

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII

Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

REQUEST FOR QUOTATION SMALL VALUE PROCUREMENT

	RFQ No.	DSWD7-2025-1119
	Date	July 23, 2025
Company Name :		
Company Address :		
Contact Person :		
Contact No. :		
PhilGEPS Registration No.:		
Sir/Madam:		
Please quote your government price/s including delivery charges, expenses for the goods listed in Annex A in accordance with Impler Failure to indicate required information/s could be the basis for no brochures, catalogues, literatures and/or samples, if applicable.	nonting Dulce	and Degralations of D. Lii & Conne
If you are the exclusive manufacturer, distributor or agent in the Phil in your quotation a duly notarized certification to this effect.	ippines for the	goods listed in Annex A, please attach
Interested supplier/s or service provider/s is/are required to submit Philgeps Registration Number upon submission of the quotation/s award.	t true copies o . An Omnibu s	of valid Business/Mayor's Permit and s Sworn Statement is required prior to
Please accomplish and submit this form together with Annex A a Field Office VII, Cebu City or send it through facsimile numbers (032) or e-mail to bac.fo7@dswd.gov.ph on or before <u>July 28, 2025 at 5:00</u>	1 887-0720- 22	mation to the BAC Secretariat, DSWD 2-0261; 231-2172 local 17140 or 17110
V	ery truly yours,	\wedge
-	NOD FRANKANI	
A	O V/Head. Pro	UEL M. EDLES curement Management Section
terms and conditions.		out of the management dection
 Award shall be made on per: item basis ✓ total quoted Quotation validity shall be not less than <u>60 calendar days.</u> 	price Le	tbasis
3. Good/s or Services shall be delivered within 30 calendar days aft	or the receipt	and conformation (B
4. Place of Delivery: DSWD FO VII, Corner M.J. Cuenco Avenue	and Gen May	illom Ext. Carrete Caby City
o. Terms of Payment. within 30 days from the receipt of billing sta	atement.	Mioni Ext., Carreta, Cebu City
6. Liquidated Damages/Penalty: One-tenth of one percent for eve	ryday of dolar	4
 In case of discrepancy between total price per item and unit price for multiplied by the quantity of that item, the latter shall prevail. 	or the item as e	extended or
8. Warranty period, if applicable:	CHAR	Afformative of the state of the
		Canvasser
I am interested to quote and agree to the terms and conditions.		
(Signature over Printed Name of Supplier / Service		

(page 1 of 2)

Provider / Authorized Representative)



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

Cont Cont	mpany Nam mpany Addi ntact Person ntact No.	dress		- - -		RFQ No.: Date:	DSWD7-2025-1119 July 23, 2025
	Number:	IStration No		_			
Item No.	()Hantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply"	Bidder's Specifications	Unit Cost	Total Cost
			Supply and Delivery of Smart Android Television and Heavy Duty Signature Pad,	or not comp.,			
1	1		Smart Android Television Specifications: at least 55 inches screen display				
			Resolution: atleast 3840x2160 Picture Engine: 4K display Connectivity: 3 HDMI, 1 USB, 1 Ethernet (LAN) Wireless: Wifi 5 or higher Bluetooth Connection With Remote Controller and Voice Fuctionality Wall Mount Support				
2	3		Specifications: Screen Size: 4.5-inch diagonal, 96 x 60 mm active area Screen Type: F-STN, positive reflective Native Resolution: 320 x 200 pixels Reading Technology: Electromagnetic resonance (EMR) Pen: Cordless, battery-free with 1024 pressure levels Pen Pressure Levels: 1024 Report Rate: 200 pps Sensor Resolution: 2540 lpi Coordinate Accuracy: ± 0.5 mm (center) Security: Security lock slot, AES 256 / RSA 2048 encryption Power Supply: USB bus powered Power Consumption: 1.0 W maximum Interface: USB System Requirements: Windows 8, 7, Vista, XP (excluding x64 version)				
Tota Approv		et for the Co	ontract: Php 89,900.00 /	"Ridder's Specif	fications" column	may be filled up	with service provider or may
End User: PSD-CIS			copy "Articles/D	escription" stated	or may state br	and, model and country of	

CHARL ALBERT J. TORREFIEL
Canvasser

Signature of Supplier / Authorized Representative Over Printed Name

PURPOSE :

For clients viewing on program informations and new digital system in filing the Client Satisfaction Measurement Form