

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. : DSWD7-2023-0222
	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 chexpenses for the goods listed in Annex A. Failure to indica kindly furnish us with descriptive brochures, catalogues, literature.	ite information could be the basis for non-compliance. Also
If you are the exclusive manufacturer, distributor or agent in in your quotation a duly notarized certification to this effect.	the Philippines for the goods listed in Annex A, please attac
Interested supplier/s are required to submit true copies of t upon submission of quotation/s. An omnibus Sworn Statement	
Please accomplish and submit this form together with Anne Field Office VII, Cebu City or send it through facsimile number mail to bac.fo7@dswd.gov.ph on or before February 27, 2023	ers (032) 233-8785; 233-0261; 231-2172 local 140 or 148 or 0
	Very truly yours,
	ENGR. EMMANUEL M. EDLES
	AO V/Head, Procurement Management Section
Terms and Conditions: 1. Award shall be made on per: item basis ✓ total 2. Quotation validity shall be not less than 60 calendar days.	al quoted price lot basis
3. Good/s or Services shall be delivered within 30 days cale	
4. Place of Delivery: DSWD FO VII, Corner M.J. Cuenco A	Avenue and Gen. Maxilom Ext., Carreta, Cebu City
5. Terms of Payment: within 30 days from the receipt of b	
6. Liquidated Damages/Penalty: One-tenth of one percen	
In case of discrepancy between total price per item and un multiplied by the quantity of that item, the latter shall prevai	
8. Warranty period, if applicable:	Bonaparte D. Caseñas II Canvasser
I am interested to quote and agree to the terms and condition	ns.
(Signature over Printed Name of Supplier / Service Provider / Authorized Representative)	

(page 1 of 2)

Company Name

PURPOSE :

RFQ No. DSWD7-2023-0222



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

Com	pany Add	ress				Date:	February 22, 2023
Cont	act Perso	n					
Cont	act No.			_			
Philo	SEPS Reg	istration f	No.:	<u> </u>			
Tin N	lumber:						
Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply"	Bidder's Specifications	Unit Cost	Total Cost
1	50,121	sheet	Supply and Delivery of Printing of Pre-Generated Community Assembly Validation / Registration Forms				
			Specification: • A4 sized • 80 GSM • 4 pages (1page per sheet • Black and white See attached sample				
Appr	oved Bud	iget for th	ne Contract: Php 60,145.20	Note:			
End L	lser:	PANT	AWID	"Bidder's Specificati copy "Articles/Desci			vith service provider or may

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

Signature of Supplier / Authorized Representative Over Printed Name

(page 2 of 2)



Pantawid Pamilyang Pilipino Program Community Assembly Form

I. Household Information Box		0.4.404	Region/Pro	ovince/Municipali	ty:					
Household ID: 0700008872523		Set. 12A		J, LAPU-LAPU)				
Grantee: BAGUIO, NORMA PINUT	L			7.77				We represent the second		
Household Contact No.:	Barangay: AGUS									
Household Status: 9 - Not Register	red									
Date of Enumeration (MM/DD/YYYY) 11/14/2019			House No. GUISI	/Street Name/Si	tio/Purok:				\neg	
II. Household Validation	Codes:									
Recommendation Box	1. Member Status	2. Declared	3. Pregnancy	4. Relatio	4. Relationship to Household Head			5. Marital Status		
For Registration	01 Active	Pregnancy status 02 No	Status 01 Yes	02 Wife/Spc	ouse	07 Father/Mother		01 Single		
O Duplicate / Aiready in the PPIS with HH ID no.	02 Deceased 03 Moved-out	03 N/A 04 Delivered	04 No 05 N/A	03 Son/Dau 04 Brother/S	SECTION	08 Other Relatives 09 Boarders		ied w/ Spouse Present ied w/ Spouse Migrant		
	05 Duplicate 06 Wrong Entry	05 Miscarriage		05 Son-in-la	w/Daughter-in-law n/Granddaughter	10 Domestic Helper 11 Non-relative		owed roed/Separated		
Client Status:	. 07 Missing				•		06 Unki			
No 0-18 (No Eligible Member for	6. Reason for Not V	isiting Health Facility		7. Main Reason	for Not Attending	School				
CVS Monitoring Certified by						11 - Sibling Care 19 - Early Pregnancy				
RPMO) Unlocated Household	02 Inaccessible	14 Miscarriage / Pregnancy I	N/A	02 - Inaccessible 03 - Supply-Side	09 - Bulled	20 - Early Marriage	vorad			
Other Complaints				04 - Sickly	10 - Financial	22 - Emotionally Unprep	rared		VI. = VI. 14	
Inclusion Error / GRS (No Eligible / Regular Income)	Remarks:		195	8. Highes	t Educ Attainmer	nt / Current Grade L	.evel			
Misrepresentation					1 06 Grade 6 2 07 Grade 7		ade 11	51 Elementary ADI 52 Secondary ADI		
Others: Please specify					- 03 Grade 3 08 Grade 8 18 Day Care 53 SPED NON GRADED					
				05 Grade			ider gh School Gradua	te		
* Required Fields - need to be	11	# Age as of 06/06/	2022		Note: If the G	rade Level reflecte	ed in the Form	is Code		
thoroughly validated and filled-up		## Person with Dis	sability		KD - Kinder/I	Daycare, indicate	the validated	correct		
III. Household Roster Validation Box		### Last Menstrua				* 02 Declared	03	Carlo III III II		
Status? BAGUIO, NORMA PINUTI		Entry ID 424200580	01/11/1966	DULALL)	Age Sex 56 y/o F	Pregnancy Stati		If Code 1, Specify LMP ###	PWD? *	
Lesi Neme Fis	(Name Ms	idie Name Ext Nam						immourry	100	
04 Relationario lo Solo Parent 05 Marital + Mer	nber of an IP Group (Indige	nous People) 7		#ID 6	M	· L	الباز		Yes No	
HII Head No Status		Affitation Code & Affiliation	n Name	please spec	is not on the onde list afy:	provided,	N N	other's Malden Name		
	O O									
773 If No Reason	, Name of Health Facility			Health Facility Ad	ddress Facility	/ID:		PhilSys Card No:		
	Health Facility>			.						
Yes No										
Set as Child Atlanding # 07 If No, Reason for If Yes	, Name of School *	Facility ID:		School Address		LRN:		08 Highest Educa	Attainment	
Education * NO School School	School>			1				/ Current Go		
O Yes No L			-11							
Status? BAGUIO, ROXAN PINUTI		Entry ID 424200581	Birthdate (MM/ 02/23/2003	DD/YYYY)	Age # Sex 19 y/o F	* 02 Declared Pregnancy Stat		If Code 1, Specify LMP ****	PW0?	
	st Name M	ddle Name - En Nac	ne 0212312003		13,10	O	Status	(MMDDYYYY)	100	
			يللبال	لتتبل	<u> </u>	ři Lud	البيال		Yes N	
HH Head No Status	mber of an IP Group (Indige If Yes, Specify I	nous People) ^ P Affiliation Code & Affiliatio	n Name	If IP Group please spe	is not on the code lis city:	l provided,	N	lother's Maiden Name		
[[304] OO [] (00 [
os if No, Reason	s, Name of Health Facility			Health Facility A	ddress Facilit	v ID:		PhilSys Card No.		
Select as Visiting for Not Visiting	Health Facility>			The state of the s) 11GIII	i oznaka		.,		
0 00 0										
Yes No	s, Name of School	Facility ID:		School Address	100 100	LRN		08	i i na i na a	
Bene for CVS School? Not Attending Allo	School>			, , , , , , , , , , , , , , , , , , , ,				Highest Educ / Current Gr		
C Yas No School		CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	THE RESERVE OF THE PERSON NAMED IN					SHALL WAS A SHALL		

3 01 Status?	BU, LAPU-LAPU CITY Full Name (Last, First, Middle)		Entry ID 424200582	Birthdate (MM/DD/Y	(YY) Age	# Sex * 02	Declared 03		Page 2 o
1 Active	BAGUIO, ADRIAN PINU		ldle Name Ext Nam	12/01/2004	17 Age		nancy Status Pregna NO Stat	PAD SOM	y PWO?
		1						(MAZATIT)	O
04 Relations HH He	est No State	warmen or our se manh bringher	nous People) * Affiliation Code & Affiliation	Marina		on the code list provided,			Tes I
301	Ves No	OO III	Section of the sectio	110100	please specify:			Mother's Malden Nam	a
Select as HH Grantee	Visiting for Not Visiting HE? Health Control	If Yes, Name of Health Facility			lealth Facility Address	Facility ID:	J. J.	Philays Card No.	
0	Health Facility Yes No 1	<no facility="" health=""></no>						1	
Set as Child Bona for CVS	Attending * Tit No. Reason for School? Not Attending	The section of waters	Facility ID:		chool Address	LRN:	8.000	08	
Education *	Ves No School	<no school=""></no>							duc Atteinment t Grade Level
4 01 Status? 1 Active	Full Name (Last First Middle) BAGUIO, ANGELO PINU	ווע	Entry ID 424200583	Birthdate (MMOD/YY 02/24/2007			ectared 03 anoy Status Pregna	or If Code 1, Specify	PWD?
T. T.	East Name	First Name 646	ole Name Ext Name	TENEDO I	15)		NO Statu		
Reletionsh HH Hea	nd No Status	* Member of an IP Group (Indigen	ous People) * Affiliation Code & Affiliation		If IP Group is not o	M F			⊥ Yes N
30%	OO T	OO Yes No	Timedon 5033 () Annichen	veri (C	please specify:			Mother's Maxien Name	
Select as H Orantee	Visiting for Not Visiting HF7 Health Facility	If Yes, Name of Health Facility <no facility="" health=""></no>		н	ealth Facility Address	Facility ID.		Philisys Card No:	
0	O O O	NO Realth Facility							
Set as Child lene for CVS	Alfanding 7 07 If No. Reacon for School? Mol Alfanding	If Yes, Name of School * <no school=""></no>	Facility ID:	S	shool Address	LRN:		<u> 06</u>	
Education *	Yes No	THE SCHOOL							uc Attainment Grade Level
Status?	Full Name (Last, First, Middle) BAGUIO, ROSELLE PINU	m	Entry ID 424200584	Birthdate (MM/DD/YY)			islared 03 moy Status Pregnan	If Code 1, Specify	PWD?
1 Agaya	Lest Name	First Name Midd	d Name Ext Name	08/04/2009	12 y.		NO Status	TRUMP NEW	NO TOC
Relationship HH Htta	d st. Stotue	Member of an IP Group (Indigeno If Yes, Specify IP 6	JI ous People) N Miliation Code & Affiliation N			the code list provided.			Yes N
3 chile	OO I		0300 07/11/00/01		please specify			Mother's Naiden Name	
Select as IH Grantee	Visiting for Not Visiting HE? Health Facility	If Yes, Name of Health Facility <no facility="" health=""></no>		He	alth Facility Address	Facility ID:		Philitys Card No.	
0	OO TOO	No ricator racingy				The state of the s			
et as Child ins for CVS	Attending * 00 is No. Reeson for School? Not Attending	If Yes, Name of School * Shool>	Facilty ID:	Sc.	ncol Address	LRN:		08	
Education *	Yes No Solvoil	SHO SCHOOLS							ic Attainment Grade Level
Status?	Full Name (Last, First Middle) REYES, KIANA MORES		Entry ID 424200585	Birthdate (MM/DD/YYY			clared 03 ncy Status Pregnanc	If Code 1, Specify	PWD? **
1.7cavc	Lest Name	Pret Name Medie	Neme Ext Name	08/29/2017	4 y/c		I/A Status	(Monthus)	
Releisbhehip HH Hees	No 7 Status	Member of an IP Group (Indigenous If Yes, Specify IP A	us People) * Ifflation Code & Affiliation N.			the code list provided,			Yes No
6 Grandonil	OO U	OO Yes No			please specify:			Mother's Maiden Name	
elect as 1 Grantee	Visiting for Not Visiting HF? Health Facility	If Yes, Name of Health Facility <no facility="" health=""></no>		His	ith Facility Address	Facility ID:		PhilSye Card No.	
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it as Child se for CVS	Attending * 07 # 86 Reason for School? Not Alter ding	if Yes, Name of School. * <no school=""></no>	Facility ID:	Sch	ool Address	LRN		03	. A.H.
docetox *	OO Béhool							Highest Edu 7 Current C	c Attainment Grade Level

II, CEBU, LAPU-LAPU CITY (OPON)				Page 4 of
hild from Succeeding Pregnancy Full Name (Last First Middle) Statue? Last Name	From Nature Middle Name	Birthdate (MM/DD/Y	YYY) * Age #	Sex * Declared Pregnancy Status	Anguardoy if Code 1: Specify LMP PWID? Status PWID?
Rollstanehig to Solo Parent Marital 7 Hit Heed Status Yes No	Member of an IP Group (Indigenous People) Yes No		If IP Group is not on the please specify:	e code list provided.	Mother's Malden Name
Serea HH Visiting for Not Visiting Greater HFI? Health Facility O O O Yes No			Healty Facility Address	Facility ID:	
Suit se Chillid Attanding A T No. Nenson for Not Attanding School 2 Education No. O O Yes No.	If Yes, Name of School * Facility ID:		School Address	LRN:	OS Highest Educ Attainment / Current Grade Level
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Relationship to Solo Parent Morital Status Yes No	* Member of an IP Group (Indigenous People) Yes No		If IP Group is not on the please specify:	a code Fel providad,	Mother's Maiden Name
Serice HH Viciling II No. Reason for Not Visiting Health Facility O Yes No	If Yes. Name of Health Facility		leally Facility Address	Facility ID:	
Set as Child Adounting 5 To 16 No. Reason for greater CVS School? No. Altending School? School Schoo	If Yes, Name of School Facility ID	Part of the second seco	School Address	LRN:	Highest Edu: Attainment // Current Grade Level
Gayundin, pinatutunayan k hindi pa naging benepisyar ito ay naging benepisyary benepisyaryo sa pamamag halagang natanggap ayon dir Paunawa: Lahat ng mga pangun kasalukuyan, mahigpit	gbabago sa impormasyon na may ko na ang sambahayang ito o uryo o tumanggap ng benepis yo o tumanggap na ng bene gitan ng prosesong umiiral s n sa prosesong umiiral ng pagkole ahing datus na nakalap s na ipinagbabawal ang pa Ito ay ipapatupad hangg	at ang sinumang n syo mula sa progra episyo mula sa pro sa pagtanggal ng ekta nito. sa isinagawang l aggamit na maa	niyembrong bun ma. Na sa pa grama, ang sa benepisyaryo a palidasyon ay panaunahina	tis o miyembrong gkakataong mapatu ambahayang ito ay t ang benepisyaryo tanging pag-aa datus na ito n	nayan na ang sambahayan y maaaring tanggalin bilan o ay kailangang ibalik an ri lamang ng DSWD. S
Name and Signature of Val	idator Name, Signat	ture & Position of Immed	ate Supervisor	Name a	nd Signature of Beneficiary