



REQUEST FOR QUOTATION
NP- SMALL VALUE PROCUREMENT

RFQ No. : DSWD7-2023-0612

Date : April 28, 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 service providers are required to submit true copies of their **valid Mayor's/Business Permit & Philgeps Registration Number..** 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 **May 02, 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

RFQ No. DSWD7-2023-0612

Date: April 28, 2023

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

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
Supply and Delivery of Forms							
1	250	pad	Certificate of Eligibility (Outright Cash) - Form # 1 Description Paper Stocks: Carbonless Paper Size: A4, 21cm(w)x 29.7cm(h) (8.27 x 11.69") No. of Copies: 3 copies (White, Yellow, & Blue) Prints: 1/0, Black Finish: Padded/100 sets per pad				
2	10	ream	Client's Satisfaction Survey - Form #2 Description Printed page: back to back Paper Stocks: White Bond Econo subs.20 (50gsm) Size: A4, 21cm(w)x 29.7cm(h) (8.27 x 11.69") Prints: 1/0, Black Finish: 1 ream = 500 sheets				
3	125	ream	General Intake Sheet Part 1 - Form #3 Description Paper Stocks: White Bond Econo subs.20 (50gsm) Size: A4, 21cm(w)x 29.7cm(h) (8.27 x 11.69") Prints: 1/0, Black Finish: 1 ream = 500 sheets				
Total:							
Approved Budget for the Contract: Php 159,220.00				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: PSD - CIS							
PURPOSE : Supplies for use in CIS Office							

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

Bonaparte D. Caseñas II
BONAPARTE D. CASEÑAS II
 Canvasser

Signature of Supplier / Authorized Representative Over
Printed Name

(page 2 of 2)

CERTIFICATE OF ELIGIBILITY (Financial Assistance)

Q.N: PCN: Date: MM DD YYYY

New Returning On-Site Walk-in Referral Off-Site

This is to certify that, _____ Male Female
Kumpletong Pangalan (First name, Middle name, Last name) Kasarian (Sex) Edad (Age)

and presently residing at _____
Kumpletong Tirahan (Complete Address)

has been found eligible for assistance after the assessment and validation conducted, for his/herself or through the representation of his/her

Relasyon ng Kinatawan sa Benepisyaryo (Relationship of the Representative to Beneficiary) _____ Buong Pangalan ng Benepisyaryo (Name of Beneficiary) _____

Records of the case such as the following are confidentially filed at the Crisis Intervention Division (CID)			
<input type="checkbox"/> General Intake Sheet	<input type="checkbox"/> Medical Certificate/Abstract	<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Death Summary
<input type="checkbox"/> Valid I.D. Presented	<input type="checkbox"/> Prescriptions	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Referral Letter
<input type="checkbox"/> 4PS DSWD I.D.	<input type="checkbox"/> Statement of Account	<input type="checkbox"/> Charge Slip	<input type="checkbox"/> Social Case Study Report
<input type="checkbox"/> Justification	<input type="checkbox"/> Treatment Protocol	<input type="checkbox"/> Funeral Contract	<input type="checkbox"/> Others _____
	<input type="checkbox"/> Quotation	<input type="checkbox"/> Death Certificate	

The Client is hereby recommended to receive _____ assistance for _____
 in the amount of _____ Php. _____ CHARGEABLE AGAINST: PSP _____ (Year)

Conforme: _____ **Prepared by:** _____ **Approved by:** _____
Beneficiary/Representative (Signature over Printed Name) Social Worker (Signature over Printed Name) Approving Authority (Signature over Printed Name)

Acknowledgement Receipt

Date: MM DD YYYY

Financial Assistance _____ (Amount in words) Php _____

Medical Assistance Transportation Assistance Food Assistance
 Funeral Assistance Educational Assistance Cash Assistance for Support Services

Tinanggap ni: _____ **Binayaran ni:** _____ **Sinaksihan ni:** _____
Beneficiary/Representative (Signature over Printed Name) RDO / SDO (Signature over Printed Name) SWO / ADMIN (Signature over Printed Name)

*E.O 163 series 2022



GENERAL INTAKE SHEET

MAARING MAGPATULONG SUMAGOT SA DSWD PERSONNEL

QN: PCN: Time Start: Date:

New Returning On-Site Walk-in Referral Off-Site

IMPORMASYON NG BENEPISYARYO (Beneficiary's Identifying Information)

Apelyido (Last Name) _____ Unang Pangalan (First Name) _____ Gitnang Pangalan (Middle Name) _____ Ext. (Or J/L) _____

House No./Street/Purok (Ex: 123 Sun) _____ Barangay (Ex: Bataisan) _____ City/Municipality (Ex: Quezon City) _____ Province/District (Ex: Dist B) _____ Region (Ex: NCR) _____

Numero ng Telepono (Mobile No.) _____ Kapanganakan (Birthdate) _____ Edad (Age) _____ Kasarian (Gender) _____ Civil Status (Marital/Single) _____ Trabaho (Occupation) _____ Buwanang Kita (Monthly Salary) _____

IMPORMASYON NG KINATAWAN (Representative's Identifying Information)

Apelyido (Last Name) _____ Unang Pangalan (First Name) _____ Gitnang Pangalan (Middle Name) _____ Ext. (Or J/L) _____

House No./Street/Purok (Ex: 123 Sun) _____ Barangay (Ex: Bataisan) _____ City/Municipality (Ex: Quezon City) _____ Province/District (Ex: Dist B) _____ Region (Ex: NCR) _____

Numero ng Telepono (Mobile No.) _____ Kapanganakan (Birthdate) _____ Edad (Age) _____ Kasarian (Gender) _____ Civil Status (Marital/Single) _____ Trabaho (Occupation) _____ Buwanang Kita (Monthly Salary) _____

Relasyon sa Benepisyaryo (Relationship to the Beneficiary) _____ Time End:

Huwag susulatan ang DSWD lamang ang pwede gumamit (Do not write below this part for DSWD's use only)

Beneficiary Category		Social worker's Assessment
Target Sector: <input type="checkbox"/> FHONA <input type="checkbox"/> SC <input type="checkbox"/> WEDC <input type="checkbox"/> YNSP <input type="checkbox"/> PWD <input type="checkbox"/> PLHIV <input type="checkbox"/> CNSP	Specify Sub-Category <input type="checkbox"/> Solo Parents <input type="checkbox"/> Indigenous People <input type="checkbox"/> Recovering Person who used drugs <input type="checkbox"/> 4PS DSWD Beneficiary <input type="checkbox"/> Street Dwellers <input type="checkbox"/> Psychosocial/Mental/Learning Disability <input type="checkbox"/> Stateless Person/Asylum Seekers/Refugees <input type="checkbox"/> Others: _____	

KOMPOSISYON NG PAMILYA (Family Composition)

Buong Pangalan (Complete Name)	Relasyon sa Benepisyaryo (Relationship to the Beneficiary)	Edad (Age)	Trabaho (Occupation)	Buwanang kita (Monthly Salary)

<input type="checkbox"/> Financial Assistance: <input type="checkbox"/> Medical <input type="checkbox"/> Funeral <input type="checkbox"/> Transportation <input type="checkbox"/> Educational	<input type="checkbox"/> Food Assistance Cash Assistance for <input type="checkbox"/> Other Support Services	<input type="checkbox"/> Material Assistance: <input type="checkbox"/> Family Food Packs <input type="checkbox"/> Other Food Items <input type="checkbox"/> Hygiene & Sleeping Kits <input type="checkbox"/> Assistive Device & Technologies	<input type="checkbox"/> Psychosocial Support: <input type="checkbox"/> Psychological First Aid (PFA) _____ <input type="checkbox"/> Social Work Counseling _____
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Pr. (Priority)	Amount	Fund Source
1		
2		
3		

I declare under oath that I personally accomplished the GIS Form and all the information provided herewith is TRUE, CORRECT, VALID, and COMPLETE pursuant to existing laws, rules, and regulations of the Republic of the Philippines. I authorized the Agency Head/Authorized Representatives to verify and validate the contents stated herein. I also AGREE that any MISINTERPRETATION and information/acts to DEFAUD the government, including attached documents, shall cause the filing of appropriate case/s against me.

Interviewed by: _____ Reviewed & Approved by: _____

Buong Pangalan at Pirma (Signature over Printed Name) _____ Social Worker (Signature over Printed Name) _____ Approving Authority (Signature over Printed Name) _____





Department of Social Welfare and Development

CLIENT SATISFACTION MEASUREMENT FORM

DSWD-QMS-GF-005 | REV 04 | 06 MAR 2023

“ILAGAY ANG PANGALAN NG SERBISYO O TUNGKULIN”

(Process owner and implementing office to fill-in the service or function name)

Pangalan ng opisina at dibisyon (Name of Office and Division)

KUMPLETONG PANGALAN NG KLIYENTE

(Complete Name of the Client) (Opsyunal / Optional)

ARAW NG KAPANGANAKAN:

(Birth Date: dd/mm/yyyy)
(Opsyunal / Optional)

KASARIAN (SEX):

Male (Lalaki)
 Female (Babae)
Prefer not to say (Piniling hindi sabihin)

TIRAHAN (Address: Barangay, Municipality, Province)

(Opsyunal / Optional)

Unang Pangalan
First Name

Gitnang Pangalan
Middle Initial

Apelyido
Surname

EDAD (Age):

PETSA (Date of Service):
dd/mm/yyyy

ORAS (Time):

NUMERO o EMAIL (Contact No. o Email Address)

SEKTOR (Sector):

- Nakatatanda (Senior Citizen)
- Mga Bata (Children,)
- Katutubo (Indigenous People)
- Ulo ng Pamilya o Taong nangangailangan na nasa hustong edad (Head of the Family and/or other Adult in Need)
- Solong Magulang (Solo Parent)

- Taong may Kapansanan (Person with Disability)
- Kababaihan (Buntis (Pregnant), Kababaihang nasa Mahirap na Kalagayan (Women in Difficult Circumstances)
- Kabataan (youth)
- Others, please specify : _____

URI NG KLIYENTE (TYPE OF CLIENT):

- Citizen (General Public / Publiko)
- Business (Business & Private Organization / Pribadong Kompanya at Organisasyon)
- Government (DSWD & Other Government Entity / DSWD at Iba Pang Sangay ng Gobyerno)
- Media (Mamamahayag)
- Affiliation: _____
- Others (Please specify) : _____

PANGALAN NG TUMULONG NA EMPLEYADO:

(Name of Attending Action Officer)

POSISYON NG TUMULONG NA EMPLEYADO: (Designation of Attending Action Officer) (Opsyunal / Optional)

MARKAHAN NG BILOG (O) ANG NUMERO PARA SA ANTAS NG IYONG KASIYAHAN SA EMPLEYADO NA NAGBIGAY NG SERBISYO

(Rate your Satisfaction level to the Officer who rendered the Service)

Lubos na Nasiyahan (Very Satisfied)	Nasiyahan (Satisfied)	Maaaring Nasiyahan o Hindi Nasiyahan (Neither Satisfied nor Dissatisfied)	Hindi Nasiyahan (Unsatisfied)	Lubos na hindi Nasiyahan (Very Unsatisfied)
5 	4 	3 	2 	1

MARKAHAN NG TSEK (✓) ANG PARAAN NG PAGINGI NG SERBISYONG O TUNGKULIN (Please check the mode used in requesting the service/function)

- Personal na pumunta sa tanggapan (Walk-in)
- Pagtawag (Telephone Call)
- Electronic Mail (email)
- DSWD Facebook Page
- DSWD Website
- Others, please specify: _____

PAPURI O MUNINGKAHI SA IKAUNLAD NG TUMULONG NA EMPLEYADO (Commendation or Suggestion for the attending staff) (Opsyunal / Optional)



MARKAHAN NG TSEK (✓) ANG IYONG SAGOT SA TANONG PATUNGKOL SA CITIZEN'S CHARTER

(Applicable to frontline and Non-frontline services. This section may be deleted when use in other processes (function) or non-service category)
(Check mark your answer to the Citizen's Charter questions)

1. Alam mo ba ang tungkol sa Citizen's Charter?
 (Do you know about the Citizen's Charter?)
 Oo, alam ko bago ang aking transaksyon sa kanilang opisina (Yes, I am aware before my transaction with this office)
 Oo, pero nalaman ko lamang nang aking nakita ang Citizen's Charter ng kanilang Opisina (Yes, but I only knew when I saw the CC of their office)
 Hindi ko alam ang Citizen's Charter. (No, not aware of the CC)

2. Nakita mo ba ang Citizen's Charter ng kanilang Opisina? (If Yes, did you see their Office's Citizen's Charter?)
 Oo, Madaling makita ang kanilang Citizen's Charter. (Yes, the CC is accessible)
 Oo, pero mahirap itong hanapin. (Yes, but the CC is hard to find)
 Hindi ko nakita ang Citizen's Charter (I haven't seen the CC)

3. Nakatulong ba ang paggamit mo ng Citizen's Charter bilang gabay sa pagkuha ng serbisyo? (Is the Citizen's Charter helpful as your guide for the services you availed?)
 Oo, nakatulong ang paggamit ng Citizen's Charter (Yes, it is very helpful)
 Hindi ko nagamit ang Citizen's Charter sa kadahilananang. (No, I wasn't able to use the CC because...)

MARKAHAN NG TSEK (✓) ANG ANTAS NG IYONG KASIYAHAN SA SERBISYONG IBINIGAY
Maaring piliin ang salitang (N/A) kung hindi angkop sa serbisyong nabanggit.
(Rate Your Satisfaction Level on the Performance of the Service, please Choose N/A if the Indicated Service is Not Applicable)

8 SERVICE QUALITY DIMENSION

1. Maagap at sapat na pagtugon sa hihinging tulong o serbisyo. (Promptness and Responsiveness)	5	4	3	2	1	N/A
2. Maasahan at may kalidad ang serbisyong ibinigay ng opisina. (Reliability and Quality)						
3. Ang tanggapan ay may sapat at maayos na pasilidad o ang online na transaksyon ay maayos at hindi naantala. (Access and Facilities)						
4. Ang tumugon na empleyado ay magalang at mallaw magpalihawan sa binigay na serbisyo. (Courtesy and Clarity)						
5. Naayon ang halagang binayad katumbas ng serbisyong nalbigay. (Cost-effectiveness)						
6. Naibahagi ng buong katapatan ang serbisyong binigay. (Integrity)						
7. May kasiguraduhan na ibinigay ang isang kalidad na serbisyo. (Assurance)						
8. Nakatulong ang serbisyong ibinigay sa inyong pamumuhay. (Outcome)						

MUNGKAH O REKLAMO SA IKAUNLAD NG SERBISYO NA NATANGGAP
(Suggestion or Complaint to Improve the received Service) (Optional/Optional)

Sa pamamagitan ng pagsusumite nitong Client Satisfaction Measurement Form, pumapayag ka sa pangangolekta, pagbuo, paggamit, pagproseso, paglimbak, at pagpapanatili ng iyong personal na data ng DSWD para sa layuning sukatin ang kasiyahan ng kliyente sa mga serbisyo ng DSWD.
 (By submitting this Client Satisfaction Measurement Form, you consent to the collection, generation, use, processing, storage, and retention of your personal data by the DSWD for the intended purpose of measuring client satisfaction for the services of the DSWD.)

 (LAGDA O THUMBMARK NG KLIYENTE)
 (Client Signature or Thumbmark)