



**REQUEST FOR QUOTATION
 NP- SMALL VALUE PROCUREMENT**

RFQ No. : DSWD7-2023-0154
 Date : February 6, 2023

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 **February 10, 2023 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 **within 30 days calendar from receipt and conformity of P.O.**
- 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: _____


BONAPARTE D. CASEÑAS II
 Canvasser

I am interested to quote and agree to the terms and conditions.

 (Signature over Printed Name of Supplier / Service
 Provider / Authorized Representative)



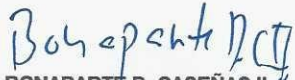
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office VII, Cebu City

Company Name _____
 Company Address _____
 Contact Person _____
 Contact No. _____
 PhilGEPS Registration No.: _____
 Tin Number: _____

RFQ No. **DSWD7-2023-0154**
 Date: **February 6, 2023**

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	45,052	copy	Supply and Delivery of Printing of Pre-Generated Community Assembly Validation / Registration Forms				
			Specification: <ul style="list-style-type: none"> • A4 sized • 80 GSM • 4 pages (1 page per sheet) • Black and white <i>See attached sample</i>				
Approved Budget for the Contract: Php 53,611.88				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: PANTAWID							
PURPOSE : To be used for the registration of new 4Ps beneficiaries who are pre-identified household as possible replacement.							

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


BONAPARTE D. CASEÑAS II
 Canvasser

 Signature of Supplier / Authorized Representative Over
 Printed Name

(page 2 of 2)



Pantawid Pamilyang Pilipino Program Community Assembly Form

I. Household Information Box

Household ID: **0700004872848** Set: **12A** Region/Province/Municipality: **VII, BOHOL, ALBURQUERQUE**

Grantee: **CALOLOT, ROSITA SARNO**

Household Contact No.: _____ Barangay: **BAHI**

Household Status: **9 - Not Registered**

Date of Enumeration (MM/DD/YYYY): **11/19/2019** House No./Street Name/Sitio/Purok: **PUROK 3**

II. Household Validation

Recommendation Box

For Registration

Duplicate / Already in the PPIS with HH ID no.

Client Status: _____

Waived

No 0-18 (No Eligible Member for CVS Monitoring Certified by RPMO)

Unlocated Household

Other Complaints

Inclusion Error / GRS (No Eligible / Regular Income)

Misrepresentation

Others: Please specify _____

Codes:

1. Member Status	2. Declared Pregnancy status	3. Pregnancy Status	4. Relationship to Household Head	5. Marital Status	
01 Active 02 Deceased 03 Moved-out 05 Duplicate 06 Wrong Entry 07 Missing	02 No 03 N/A 04 Delivered 05 Miscarriage	01 Yes 04 No 05 N/A	02 Wife/Spouse 03 Son/Daughter 04 Brother/Sister 05 Son-in-law/Daughter-in-law 06 Grandson/Granddaughter	07 Father/Mother 08 Other Relatives 09 Boarders 10 Domestic Helper 11 Non-relative	01 Single 02 Married w/ Spouse Present 03 Married w/ Spouse Migrant 04 Widowed 05 Divorced/Separated 06 Unknown

6. Reason for Not Visiting Health Facility	7. Main Reason for Not Attending School
01 Distance 02 Inaccessible 03 Supply-side 14 Miscarriage / Pregnancy N/A	01 - Distance 02 - Inaccessible 03 - Supply-Side 04 - Sickly 05 - Working 06 - Disability 09 - Bullied 10 - Financial 11 - Sibling Care 19 - Early Pregnancy 20 - Early Marriage 22 - Emotionally Unprepared

Remarks: _____

8. Highest Educ Attainment / Current Grade Level			
01 Grade 1	06 Grade 6	11 Grade 11	51 Elementary ADM/ALS
02 Grade 2	07 Grade 7	12 Grade 12	52 Secondary ADM/ALS
03 Grade 3	08 Grade 8	18 Day Care	53 SPED NON GRADED
04 Grade 4	09 Grade 9	19 Kinder	
05 Grade 5	10 Grade 10/4th Year HS	29 High School Graduate	

* Required Fields - need to be thoroughly validated and filled-up

Age as of 06/06/2022
Person with Disability
Last Menstrual Period

Note: If the Grade Level reflected in the Form is Code KD - Kinder/Daycare, indicate the validated correct

III. Household Roster Validation Box

1	01 Status? 1 Active	Full Name (Last, First Middle) CALOLOT, ROSITA SARNO	Entry ID 424045450	Birthdate (MM/DD/YYYY) 09/17/1953	Age # 68 y/o	Sex * F	02 Declared Pregnancy Status NO	03 Pregnancy Status	If Code 1, Specify LMP ### (MM/DD/YYYY)	PWD? ## NO
04	Relationship to HH Head 1 Head	Solo Parent No	05 Marital Status	Member of an IP Group (Indigenous People) If Yes, Specify IP Affiliation Code & Affiliation Name	If IP Group is not on the code list provided, please specify:		Mother's Maiden Name			
	Current Grantee *	Visiting HF? NO	06 If No, Reason for Not Visiting Health Facility	If Yes, Name of Health Facility <No Health Facility>	Health Facility Address	Facility ID:	PhilSys Card No:			
	Set as Child Bene for CVS Education *	Attending School? NO	07 If No, Reason for Not Attending School	If Yes, Name of School <No School>	School Address	LRN:	08 Highest Educ Attainment / Current Grade Level			

2	01 Status? 1 Active	Full Name (Last, First Middle) SARNO, JOHN ASHLY UNGAY	Entry ID 424045451	Birthdate (MM/DD/YYYY) 12/21/2005	Age # 16 y/o	Sex * M	02 Declared Pregnancy Status NO	03 Pregnancy Status	If Code 1, Specify LMP ### (MM/DD/YYYY)	PWD? ## NO
04	Relationship to HH Head 6 Grandchild	Solo Parent No	05 Marital Status	Member of an IP Group (Indigenous People) If Yes, Specify IP Affiliation Code & Affiliation Name	If IP Group is not on the code list provided, please specify:		Mother's Maiden Name			
	Select as HH Grantee	Visiting HF? NO	06 If No, Reason for Not Visiting Health Facility	If Yes, Name of Health Facility <No Health Facility>	Health Facility Address	Facility ID:	PhilSys Card No:			
	Set as Child Bene for CVS Education *	Attending School? NO	07 If No, Reason for Not Attending School	If Yes, Name of School <No School>	School Address	LRN:	08 Highest Educ Attainment / Current Grade Level			

3 01 Full Name (Last, First Middle) Entry ID 424045452 Birthdate (MM/DD/YYYY) Age Sex Declared Pregnancy Status Pregnancy Status If Code 1, Specify LMP PWD? #
 Status? 1 Active SARNO, LEBRON JAMES UNGAY 02/20/2007 15 y/o M NO NO NO
 Last Name First Name Middle Name Ext Name
 Relationship to HH Head 6 Grandchild Solo Parent No Marital Status Member of an IP Group (Indigenous People) If IP Group is not on the code list provided, please specify: Mother's Maiden Name
 Select as HH Grantee Visiting HF? No If No, Reason for Not Visiting Health Facility If Yes, Name of Health Facility Health Facility Address Facility ID: PhilSys Card No:
 Set as Child Bene for CVS Education Attending School? No If No, Reason for Not Attending School If Yes, Name of School Facility ID: School Address LRN: Highest Educ Attainment / Current Grade Level
 <No Health Facility>
 <No School>

4 01 Full Name (Last, First Middle) Entry ID 424045453 Birthdate (MM/DD/YYYY) Age Sex Declared Pregnancy Status Pregnancy Status If Code 1, Specify LMP PWD? #
 Status? 1 Active SARNO, JAPETH UNGAY 01/01/2010 12 y/o M NO NO NO
 Last Name First Name Middle Name Ext Name
 Relationship to HH Head 6 Grandchild Solo Parent No Marital Status Member of an IP Group (Indigenous People) If IP Group is not on the code list provided, please specify: Mother's Maiden Name
 Select as HH Grantee Visiting HF? No If No, Reason for Not Visiting Health Facility If Yes, Name of Health Facility Health Facility Address Facility ID: PhilSys Card No:
 Set as Child Bene for CVS Education Attending School? No If No, Reason for Not Attending School If Yes, Name of School Facility ID: School Address LRN: Highest Educ Attainment / Current Grade Level
 <No Health Facility>
 <No School>

5 01 Full Name (Last, First Middle) Entry ID 424045454 Birthdate (MM/DD/YYYY) Age Sex Declared Pregnancy Status Pregnancy Status If Code 1, Specify LMP PWD? #
 Status? 1 Active SARNO, JEFFERSON UNGAY 07/14/2011 10 y/o M NO NO NO
 Last Name First Name Middle Name Ext Name
 Relationship to HH Head 6 Grandchild Solo Parent No Marital Status Member of an IP Group (Indigenous People) If IP Group is not on the code list provided, please specify: Mother's Maiden Name
 Select as HH Grantee Visiting HF? No If No, Reason for Not Visiting Health Facility If Yes, Name of Health Facility Health Facility Address Facility ID: PhilSys Card No:
 Set as Child Bene for CVS Education Attending School? No If No, Reason for Not Attending School If Yes, Name of School Facility ID: School Address LRN: Highest Educ Attainment / Current Grade Level
 <No Health Facility>
 <No School>

6 01 Full Name (Last, First Middle) Entry ID 424045455 Birthdate (MM/DD/YYYY) Age Sex Declared Pregnancy Status Pregnancy Status If Code 1, Specify LMP PWD? #
 Status? 1 Active SARNO, JOSE PACALDO 04/29/1983 39 y/o M YES NO NO
 Last Name First Name Middle Name Ext Name
 Relationship to HH Head 8 Other Rel Solo Parent Yes Marital Status Member of an IP Group (Indigenous People) If IP Group is not on the code list provided, please specify: Mother's Maiden Name
 Select as HH Grantee Visiting HF? No If No, Reason for Not Visiting Health Facility If Yes, Name of Health Facility Health Facility Address Facility ID: PhilSys Card No:
 Set as Child Bene for CVS Education Attending School? No If No, Reason for Not Attending School If Yes, Name of School Facility ID: School Address LRN: Highest Educ Attainment / Current Grade Level
 <No Health Facility>
 <No School>

Newborn, If any

01 Status? Full Name (Last, First Middle) Last Name First Name Middle Name Ext Name Birthdate (MM/DD/YYYY) * Age # Sex * M F 02 Declared Pregnancy Status 03 Pregnancy Status If Code 1, Specify LMP (MM/DD/YYYY) ### PWD? # Yes No

04 Relationship to HH Head Solo Parent Yes No 05 Marital Status * Member of an IP Group (Indigenous People) * Yes No If IP Group is not on the code list provided, please specify: Mother's Maiden Name

Set as HH Grantee Visiting HF? Yes No 06 If No, Reason for Not Visiting Health Facility If Yes, Name of Health Facility Health Facility Address Facility ID:

Set as Child Bene for CVS Education * Attending School? Yes No 07 If No, Reason for Not Attending School If Yes, Name of School * Facility ID: School Address LRN: 08 Highest Educ Attainment / Current Grade Level

Newborn, If any

01 Status? Full Name (Last, First Middle) Last Name First Name Middle Name Ext Name Birthdate (MM/DD/YYYY) * Age # Sex * M F 02 Declared Pregnancy Status 03 Pregnancy Status If Code 1, Specify LMP (MM/DD/YYYY) ### PWD? # Yes No

04 Relationship to HH Head Solo Parent Yes No 05 Marital Status * Member of an IP Group (Indigenous People) * Yes No If IP Group is not on the code list provided, please specify: Mother's Maiden Name

Set as HH Grantee Visiting HF? Yes No 06 If No, Reason for Not Visiting Health Facility If Yes, Name of Health Facility Health Facility Address Facility ID:

Set as Child Bene for CVS Education * Attending School? Yes No 07 If No, Reason for Not Attending School If Yes, Name of School * Facility ID: School Address LRN: 08 Highest Educ Attainment / Current Grade Level

Additional Household Member

01 Status? Full Name (Last, First Middle) Last Name First Name Middle Name Ext Name Birthdate (MM/DD/YYYY) * Age # Sex * M F 02 Declared Pregnancy Status 03 Pregnancy Status If Code 1, Specify LMP (MM/DD/YYYY) ### PWD? # Yes No

04 Relationship to HH Head Solo Parent Yes No 05 Marital Status * Member of an IP Group (Indigenous People) * Yes No If IP Group is not on the code list provided, please specify: Mother's Maiden Name

Set as HH Grantee Visiting HF? Yes No 06 If No, Reason for Not Visiting Health Facility If Yes, Name of Health Facility Health Facility Address Facility ID:

Set as Child Bene for CVS Education * Attending School? Yes No 07 If No, Reason for Not Attending School If Yes, Name of School * Facility ID: School Address LRN: 08 Highest Educ Attainment / Current Grade Level

Additional Household Member

01 Status? Full Name (Last, First Middle) Last Name First Name Middle Name Ext Name Birthdate (MM/DD/YYYY) * Age # Sex * M F 02 Declared Pregnancy Status 03 Pregnancy Status If Code 1, Specify LMP (MM/DD/YYYY) ### PWD? # Yes No

04 Relationship to HH Head Solo Parent Yes No 05 Marital Status * Member of an IP Group (Indigenous People) * Yes No If IP Group is not on the code list provided, please specify: Mother's Maiden Name

Set as HH Grantee Visiting HF? Yes No 06 If No, Reason for Not Visiting Health Facility If Yes, Name of Health Facility Health Facility Address Facility ID:

Set as Child Bene for CVS Education * Attending School? Yes No 07 If No, Reason for Not Attending School If Yes, Name of School * Facility ID: School Address LRN: 08 Highest Educ Attainment / Current Grade Level

Child from Succeeding Pregnancy

01 Status? Full Name (Last, First Middle) Last Name First Name Middle Name Ext Name Birthdate (MM/DD/YYYY) * Age # Sex * 02 Declared Pregnancy Status 03 Pregnancy Status If Code 1, Specify LMP (MM/DD/YYYY) ### PWD? ###

04 Relationship to HH Head Solo Parent 05 Marital Status Member of an IP Group (Indigenous People) * If IP Group is not on the code list provided, please specify: _____ Mother's Maiden Name _____

Set as HH Grantee Visting HF? 06 If No, Reason for Not Visiting Health Facility _____ If Yes, Name of Health Facility _____ Healty Facility Address _____ Facility ID: _____

Set as Child Bene for CVS Education Attending School? 07 If No, Reason for Not Attending School _____ If Yes, Name of School _____ Facility ID: _____ School Address _____ LRN: _____ 08 Highest Educ Attainment / Current Grade Level _____

Child from Succeeding Pregnancy

01 Status? Full Name (Last, First Middle) Last Name First Name Middle Name Ext Name Birthdate (MM/DD/YYYY) * Age # Sex * 02 Declared Pregnancy Status 03 Pregnancy Status If Code 1, Specify LMP (MM/DD/YYYY) ### PWD? ###

04 Relationship to HH Head Solo Parent 05 Marital Status Member of an IP Group (Indigenous People) * If IP Group is not on the code list provided, please specify: _____ Mother's Maiden Name _____

Set as HH Grantee Visting HF? 06 If No, Reason for Not Visiting Health Facility _____ If Yes, Name of Health Facility _____ Healty Facility Address _____ Facility ID: _____

Set as Child Bene for CVS Education Attending School? 07 If No, Reason for Not Attending School _____ If Yes, Name of School _____ Facility ID: _____ School Address _____ LRN: _____ 08 Highest Educ Attainment / Current Grade Level _____

Napatunayan ko ang mga pagbabago sa impormasyon na may kalakip na mga patunay na sapat, ligal at napag-aralan.

Gayundin, pinatutunayan ko na ang sambahayang ito at ang sinumang miyembrong buntis o miyembrong may edad 0 - 18 anyos ay hindi pa naging benepisyaryo o tumanggap ng benepisyo mula sa programa. Na sa pagkakataong mapatunayan na ang sambahayang ito ay naging benepisyaryo o tumanggap na ng benepisyo mula sa programa, ang sambahayang ito ay maaaring tanggalin bilang benepisyaryo sa pamamagitan ng prosesong umiiral sa pagtanggap ng benepisyaryo at ang benepisyaryo ay kailangang ibalik ang halagang natanggap ayon din sa prosesong umiiral ng pagkolekta nito.

Paunawa:
Lahat ng mga pangunahing datus na nakalap sa isinagawang balidasyon ay tanging pag-aari lamang ng DSWD. Sa kasalukuyan, mahigpit na ipinagbabawal ang paggamit ng mga pangunahing datus na ito na walang pahintulot ang pamunuan ng DSWD. Ito ay ipapatupad hanggang ang pagbabawal ay maalis o kapag ang mga datus ay gawing pampubliko.

 Name and Signature of Validator Name, Signature & Position of Immediate Supervisor Name and Signature of Beneficiary

Date of Validation _____