Age)	Trabaho (Occupation)	Buwanang kita (Monthly Salary)
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Part II: To be Filled out by DSWD Personnel

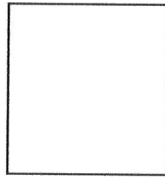
Client Sector		Type of Disability	
Target Sector: <input type="checkbox"/> FHONA <input type="checkbox"/> SC <input type="checkbox"/> WEDC <input type="checkbox"/> YNSP <input type="checkbox"/> PWD <input type="checkbox"/> PLHIV <input type="checkbox"/> CNSP	Specify Sub-Category: <input type="checkbox"/> Solo Parents <input type="checkbox"/> Indigenous People <input type="checkbox"/> Street Dwellers <input type="checkbox"/> KIA/WIA <input type="checkbox"/> 4PS Beneficiary	<input type="checkbox"/> Speech Impairment <input type="checkbox"/> Learning Disability <input type="checkbox"/> Psychosocial Disability <input type="checkbox"/> Deaf/Hard-of-Hearing <input type="checkbox"/> Cancer	<input type="checkbox"/> Mental Disability <input type="checkbox"/> Visual Disability <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Physical Disability <input type="checkbox"/> Rare Disease
<input type="checkbox"/> Recovering Person who used drugs <input type="checkbox"/> Psychosocial/Mental/Learning Disability <input type="checkbox"/> Stateless Person/Asylum Seekers/Refugees <input type="checkbox"/> Minimum Wage Earner <input type="checkbox"/> Others: _____			

Social worker's Assessment

<input type="checkbox"/> Financial Assistance: <input type="checkbox"/> Medical <input type="checkbox"/> Funeral <input type="checkbox"/> Transportation <input type="checkbox"/> Educational	<input type="checkbox"/> Material Assistance: <input type="checkbox"/> Food Assistance <input type="checkbox"/> Cash Relief <input type="checkbox"/> Assistance	<input type="checkbox"/> Psychosocial Support: <input type="checkbox"/> Psychosocial First Aid (PFA) <input type="checkbox"/> Social Work Counseling	<input type="checkbox"/> Referral: _____
<input type="checkbox"/> Family Food Packs <input type="checkbox"/> Rice	<input type="checkbox"/> Other Food Items	<input type="checkbox"/> Hygiene/Sleeping Kits	<input type="checkbox"/> Assistive Device & Technologies

Provided	Amount	Fund Source
1		
2		
3		

We are committed to protect and respect the privacy of our clients and beneficiaries and we will only collect, record, store, process and use personal information in accordance with Republic Act No. 10173 or the Data 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 Pangalan at Pirma
 (Signature over Printed Name)

Interviewed by:

Reviewed & Approved by:

 Social Worker
 (Signature over Printed Name)

 Approving Authority
 (Signature over Printed Name)

CERTIFICATE OF ELIGIBILITY
(Outright Cash)QN: PCN: Date:
MM DD YYYY AICS AKAP New Returning On-site Walk-in Referral Off-site Malasakit CenterThis is to certify that, _____, Male Female

Kumpletong Pangalan ng kliyente (First Name Middle Name Last Name)

Kasarian (Sex)

Edad (Age)

and presently residing at _____

Kumpletong Tirahan (Complete Address)

has been found eligible for assistance after the assessment and validation conducted, for his/herself or in representation of his/her

Relasyon ng Kinatawan sa Benepisyaryo (Relationship of the Representative to Beneficiary)

Kumpletong Pangalan ng Benepisyaryo (First Name Middle Name Last Name)

Records of the case such as the following are confidentially filed at the Crisis Intervention Division (CID)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> General Intake Sheet | <input type="checkbox"/> Medical Certificate/Abstract | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Social Case Study Report |
| <input type="checkbox"/> Justification | <input type="checkbox"/> Prescriptions | <input type="checkbox"/> Promissory Note | <input type="checkbox"/> Contract of Employment |
| <input type="checkbox"/> Valid I.D. Presented | <input type="checkbox"/> Statement of Account | <input type="checkbox"/> Funeral Contract | <input type="checkbox"/> Certificate of Employment |
| | <input type="checkbox"/> Treatment Protocol | <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Income Tax Return |
| | <input type="checkbox"/> Quotation/Chargeslip | <input type="checkbox"/> Death Summary | <input type="checkbox"/> Others _____ |
| | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Referral Letter | |

The Client is hereby recommended to receive _____ assistance to _____

in the amount of _____ Php _____ CHARGEABLE AGAINST: _____

Conforme:**Prepared by:****Approved by:**_____
Client

(Signature over Printed Name)

Social Worker

(Signature over Printed Name)

Approving Authority

(Signature over Printed Name)

Acknowledgement ReceiptDate:
MM DD YYYY

Financial Assistance _____ Php _____

(Amount in words)

- | | | |
|---|--|---|
| <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> Transportation Assistance | <input type="checkbox"/> Food Assistance |
| <input type="checkbox"/> Funeral Assistance | <input type="checkbox"/> Educational Assistance | <input type="checkbox"/> Cash Relief Assistance |

Tinanggap ni:**Binayaran ni:****Sinaksihan ni:**_____
Client

(Signature over Printed Name)

RDO / SDO

(Signature over Printed Name)

SWO / ADMIN

(Signature over Printed Name)

*E.O 163 series 2022

CERTIFICATE OF INFORMED CONSENT

Kusang-loob kong ibinigay 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. Nauunawaan ko na ang anumang impormasyong nakolekta ay gagamitin lamang upang mapahusay ang mga pangunahing serbisyong panlipunan na ibinigay ng DSWD.

(Lagda ng Kliyente or Thumb Mark)

Petsa ng Transaksyon (dd/mm/yyyy)	Pangalan ng Kliyente (Una,Gitna,Huli)	Edad
Kasarian <input type="checkbox"/> Lalake <input type="checkbox"/> Babae <input type="checkbox"/> Minabuting huwag sabihin	Uri ng Kliyente <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"/> Nakakatanda <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 (✓) and iyong 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 iyong kaalaman sa CC?

- 1. Alam ko ang CC at nakita ko ito sa napuntahang opisina.
- 2. Alam ko ang CC pero hindi ko ito nakita sa napuntahang opisina.
- 3. Nalaman ko ang CC nang makita ko ito sa napuntahang opisina
- 4. Hindi ko alam kung ano ang CC at wala akong nakita sa napuntahang opisina (Lagyan ng tsek ang 'N/A' sa CC2 at CC3 kapag ito ang iyong sagot)







CC2: Kung alam ang CC (nag-tsek sa opsyon 1-3 sa CC1), masasabi mo ba na ang CC nang napuntahang 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 iyong sagot.

	Labis na sumasang-ayon (5)	Sumasang-ayon (4)	Walang kinikilingan (3)	Hindi sumasang-ayon (2)	Lubos na hindi sumasang-ayon (1)	Hindi Angkop (N/A)
						
SQD0. Nasyahan ako sa serbisyong aking natanggap sa napuntahang opisina.						
SQD1. Makatwiran ang oras na aking ginugol para sa pagproseso ng aking transaksyon.						
SQD2. Ang opisina ay sumusunod sa mga kinakailangang dokumento at mga hakbang batay sa impormasyong ibinigay.						
SQD3. Ang mga hakbang sa pagproseso, kasama na ang pagbayad ay madali at simple lamang.						
SQD4. Mabilis at madali akong nakahanap ng impormasyon tungkol sa aking transaksyon mula sa opisina o website nito.						
SQD5. Nagbayad ako ng makatwirang halaga para sa aking transaksyon. (Kung ang serbisyo ay ibinigay ng libre, maglagay ng tsek sa hanay ng N/A)						
SQD6. Pakiramdam ko ay patas ang opisina sa lahat, o "walang palakasan", sa aking transaksyon.						
SQD7. Magalang akong trinato ng mga kawani ng opisina, at (kung sakali ako ay humingi ng tulong) alam ko na sila ay handang tumulong sa akin.						
SQD8. Naibigay sa akin ang kinakailangang serbisyo mula sa opisina. Subalit hindi man naibigay, ito ay naipaliwanag sa akin ng maayos at malinaw.						

Feedback (Opsyonal): Papuri, mungkahi, o reklamo upang mas mapagbuti pa namin ang paghahatid ng aming mga serbisyo sa iyo.

MARAMING SALAMAT!