

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.	: DSWD7-2025-0405
		Date	March 25, 2025
Company Name	:		
Company Address	:		
Contact Person			
Contact No.	;		
PhilGEPS Registrati	on No.:		
Sir/Madam:			
Please quote your expenses for the go	government price/s including delivery charges, bods listed in Annex A. Failure to indicate infor in descriptive brochures, catalogues, literatures a	mation could	be the basis for non-compliance. Also,
	ive manufacturer, distributor or agent in the Phil luly notarized certification to this effect.	ippines for th	e goods listed in Annex A , please attach
	s are required to submit true copies of their ission of quotation/s. An omnibus Sworn State		
Field Office VII, Ce	and submit this form together with Annex A ar bu City or send it through facsimile numbers ac.fo7@dswd.gov.ph on or before March 31, 20	(032) 887-97	20; 233-0261; 231-2172 local 17140 or
			rs, NUEL M. EDLES rocurement Management Section
Terms and Condition		o virieau, r	Tocurement Management Section
 Award shall be made. Quotation validity 	ade on per: item basis total quoted shall be not less than <u>60 calendar days.</u>	d price	lot basis
3. Good/s or Service	es shall be delivered <u>please refer to Annex A</u>		
4. Place of Delivery:			laxilom Ext., Carreta, Cebu City
-	t: within 30 days from the receipt of billing s		
7. In case of discrep	ges/Penalty: <u>One-tenth of one percent for everancy</u> between total price per item and unit price quantity of that item, the latter shall prevail.		
8. Warranty period, i	if applicable:		
		<u>сн</u>	ARL ALBERT J. TORREFIEL
			Canvasser
I am interested to qu	uote and agree to the terms and conditions.		
(Signature over Prin	nted Name of Supplier / Service		
	uthorized Representative)		

(page 1 of 2)



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

Company Name					RFQ No.:	DSWD7-2025-0405	
Company Address				Date:	March 25, 2025		
Contact Person							
Contact No.							
Company Address Contact Person Contact No. PhilGEPS Registration No.: Tin Number: Item No. Quantity Unit of Measure Articles / Descriptions				-			
Tin N	lumber:						
	Quantity		Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply"	Bidder's Specifications	Unit Cost	Total Cost
		5	Supply and Delivery of BUS Form				
1	240	ream	BUS FORM				
			Specification:				

Total:

Approved Budget for the Contract: Php 120,000.00
End User: PANTAWID

Note:
"Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.

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

· 2 pages back to back black printing

· Long size bondpaper 70 GSM white

· Pack in 500 sheets per reams for the

For distribution of Forms of Pantawid Region VII CY 2025

CHARL ALBERT J. TORREFIEL
Canvasser

Signature of Supplier / Authorized Representative Over Printed Name

PURPOSE :

(page 2 of 2)

Beneficiary Data Update Request Form



Instructions: 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.

		PAI		OUT BY THE HOUSE							
-	LAST NAME		A. HOUSEH	OLD AND PERSONAL I	MIDDLE NAME	EV	TENCION NAME				
GRA	NTEE NAME	-	THO THANK		HOUSE NO.		TENSION NAME				
HOU	SEHOLD ID NUMBER			ADDRESS		516	REET/PUROK/SITIO				
ADD	BARANGAY RESS		CITY/MUNICIPA	ALITY	PROVINCE	RE	GION				
	NEWDODN AND/OR ADDI	TIONAL LIQUE		NGE/CORRECTION/UPE	DATING						
	NEWBORN AND/OR ADDITECTION LAST NAME		FIRST NAME		MIDDLE NAME	FXT	ENSION NAME				
1 🗍	NAME OF CHILD:	^^/			OFY						
	NAME OF PARENT IN THE		TER:	SEX: RELATIONSH	DISABL IP TO HH HEAD:	ED? Yes No					
	ATTENDING SCHOOL?	Yes No, R	eason for Not Attending:								
	NAME OF SCHOOL: NAME OF HEALTH FACILITY	ΓY:		S OF SCHOOL:S OF HEALTH FACILITY:							
	CHANGE OF ADDRESS		FROM	ADDITION	OF FILALITY AGILITY.	TO					
2	REGION: PROVINCE:										
"	CITY/MUNICIPALITY:										
	BARANGAY: STREET/PUROK/SITIO:										
	CHANGE OF HEALTH FAC	ILITY		FROM							
4	NAME OF MEMBER:	ATTENI	DING: Yes No, Rea			<u>TO</u>					
		ADDRE	OF FACILITY: SS:								
			OF FACILITY:								
	NAME OF MEMBER:	ATTENI	DING: Yes No, <i>Rea</i> OF FACILITY:	ason for Not Attending:							
		ADDRE									
		TYPE C									
	CHANGE OF EDUCATION I			(Last Name Fir	st Name, Middle Name, Exter	neinn Nama)					
5	1. NAME OF CHILD WITH O ATTENDING SCHOOL? [CORRECTION	OF EDUCATION INFO	RMATION:	ot rame, made rame, Exter						
		resno,	FROM	g:	TO						
	NAME OF SCHOOL: ADDRESS OF SCHOOL:										
	GRADE LEVEL:										
	2. NAME OF CHILD WITH O	COPPECTION	OF EDUCATION INFO	(Last Name, Fir	st Name, Middle Name, Exten	sion Name)					
	ATTENDING SCHOOL?	Yes No,	Reason for Not Attending	g:							
	NAME OF SCHOOL:		FROM			<u>TO</u>					
	ADDRESS OF SCHOOL:										
	GRADE LEVEL:										
	3. NAME OF CHILD WITH C	ORRECTION	OF EDUCATION INFO	RMATION:	irst Name, Middle Name, Extension Name)						
	ATTENDING SCHOOL?	Yes No,	Reason for Not Attending FROM	g:		TO					
NAME OF SCHOOL: ADDRESS OF SCHOOL:					<u>TO</u>	***************************************					
- 1	GRADE LEVEL:										
							X				
Bene	ficiary's Copy	Da	ate Filed:	City/Municipal Link's Co	ору	Date File	d:				
	ACKNOWLEDGE	MENT RECEI	PT		ACKNOWLEDGEME	NT RECEIPT					
Name	of Beneficiary:	Н	1 ID No.:	Name of Beneficiary:		HH ID No.:					
Tv	pe of Update Field	Updated	Change To								
	po di opunio i i idia	Opudica	Change 10	Type of Update	Field Updated	Change To	Remarks				

-		nature Over Print e of DSWD Perso		Signature Over Printe Name of Grantee		e Over Printed SWD Personnel	Date Received				
(Thumb	mark if the Grantee cannot write) Repr	esentative and Design	ation	(Thumb mark if the Grantee cann		ve and Designation					

6	CHANGE OF HH GRANTEE		FROM				-		FO		Levenness		. ,
	NAME OF GRANTEE:			, .			***************************************			1	Ĺ	,	1
	NEW GRANTEE'S INFORM						-				-	1	,
	MOTHER'S MAIDEN NAME:	Mind James and Control of the Contro		DATE C	OF BIRTH (MM/DD/YYYY):	RELATIONSHIP TO HH HEAD:							
	GUARDIAN'S NAME (For Mi			personal		elatio	nship	to the	Minor G	Frantee	:		
-	REASON FOR CHANGE:	Long Absence	Deceased		Sickly or Old Age								
7	DECEASED		***************************************	T ===:	T								
	NAME(Last Name, First Name, Midd	le Name, Extension Na	me)	SEX	RELATIONSHIP TO HH HE	AD D	ATE	OF BIF	TH(MM)	DD/YYYY) FC		
	2		TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	-			+			+	-	YES	∐NO
		te the deselection us	sing Update Type 1	1 with reas	on as deceased then proceed to the	he sele	ection	of the rei	laceme	nt child o	of the	YES household	NO
9	CAPTURING/CORRECTION	OF BASIC INFO	RMATION	FRO		70 0070	otion (or the rep	ordoon to	TO	100	nouscrioiu)	
	NAME (Last Name, First Name, Middle Na	ame, Extension Name):				***************************************			*************				
	DATE OF BIRTH (MM/DD/YYYY):												
	RELATIONSHIP TO HH HEA	.D:											
	MARITAL STATUS:	-											
	SEX: DISABLED?: YES NO	SOLOBAE	RENT: YES	TNO	OCCUPATION								
	NAME (Last Name, First Name, Middle Na		CENT. TES	INO	OCCUPATION:								
	DATE OF BIRTH (MM/DD/YYYY):	ine, extension Name):						***************************************					
	RELATIONSHIP TO HH HEA	.D:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-					
	MARITAL STATUS:	***************************************											
		-											
	DISABLED?: YES NO		RENT: YES [NO	OCCUPATION:	-							
	NAME (Last Name, First Name, Middle Na	me, Extension Name):											
	DATE OF BIRTH (MM/DD/YYYY): RELATIONSHIP TO HH HEA	D											
	MARITAL STATUS:						-						
	DISABLED?: YES NO		ENT: YES [NO	OCCUPATION:	P-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		-					
	CAPTURING/CORRECTION		ON										
	NAME (Last Name, First Name, Middle Name)	ne, Extension Name)			FROM					TO		,	
	2												
	3												
11	Applicable to all household r		IEEICIADY (IEE	\ FOR FF	NICATION								-
	Name of Child	Sele	ction Deselection	ES) FOR EDUCATION (PLEASE USE THE UPDATE TYPE 4 AND/OR 5 TO UPDATE tion Reason								or Selectio	
		-							pidoon	TOTAL OTT		T Ocicetio	
			님 님 .										
12	CAPTURING OF PREGNANC	Y STATUS											
	NAME (LAST NAME, FIRST NAME, MIDDLE		E) SEX	AGE PF	REGNANCY STATUS LAST ME	NSTRI	UAL P	ERIOD	RELA	TIONSH	IP TO	HOUSEHO	OLD HEAD
	Signature Over Printed Name of Gran nbmark if the grantee does not know how		Signature O	ver Printed	Name of Parent Leader		Si					SWD Person	nel
(1112	The state of the s		- TO BE FILL	FD-OUT	BY THE CBDO AND ENG	CODE	=D	Re	epresenta	tive and D	esigna	ation	
	transmit this Form to the RBDO/POO if	supporting documents	are not complete)		D. IIIE ODDO AND ENC	JODE	-11			-	Afficialisation		-
	ved by: Reviewed:				Encoded by: Date Encoded:								***************************************
	Remarks:				Remarks of Encoder (if any):								
IF NO	T ENCODED, THIS FORM W	ITH THE ATTACH	IED DOCUMEN	TS WILL	BE RETURNEDTO POO/ C/I	MOO	BEC	AUSE (OF THE	FOLL	OWI	NG REAS	ONS:
()Lac	king or inconsistent supporting doc	cuments. Specify lack	king document/s										
() NOT	to verify the correct name of school in thr family roster	meann iachnes with	exact address, in	en prepare	request to the RHO for the addition	on of ne	ew fac	ility in th	e library.				
() Oth	ers (specify)												
	PES OF UPDATES				SUPPORTING D	ocu	MEN	TS					
1. Newborn Birth Certificate from National 3			Vational Statistics Off	ice (NSO) or	Local Civil Registry Office (LCRO), Head	alth Cer	rtificate	from RHI	J/BHS an	d Medical	Certif	icate (if PWD))
					address, not for a single household men Captain								
2. Char	nge of Address	C. Other Area within the D. Other Area outside th	Region - Certificate of Region	esidency from (Residency from (Capian Certificate of Residency from Old/New Address i Old/New Address issued by the Barangay Capta Old/New Address issued by the Barangay Capt	issued by in where	the Ban	angay Capt lest was em	ain anated; Ca	se Assessm	ent Rep	port	
	;	(Note:When the household Area without Notice)	noves out of the area wi	th or without pri	ior notice to C/ML and without applying for char	nge of ad	dress wi	thin 60 days	, th househ	old will be t	agged a	зрогт эs Code 12 - Ма	oved out of the
-	ng out of the area to non-Pantawid area	Barangay Certificate of	of old and new addres					-	-				
4. Update of Health Facility RHU/BHS Certificate from the new facility 5. Update of Education School Certificate issued by the school where the child is enrolled; Filled up BUS Form 6													
6 Change of Graptee Death Certificate; Certification by C/ML stating reason for long absence; Medical Certificate; Letter from the old graptee; Filled out LRP form (if applicate)									pplicable); S	ocial Case			
Study Report; Senior Citizen ID or Certification from OSCA or C/MSWDO 7. Deceased Death Certificate or Certification from the Tribal Leader or Chieftain													
8 Additional Household Mamber Birth Certificate from National Statistics Office(NSO) or Local Civil Registry Office(CRO): School Certificate instead by the exhault have the shill in the control of the								s enrolled(if 3	J-18 years old):				
Production of Regis Information Birth Certificate from National Statistics Office (NSO) or Local Civil Registry Office (LCRO). Marriage Certificate: Medical Certificate: Certificate of Registry Office (LCRO).							om the	e household o	grantee:				
	ate of IP/Tribal Affiliation	of the household member; Solo Parent I	ID		, 1110UIO	Jording	, oerdi	C C	Linbroymer	K OI			
	ction/Deselection of Child/ren for CV	Death Certificate (if De	ceased); Medical Ce	rtificate (for e	chieftain; NCIP Certificate differently-abled child-beneficiary certify	ing the	disabil	ity and in	capacity to	o attend s	chont	: Letter from	the
monitorir	ng	parent of the child-ben replacement child.	eficiary/ grantee stat	ng the reque	st to select or resaon to deselect the ch	nild-ben	eficiary	; Certifica	te of Enro	ollment of	child f	or selection of	or
12. Capt	turing of Pregnancy Status	RHU/BHS Certificate for	rom the health facility	of the pregn	ant household member						-		