



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

RFQ No. : DSWD7-2023-0221
 Date : February 22, 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 27, 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
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. DSWD7-2023-0221

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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	60,000	sheet	<p align="center">Supply and Delivery of Printing of Pantawid Pamilyang Pilipino Program Katibayan ng Pagpapatunay (Certificate of Validation)</p>				
			<p>Specification:</p> <ul style="list-style-type: none"> • A4 sized • 80 GSM • 1 page • Black and white <p><i>See attached sample</i></p>				
Approved Budget for the Contract: Php 72,000.00				Note:			
End User: PANTAWID				"Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
PURPOSE : 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

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Republika ng Pilipinas
KAGAWARAN NG KAGALINGANG PANLIPUNAN AT PAGPAPALUNLAD
 Rehiyon _____
 (Lokasyon)



PANTAWID PAMILYANG PILIPINO PROGRAM

KATIBAYAN NG PAGPAPATUNAY

(Certificate of Validation)

Pinatutunayan sa pamamagitan ng katibayang ito na ang sambahayan ni _____ na may HH ID No. _____ at naninirahan sa _____, taong 202__ na ang mga sumusunod na impormasyon ay tama: nakapagpatunay o na-validate ngayung ika- ____ ng _____, taong 202__

Pangalan ng itinalagang "Grantee" ng Sambahayan: _____

Mga napiling lehitimo at karapat-dapat na mga bata para sa pagtupad ng kundisyon ng programa:

Pangalan	Petsa ng Kapanganakan / Edad	Batang/Antas	Paaralan
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Gayundin, ang sambahayang ito ayon sa ginawang ng pagpapatunay ay inirerekomenda bilang/urpang:

- Irehistro sa programa Waived Missing
 Duplicate No Eligible Member May Reklamo: Indigibility Misrepresentation

Remarks: _____

Nilagdaan ngayong ika- (____) ng _____ taong 202__ sa _____

(Lagda sa ibabaw ng pangalan ng Validator)

(Lagda sa ibabaw ng pangalan ng Lider ng mga Validator)