



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. : DSWD7-2025-0318
 Date : March 18, 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 supplier/s are required to submit true copies of their **valid Mayor's Permit and Philgeps Registration Number** 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) 887-9720; 233-0261; 231-2172 local 17140 or 17110 or e-mail to bac.fo7@dswd.gov.ph on or before **March 24, 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 **please refer to Annex A**
- 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.: **DSWD7-2025-0318**
 Date: **March 18, 2025**

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 Forms							
1	125	ream	Social Welfare and Development Indicators (SWDI) Form Specification: <ul style="list-style-type: none"> • 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	110	ream	General Intake Sheet Form Specification: <ul style="list-style-type: none"> • 1 page only black printing • A4 size bondpaper 70 GSM white • Pack in 500 sheets per reams for the delivery 				
Total:							
Approved Budget for the Contract: Php 119,250.00				Note:			
End User: PANTAWID				"Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
PURPOSE : For CY 2025 distribution of forms in Region VII pantawid beneficiaries							

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

GENERAL INTAKE SHEET

CONFIDENTIALITY: This data collection activity is authorized by the Department of Social Welfare and Development (DSWD). NO data/information collected thru this activity can be used for taxation purposes.

Date of Interview: _____
 (mm/dd/yyyy)

Time Started: _____
 Wave No.: _____

Part I. Family Identification

1. ID No.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25px; height:20px;"></td><td style="width:25px; height:20px;"></td><td style="width:25px; height:20px;"></td><td style="width:25px; height:20px;"></td><td style="width:25px; height:20px;"></td><td style="width:25px; height:20px;"></td><td style="width:25px; height:20px;"></td><td style="width:25px; height:20px;"></td><td style="width:25px; height:20px;"></td><td style="width:25px; height:20px;"></td><td style="width:25px; height:20px;"></td><td style="width:25px; height:20px;"></td><td style="width:25px; height:20px;"></td><td style="width:25px; height:20px;"></td> </tr> </table>																									
2. Name of Grantee	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; height:20px;"></td><td style="width:33%; height:20px;"></td><td style="width:33%; height:20px;"></td> </tr> </table>						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td><td style="width:33%;"></td><td style="width:33%;"></td> </tr> </table>																			
	Last Name			First Name			Middle Name			Ext. (Sr./Jr./III)																
3. Name of Respondent <small>(if Grantee is not available)</small>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; height:20px;"></td><td style="width:33%; height:20px;"></td><td style="width:33%; height:20px;"></td> </tr> </table>						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td><td style="width:33%;"></td><td style="width:33%;"></td> </tr> </table>																			
	Last Name			First Name			Middle Name			Ext. (Sr./Jr./III)																
4. Religion <small>(refer to codes in Annex 1)</small>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px; height:20px;"></td></tr> </table>		_____																							
5. IP Membership <small>(refer to codes in Annex 1)</small>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px; height:20px;"></td></tr> </table>		_____																							
6. Present Address																										
				Region			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>						_____													
				Province			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>						_____													
				City/Municipality			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>						_____													
				Barangay			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>						_____													
				Purok/Street No.			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>						_____													

Part II. Family Composition (Use additional sheets if necessary; refer to codes in Annex 1)

Line 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	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1													
2													
3													
4													
5													
6													
7													
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10													
11													
12													
13													
14													
15													

Accomplished by: _____ Signature over Printed Name of the ML/SWO (Last Name, First Name, Middle Name)	If not the ML/SWO, _____ Signature over Printed Name (Last Name, First Name, Middle Name) and Designation
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SOCIAL WELFARE AND DEVELOPMENT INDICATORS

Revised as of August 2019

Date of Interview:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time Started:	<input type="text"/> : <input type="text"/> : <input type="text"/>	Time Ended:	<input type="text"/> : <input type="text"/> : <input type="text"/>
Pantawid ID No.:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SWDI Index:			
Name of Respondent:	<input type="checkbox"/> Grantee <input type="checkbox"/> Not Grantee			Level of Well-being:	

Components and Indicators	Level	Code	ADDITIONAL QUESTION: DECLARATION OF ASSETS																															
I. ECONOMIC SUFFICIENCY			<p>Do you have any financial/ economic assets? (Y/N) (i.e. cash, inventory, land, properties, equipment, etc.) If yes, fill up the matrix below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Description</th> <th style="width: 40%;">Estimated Value of Asset (in Php)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td style="text-align: right;">Total</td> <td>Php</td> </tr> </tbody> </table>		Description	Estimated Value of Asset (in Php)																											Total	Php
Description	Estimated Value of Asset (in Php)																																	
Total	Php																																	
A. Employable Skills Occupational skills of family members aged 18 years or over																																		
A.1																																		
A.2																																		
A.3																																		
A.4																																		
A.5																																		
A.6																																		
A.7																																		
A.8																																		
A.9																																		
A.10																																		
B. Employment Working status of family members aged 18 years or over																																		
	PSOC SMG																																	
B.1																																		
B.2																																		
B.3																																		
B.4																																		
B.5																																		
B.6																																		
B.7																																		
B.8																																		
B.9																																		
B.10																																		
C. Income Family monthly per capita income in the past six months																																		
D. Social Security Membership or access of family to formal financial institutions																																		
II. SOCIAL ADEQUACY																																		
A. Health																																		
1. Health Condition and Availment of Health Services																																		
a. Availment of family members of accessible health services in the past six months																																		
b. Health condition of family members in the past six months																																		
2. Nutrition																																		
a. Number of meals the family had in a day																																		
b. Nutritional status of children aged 5 years or below																																		
Name	Age	Weight																																
b.1																																		
b.2																																		
b.3																																		
b.4																																		
b.5																																		

C. Income

Salaries and Wages from Employment (in the past six months)

Family Member	Pop'n. group (Code: 0- Aged less than 18 yrs. old not in school, 1-In school, 2-Senior citizen, 3-PWDs, 4- Others)	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.				
		Basic Compensation (in cash)	Cash Commission, Tips, Bonus	Cash Allowance (food, health, housing & 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.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Sub-Total						

*Note: Does not include loans borrowed from the bank, withdrawals from savings account, cash surrender value of insurance, payments received from loans 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)

Sources of Income	Amount (Php)		
	In Cash	In Kind	Sub-Total
	(13)	(14)	(15)
1. Receipts, gifts, support, relief and other forms of assistance abroad including those from OFWs			
2. Receipts, gifts, support and assistance from other families/entities in the country			
3. 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)		
	In Cash	In Kind	Sub-Total
	(16)	(17)	(18)
1. Pensions			
2. Dividends			
3. Interests			
4. 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)	C2 (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)

