



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

RFQ No. : DSWD7-2023-0655
 Date : May 5, 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 **May 9, 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. DSWD7-2023-0655

Date: May 5, 2023

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 Form							
1	70	ream	Grievance Forms Specification: <ul style="list-style-type: none"> • 2 page back to back print color black • A4 size bondpaper 70 GSM • Pack in 500 sheets per reams for delivery 				
2	70	ream	Request and Inquiry Form Specification: <ul style="list-style-type: none"> • 2 page back to back print color black • A4 size bondpaper 70 GSM • Pack in 500 sheets per reams for delivery <i>See attached sample</i>				
Approved Budget for the Contract: Php 70,000.00				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: PANTAWID							
PURPOSE : For CY 2023 distribution of forms in Region VII Pantawid beneficiaries							

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)

CLIENT ASSISTANCE FORM - GRIEVANCE

Ang Client Assistance Form (CAF) na ito ay iminungkahi na gamitin sa pagdulog ng inyong reklamo (grievance) tungkol sa Pantawid Pamilyang Pilipino Program (4Ps). Importanteng lagyan ng tamang impormasyon ang mga seksyon na may simbolong "asterisk" tulad nito (*). Maraming salamat po.

TRACKING NUMBER: _____ PETA NG PAGHAIN: _____

I. IMPORMASYON NG KLIYENTE

Uri ng Kliyente*: RCCT Beneficiary MCCT Beneficiary Non-beneficiary Authorized Representative Manatiliing di kilala o anonymous? (kung tsek, laktawan ang detalye ng pangalan)

4Ps Household ID #:	Set:	Client Status:	IP Affiliation:
Buong Pangalan: _____ <small>Unang Pangalan (First Name) Gitnang Pangalan (Middle Name) Huling Pangalan (Last Name)</small>	Sex*:	Contact #*:	
Tirahan (Street, Brgy, City/Muni, Province, Region)*:			Email:

II. DETALYE NG REKLAMO

Kumpletong Detalye ng Mensahe o Reklamo*:

Uri ng Reklamo*:

1. Payment Issue (Di pagtanggap o kulang ang natanggap na cash grants) <table style="width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">Year</td> <td style="width: 10%; text-align: center;">Period</td> <td style="width: 50%;"></td> </tr> <tr> <td><input type="checkbox"/> No payment</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Underpayment</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Overpayment</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Unclaimed payment</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SSI payment issues</td> <td>_____</td> <td>_____</td> <td></td> </tr> </table>		Year	Period		<input type="checkbox"/> No payment	_____	_____		<input type="checkbox"/> Underpayment	_____	_____		<input type="checkbox"/> Overpayment	_____	_____		<input type="checkbox"/> Unclaimed payment	_____	_____		<input type="checkbox"/> SSI payment issues	_____	_____		2. Card Issue (Problema sa cash card) <table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> No card</td> <td style="width: 33%;"><input type="checkbox"/> Damaged card</td> <td style="width: 33%;"><input type="checkbox"/> Delayed card</td> </tr> <tr> <td><input type="checkbox"/> Inaccessible account</td> <td><input type="checkbox"/> Perforated card</td> <td><input type="checkbox"/> Delayed fund transfers</td> </tr> <tr> <td><input type="checkbox"/> No top-ups</td> <td><input type="checkbox"/> Captured card</td> <td><input type="checkbox"/> Delayed name-matching</td> </tr> <tr> <td><input type="checkbox"/> Lost card</td> <td><input type="checkbox"/> Locked/Hot card</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Stolen card</td> <td><input type="checkbox"/> Blocked card</td> <td></td> </tr> </table> Cash Card No.: _____	<input type="checkbox"/> No card	<input type="checkbox"/> Damaged card	<input type="checkbox"/> Delayed card	<input type="checkbox"/> Inaccessible account	<input type="checkbox"/> Perforated card	<input type="checkbox"/> Delayed fund transfers	<input type="checkbox"/> No top-ups	<input type="checkbox"/> Captured card	<input type="checkbox"/> Delayed name-matching	<input type="checkbox"/> Lost card	<input type="checkbox"/> Locked/Hot card		<input type="checkbox"/> Stolen card	<input type="checkbox"/> Blocked card	
	Year	Period																																						
<input type="checkbox"/> No payment	_____	_____																																						
<input type="checkbox"/> Underpayment	_____	_____																																						
<input type="checkbox"/> Overpayment	_____	_____																																						
<input type="checkbox"/> Unclaimed payment	_____	_____																																						
<input type="checkbox"/> SSI payment issues	_____	_____																																						
<input type="checkbox"/> No card	<input type="checkbox"/> Damaged card	<input type="checkbox"/> Delayed card																																						
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<input type="checkbox"/> Lost card	<input type="checkbox"/> Locked/Hot card																																							
<input type="checkbox"/> Stolen card	<input type="checkbox"/> Blocked card																																							

3. Inclusion Request (Kahilingan na mapasama sa Programa)	4. Disqualification (Reklamong diskwalipikasyon ng benepisyaryo ng Programa)
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<input type="checkbox"/> Transient poor <input type="checkbox"/> Chronic poor <input type="checkbox"/> Extreme poor Date of Birth: _____	<input type="checkbox"/> With regular income <input type="checkbox"/> With high-value property <input type="checkbox"/> With relative abroad Name of HH Concerned: _____ Address: _____
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5. Misbehavior (Reklamo sa di tamang pag-uugali ng benepisyaryo ng Programa)	6. Appeal (Apela na mapabilang muli sa Programa)
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() 1st Offense () 2nd Offense () 3rd Offense <input type="checkbox"/> Vices <input type="checkbox"/> Gambling <input type="checkbox"/> Pawning <input type="checkbox"/> Misrepresentation <input type="checkbox"/> Beneficiary fraudulence <input type="checkbox"/> Collection of any kind <input type="checkbox"/> Persuasion <input type="checkbox"/> Disinformation Name of HH Concerned: _____ Address: _____	<input type="checkbox"/> Appeal for reactivation <input type="checkbox"/> Appeal for reinstatement
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7. Facility issue (Reklamo sa kakulangan ng pasilidad ng DepEd o DOH)	8. Implementer issue (Reklamo sa mga nagpapatupad ng Programa)
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<input type="checkbox"/> Inadequate education services and/or facilities <input type="checkbox"/> Inadequate health services and/or facilities	<input type="checkbox"/> Imposition of additional conditions <input type="checkbox"/> Discourtesy <input type="checkbox"/> Collection of any kind <input type="checkbox"/> Implementer fraudulence <input type="checkbox"/> Incorrect reporting of information and data <input type="checkbox"/> Inaction to requests <input type="checkbox"/> Delayed action to requests Other required information: Name of implementer Concerned: _____ Office Concerned: _____ Address: _____
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ITO ANG MAGSISILBING GRIEVANCE STUB. TRACKING NUMBER: _____ PETA NG PAGHAIN: _____

Buong Pangalan: _____	4Ps Household ID #: _____	Tirahan: _____
Uri ng reklamong hinain:		Status ● Ongoing ● Resolved
<input type="checkbox"/> Payment Issue	<input type="checkbox"/> Misbehavior	Remarks: _____
<input type="checkbox"/> Card Issue	<input type="checkbox"/> Appeal	



<input type="checkbox"/> Inclusion request	<input type="checkbox"/> Facility issue	
<input type="checkbox"/> Disqualification	<input type="checkbox"/> Implementer issue	
Para sa follow-up, mangyaring makipag-ugnayan kay:		
Pangalan:	Designation:	Contact Number:

PUNAN KAPAG PINAHIHINTULUTAN NINYO ANG TAONG NAKASAAD SA IBABA NA HUMAIN NG REKLAMO SA NGALAN NINYO
(COMPLETE IF AUTHORIZING A REPRESENTATIVE TO FILE A COMPLAINT ON YOUR BEHALF)

Detalye ng Kinatawan		
Buong Pangalan:	Relasyon sa Kinatawan:	Contact Number:
Tirahan:	Sex:	Email:
<p>Pinahihintulutan ko ang taong nakasaad dito upang ihain ang aking reklamo tungkol sa Pantawid Pamilyang Pilipino Program (4Ps). Ako ay hindi makapaghain ng personal sa inyong tanggapan dahil _____</p> <p align="center">_____ (Signature over Printed Name) Date: _____</p>		

Pabatid sa Pribasiya at Pagiging Kumpidensiyal

Ang pagkolekta ng personal na impormasyon ay gagamitin lamang sa dokumentasyon at pagproseso ng inyong dulong na isyu o mensahe sa loob ng 4Ps at kapag naaangkop, ito ay aming i-eendorso sa ibang opisina ng Kagawaran at/o sa ibang ahensya ng gobyerno na may saklaw sa paksa ng inyong dulong.

Ang inyong personal na impormasyon at ang inyong pinapaabot na mensahe tungkol sa Programa ay pribado at kumpidensiyal. Maliban sa tunay na layunin ng mensahe, walang bahagi nito o pagkakakilanlan ng pagkatao ang maaaring ibunyang, kopyahin o ipalabas nang walang pahintulot mula sa nagpadala. Ang mga awtorisadong tauhan lamang ng 4Ps ang pwedeng gumamit nito. Kaakibat nito ang layuning ang aksyon at proseso ay mapapadali sa pamamagitan ng email at nakalimbag na kopya. Hanggat maari, aming poprotektahan na ang inyong personal na impormasyon ay mananatiling pribado, para sa katuparan ng layunin nito.

III. RESOLUTION INFORMATION

TO BE COMPLETED BY THE PANTAWID PAMILYA STAFF.

Initial Resolution:

This form has been thoroughly discussed with me and all information disclosed herein should not be used against me.

Client's Signature:	Assisted By:
Date:	Date Assisted:

Signature over Printed Name and Designation

Date	Updates	Updated By:

I. CLIENT'S INFORMATION

TRACKING NO: _____

Use this form when you wish to file a request. Please fill in all *required information and check appropriate boxes.

Beneficiary Type	Beneficiary	Non-beneficiary	MCCT	Intake Date:
Household ID #:	Set:	Client Status:		
Name: (First, Middle, Last)	Sex:	Contact No.:		
Address: (Street, Brgy, City/Muni, Province, Region)				

II. TYPE OF REQUEST/INQUIRY

A. UPDATE REQUEST

1. Updating of School Facility

NAME OF CHILD:	
NAME OF SCHOOL:	

2. Updating of Health Facility

NAME OF MEMBER:	
NAME OF SCHOOL:	

3. Change of Grantee

NAME OF GRANTEE:	
NAME OF NEW GRANTEE:	
REASON:	

4. Change of Address

OLD ADDRESS:	
NEW ADDRESS:	

5. Add Child/Children for Monitoring

NAME/S OF ADDITIONAL CHILD/CHILDREN:	
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B. OTHER PROGRAM-RELATED REQUEST/INQUIRY

- ID Replacement
- Oath of Commitment
- Philhealth Certification
- Payout Schedule
- PPIS Record Information

C. OTHER REQUEST/INQUIRY (Not program related)

Please specify: _____

III. RESOLUTION INFORMATION

TO BE COMPLETED BY PANTAWID PAMILYA STAFF/GRIEVANCE OFFICER/CITY/MUNICIPAL LINK.

ACTIONS TAKEN:

This form has been thoroughly discussed with me and all information disclosed herein should not be used against me.

Complainant's Signature:	Assisted By:
 	_____ <small>Signature over Printed Name and Designation</small>
Date:	Date Assisted:

THIS SERVES AS YOUR REQUEST/INQUIRY STUB.

DATE FILED:

Name:	Household ID #, if any:	Address:
Type of request/inquiry filed: <input type="checkbox"/> School Facility Update <input type="checkbox"/> ID Replacement <input type="checkbox"/> Payout Schedule <input type="checkbox"/> Health Facility Update <input type="checkbox"/> Oath of Commitment <input type="checkbox"/> PPIS Record Info <input type="checkbox"/> Change Grantee <input type="checkbox"/> Philhealth Certification <input type="checkbox"/> Others: _____ <input type="checkbox"/> Change Address <input type="checkbox"/> Add Child/ren for Monitoring		Status: <input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved Remarks:

For follow-up, please contact: Name:	Designation:	Contact Number:
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