



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. : DSWD7-2022-1661
Date : October 13, 2022

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** 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 **October 17, 2022 at 5:00PM.**

Very truly yours,


ROSARIO P. BACONG
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 **within 30 days from the date of approval of the final design.**
- Place of Delivery: **DSWD Field Office VII, 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: _____


BONAPARTE D. CASENAS II
Cavasser

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: _____

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Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	25	set	Double Sided Roller Banner for Social Pension Program Alang sa mga Kabus nga Senior Citizen				
			<ul style="list-style-type: none"> ● Banner Size: 33.5 x 79 inches (850 x 2000mm) ● Double Sided: Printed on two pieces of vinyl, then reattached to form one banner ● Retractable and easy to set-up ● Portrait and Full color print ● With soft carry case banner bag ● With Layout/Design attached Note: Supplier should submit a sample printed material prior to mass production				
2	3,125	piece	Flyers on Social Pension Program Alang sa mga Kabus nga Senior Citizen				
			<ul style="list-style-type: none"> ● Size: (A5) 148 x 210mm ● Full color ● Print (Back to Back) ● C2s 100gsm gloss paper Note: Supplier should submit a sample printed material prior to mass production				
Approved Budget for the Contract: Php 100,000.00				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: Social Pension Program							
PURPOSE : For the use of Social Pension Staff.							

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

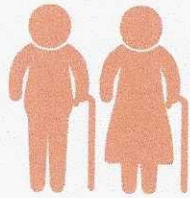
Bonaparte DCJ
BONAPARTE D. CASEÑAS II
 Canvasser

Signature of Supplier / Authorized Representative Over
 Printed Name

SOCIAL PENSION PROGRAM ALANG SA MGA KABUS NGA

SENIOR CITIZEN

SAKOP



60
anyos
pataas



Tibuok Pilipinas lakip
na ang Bangsamoro
Autonomous Region
of Muslim Mindanao
(BARMM)

KINSA ANG KWALIPIKADONG MAKADAWAT SA SOCIAL PENSION PROGRAM

Mga luya, adunay sakit
ug dunay kakulangan
sa panglawas o PWD



Wala magdawat og bisan unsang
pensiyon gikan sa pribado o mga
institusyon sa gobyerno apil ang SSS,
GSIS, AFPLAI og Survivorship

Walay permanenting kakuhaan sa
panginabuhian o suporta gikan
sa pamilya ug mga paryente

INDIGENT SENIOR CITIZEN

MGA KINAKAILANGANG DOCUMENTO SA PAYOUT



Personal Claim

- OSCA / Senior Citizen ID

Authorized Person Claim

- 2 photocopy sa senior citizen
- 2 photocopy sa representative
- 2 **Letter of Authority to Receive**
nga gipirmahan or tamla nga mo tugma
sa senior citizen ID

Deceased Claim

- 2 photocopy sa senior citizen
- 2 photocopy sa representative
- 2 **CERTIFICATION for DECEASED**
- 2 **WARRANTY AND RELEASED FROM LIABILITY**
- 1 **DEATH CERTIFICATE (Certified True Copy)** Original stamped og 1 xerox

Dili gitugotan ang pag gamit og ballpen ink para sa tamla

ISKEDYUL SA PAGDAWAT OG SOCIAL PENSION

SEMESTRAL PAYOUT (Duha ka payout sa usa ka tuig)
(JANUARY-JUNE og JULY-DECEMBER)

ADVISORY SOCIAL PENSION HOTLINE

TM – 09061441379

Smart – 09987381964

Email: socpenhotline@gmail.com

Mag text sa aning mga numero
para sa mga pangutana kabahin
sa social pension program para
indigent senior citizen

dn
MSB
LEAH T. QUINTANA
Regional Information Officer

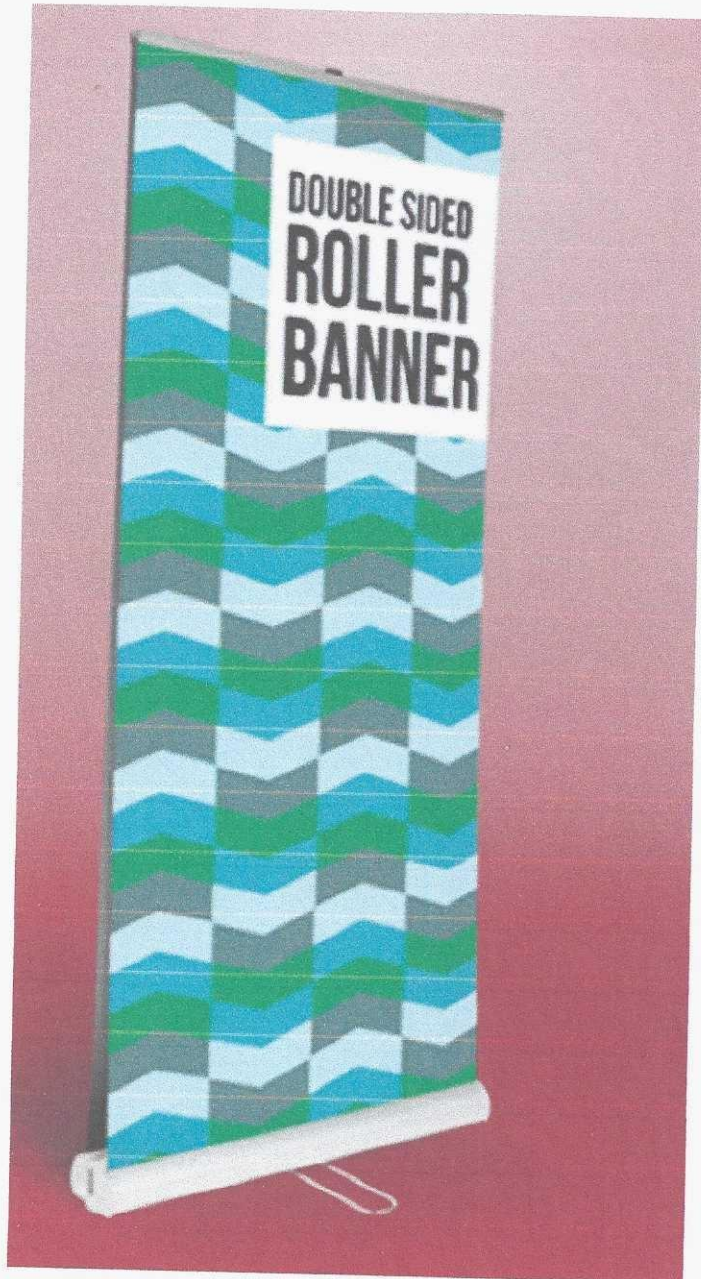
SAMPLE BANNER/FLYER



EXAMPLE SOFT CARRY CASE BANNER BAG

BU
TWB

LEAH Y. QUINTANA
Regional Information Officer



oh
[Signature]
LEAH T. QUINTANA
Regional Information Officer

SAMPLE STANDEE