

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.	: DSWD7-2024-1396 /
		Date	: October 09, 2024
Company Name	13		
Company Address	÷		
Contact Person	1		
Contact No.	1		
PhilGEPS Registrati	ion No.:	===	
Sir/Madam:			
expenses for the go	government price/s including delivery cha oods listed in Annex A. Failure to indicate h descriptive brochures, catalogues, literatu	information could	be the basis for non-compliance. Also,
	sive manufacturer, distributor or agent in the duly notarized certification to this effect.	e Philippines for th	e goods listed in Annex A , please attach
Interested supplier/s and Latest Income award.	s are required to submit true copies of the e Tax Return upon submission of quotati	eir-valid Mayor's F on/s. An omnibu	Permit, Philgeps Registration Number, s Sworn Statement is required prior to
Field Office VII, Ceb	and submit this form together with Annex ou City or send it through facsimile numbers wd.gov.ph on or before October 14, 2024 a	(032) 233-8785; 2	
		Very truly you ENGR. EMMA AO V/Head, P	S, JUEL M EDLES U roculement Management Section
Terms and Conditi 1. Award shall be m		quoted price	lot basis
	shall be not less than 60 calendar days.		
	es shall be delivered within 30 days calend		
4. Place of Delivery:		St. 90 111 CO	laxilom Ext., Carreta, Cebu City
6. Liquidated Dama 7. In case of discrep	nt: within 30 days from the receipt of bill ages/Penalty: One-tenth of one percent of pancy between total price per item and unit quantity of that item, the latter shall prevail.	for everyday of de	
8. Warranty period,	if applicable:	 СН	Jegografielts IARL ALBERT J. TORREFIEL
			Canvasser
I am interested to qu	uote and agree to the terms and conditions.		
	inted Name of Supplier / Service		

(page 1 of 2)

Company Name

Company Address

RFQ No. DSWD7-2024-1396

Date: October 09, 2024



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

Conta	act Person	n		- (1)			
Conta	act No.			_			
PhilG	EPS Reg	istration N	ło.:	- s			
Tin N	umber:			-0			
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	480	ream	Social Welfare and Development Indicators (SWDI)			19	
			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				
2	480	ream	General Intake Sheet Form		17		
			Specification:				
			1 page only black printing				
			A4 size bondpaper 70 gsm white				
			pack in 500 sheets per reams for the delivery				-
Tot	al:				N.		
Appr	oved Bud	dget for t	he Contract: Php 528,000.00	Note:	ions" column may	he filled up v	vith service provider or may
End U	Jser:	PANT	TAWID	copy "Articles/Desc			sarries provider of may
PURF	OSE :	For C	Y 2024 distribution of forms in Region	on VII Panta	wid benef	iciaries	

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)

Department of Social Welfare and Development Batasan Complex Constitution Hills Quezon City

CONFIDENTIALITY: This data co NO data/information collected thru	llection a this acti	ctivity	y is a	uthoriz e used	ed b	y the laxatio	Departn n purpo	nent of ses.	f Soci	ial Welf	are and	d Deve	elopn	nent	(DSWI	0).	
Date of Interview:(mm/dd/yyyy) Part I. Family Identification			Time Started: Wave No.:														
1. ID No.		T.				П		Ι	L		I] -]			Ш	I	
2. Name of Grantee 3. Name of Respondent	Last N	lame)				First N	lame			Mid	ddle I	Nam	ne		Ext. (5	 Sr./Jr./l
(if Grantee is not available)	Last N	lame	•	-			First N	lame			Mic	ddle I	Nam	ne		Ext. (8	 Sr./Jr./l
4. Religion (refer to codes in Annex 1) 5. IP Membership (refer to codes in Annex 1)]						6. Pre	Re Pro Cit Ba	gior ovin y/Mi ranç	n ce unicip	ality] -		

lne No.	Last Name	First Name	Middle Name	Relationship to the Grantee	Sex (1-M 2-F)	Age (as of last bday)	Birthdate (mm/dd/yyyy)	Marital Status	Highest Educational Attainment	Currently Attending School (1-Yes 2-No)	Primary Occupation	Class of Worker	Remark
(1)	(2)	(3)	T (4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1													
2													
3		44											
4													
5													
6													
7			*										
8												135	
9													
10													
11			. 1 3391			190							
12									-	1			
13													
14				-									
15			The same of the sa							1	kirononi i av y		

Accomplished by: Signature over Printed Name of the ML/SWO	Signature over Printed Name	
15		
14		
13		
12		
12		



emarks:	
	*
" Ako ay napili na maging bahagi sa pag-susuri na ito ng DSWD-	Pantawid Pamilyang Pilipin Program.
" Ako ay napili na maging bahagi sa pag-susuri na ito ng DSWD- Alam ko at malinaw sa akin na ang impormasyong aking ibabaha	
	agi ay mananatiling kompidensyal.
Alam ko at malinaw sa akin na ang impormasyong aking ibabaha	agi ay mananatiling kompidensyal. ay kusang-loob na nagbibigay
Alam ko at malinaw sa akin na ang impormasyong aking ibabaha Bilang pagsunod sa "Data Privacy Act of 2022 o RA 10173", ako	agi ay mananatiling kompidensyal. ay kusang-loob na nagbibigay n, gamitin og ibahagi ang mga
Alam ko at malinaw sa akin na ang impormasyong aking ibabaha Bilang pagsunod sa "Data Privacy Act of 2022 o RA 10173", ako pahintulot at/o pinapayagan ang DSWD na kolektahin, panatilihin impormasyon sa mga kaugnay na ahensya o pribadong institusy	agi ay mananatiling kompidensyal. ay kusang-loob na nagbibigay n, gamitin og ibahagi ang mga
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SOCIAL WELL	FARE AN	ND DE	VELOP	MENT IN		Innert of Social Welfare and Development Revised as of August 2019
Date of Interview: /				ed:		Time Ended:
					_	
Pantawid ID No.:		- _	П.П			SWDI Index:
Name of Respondent:			Grantee	Not Gran	tee	Level of Well-being:
Components and Indica	tors	Level	Code		TIONAL QUESTION:	
I. ECONOMIC SUFFICIENCY				DI	ECL/	ARATION OF ASSETS
A. Employable Skills Occupational skills of family maged 18 years or over A.1	nembers			100	entory	inancial/ economic assets? (Y/N) y, land, properties, equipment, etc.)
A.2				n you, mi up u	10 1110	and bolow.
A.3				Description	Esti	mated Value of Asset (in Php)
A.4						
A.5						
A.6						
A.7						
A.8						
A.9						
A.10	_			Total	Php)
B. Employment Working status of family members aged 18 years or ov	PSOC SMG					
B.1				Rema	rks:	
B.2						
B.3						
B.4						
B.5						
B.6						
B.7						
B.8						
B.9						
B.10		-		-		
C. Income Family monthly per capita inco	ome in					
D. Social Security Membership or access of fami financial institutions	ily to formal		-, 1			
II. SOCIAL ADEQUACY						
A. Health						
Health Condition and Availm Services						
Availment of family memb of accessible health services in the past six mo	ers onths					
b. Health condition of family the past six months	members in					
2. Nutrition						
Number of meals the fami had in a day	ly					
b. Nutritional status of childre years or below	en aged 5					
Name Ag	e Weight					
b.1						
b.2						
b.3						
b.4						
b.5						

Components and	India	cato	rs			Level	Code
II. SOCIAL ADEQUACY							
3. Water and Sanitation							
a. Family's access to	safe (drink	ina	wate	er		
b. Family's access to				18/00/2-2			
facilities							
 c. Most common fan garbage disposal 	nily pr	acti	ce c	of			
B. Housing							
1.a Construction materi	als of	the	roo	f			
1.b Construction materia	als of	the	out	er	_		
walls							
2. Tenure status of hous							
3. Lighting facility of the	hous	se					
C. Education							
Functional literacy of members aged 10 years	fami	ly				11	
	_	or ov	_	Lu	l NI		
Name 1.1	R	VV	С	U	N		
1.2	+		\vdash				
1.3	+		\vdash				
1.4	+						
1.5	1						
1.6							
1.7							
1.8							
1.9	_						
1.10 2. School enrolment/ a	Hond			Ш	L		
children aged 3-18 y				al/			
Name		Sc	hoo	ı			
2.1			-				
2.2							
2.3							
2.4							
2.5							
2.6 2.7	-		-				
2.8	-	-		-			
2.9			-				
D. Role Performance of	Fami	ily					
Involvement of famil activities	y me	mbe	rs ir	n far	nily		
Ability of parents and discern problems in solutions	d/or g famil	juar y an	dian d ar	s to	at		
Participation of family mwidely-recognized peopliciations or support group (Please specify in rem	e's org	ganiz ne pa	ation	s/as	so-		
E. Family Awareness of Re			* * * * * * * * * * * * * * * * * * * *	Iss	ues		
1. Awareness of the rig	ghts c	of ch	ildre	en			
Awareness of gender	AND AND ADDRESS						

 Awareness of disaster risk reduction and management



Suggest Little to a secure regiment and act to reprote to	
ADDITIONAL QUEST SELF-ASSESSME	
Do you feel you are ready to the Pantawid Program? (Y/N- tick the box below) Please	
Yes	
Remarks:	
D. Role Performance, Item 3 (Type of PO, if any)
	*
	a.
Signature over Printed	Name
of the Responder	ıı
Accomplished by:	
Signature over Printed of the Interviewe	Name
Designation:	

C. Income

C1. Salaries and Wages from Employment (in the past six mon



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 allowances for food, health, housing and clothing, salary and wages in kind, e.g., compensations received in 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, or 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 Commission, Tips, Bonus	Cash Allowance (food, health, hous- ing & clothing)	Basic Compensation (in kind)	Sub-Total (Col.3+Col.4 +Col.5+Col.6 for Col.2≠0)					
(1)	(2)	(3)	(4)	(5)	(6)	(7)					
1.											
2.				VI V							
3.											
4.											
5.					His Land						
6.						×					
7.											
8.											
9.		1									
10.											
Sub-Total		-									

*Note: Does not include loans borrowed from the bank, withdrawals from savings account, cash surrender value of insurance, payments received from loand granted to others, profits from sale of stocks and bonds and net winnings from gambling, lotto, community-based numbers game and sweepstakes

C2. Income from Entrepreneurial/Sustenance Activities (in the past six months)

Activity (e.g. net income from crop farming, gardening, fishing including backyard planting where produce is consumed by the family)	Type (Code: 1 - Entrepreneurial, 2 - Sustenance)	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.				
2.				
3.				
4.				
Sub-Total			*	

C3. Transfers (in the past six months)

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

C4. Other Sources (in the past six months)

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

Sub-Total of Income (Php) from				Total Income (Php)	Family Size	Per Capita Income (Php)	Monthly Per Capita Income (Php)
C1 (Col. 7)	(Col. 12)	C3 (Col. 15)	C4 (Col. 18)	(Col. 19) + (Col. 20) + (Col. 21) + (Col.22)		(Col. 23) / (Col. 24)	(Col. 25/6)
(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)