

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII Corner M.J. Cuenco and Gen. Maxilom Ave., Cebu City

DECLIFOT FOR GUARANTE

REQUEST FOR QUOTATION NP- SMALL VALUE PROCUREMENT

		RFQ No. : DSWD7-2023-0813
		Date : May 25, 2023
Company Name	1	
Company Address		
Contact Person	×.	
Contact No.	:	
PhilGEPS Registrat	ion No.:	
Sir/Madam:		
expenses for the g	government price/s including delivery of oods listed in Annex A. Failure to indic h descriptive brochures, catalogues, liter	charges, VAT or other applicable taxes, and other incidental cate information could be the basis for non-compliance. Also, ratures and/or samples, if applicable.
If you are the exclusin your quotation a c	sive manufacturer, distributor or agent in duly notarized certification to this effect.	the Philippines for the goods listed in Annex A , please attach
Interested supplier/s upon submission of	s are required to submit true copies of quotation/s. An omnibus Sworn Staten	their valid Mayor's Permit, Philgeps Registration Number nent is required prior to award.
ricia Office VII, Ceb	and submit this form together with Anrou City or send it through facsimile numbered gov.ph on or before May 29, 2023 at	nex A and Bank Information to the BAC Secretariat, DSWD ers (032) 233-8785; 233-0261; 231-2172 local 140 or 148 or e-5:00PM.
	to keep the second of the second	Very truly yours,
		ENGR. EMMANUEL M. EDLES
F		AO V/Head, Procurement Management Section
Ferms and Condition 1. Award shall be ma		
	ade on per: item basis / _ tota shall be not less than <u>60 calendar days</u> .	al quoted price lot basis
3. Good/s or Service	s shall be delivered please refer to Ann	nex Δ
I. Place of Delivery:	DSWD FO VII, Corner M.J. Cuenco	Avenue and Gen. Maxilom Ext., Carreta, Cebu City
. Terms of Paymen	within 30 days from the receipt of b	oilling statement
Liquidated Damag	es/Penalty: One-tenth of one percer	nt for everyday of delay shall be imposed
. In case of discrepa	ancy between total price per item and un uantity of that item, the latter shall prevai	nit price for the item as extended or
	f applicable:	BONAPARTE D. CASEÑAS II
		Canvasser
am interested to que	ote and agree to the terms and condition	IS.
**		

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



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

lo. DSWD7-2023-0813	
May 25, 2023	
nay 25, 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 Compliance Verification Forms				
1	220,000	sheet	Compliance Verification Forms			1 - 0	
			Specification:				
			Printing (front only)				
			A4 size bondpaper 70gsm white				
			 Pack in per Classification of Forms (CV F1, F2, F3, and F4) and per Province for the delivery 				
1		1.4	5 Period (44,000 x 5)				
			Period 2 (April-May 2023)				
			Period 3 (June-July 2023)				
			Period 4 (August-Sept. 2023)				
		111	Period 5 (October-November 2023)	- ' -			
			Period 6 (December-January 2023)				
			Printing timeframe is not more than 7 days upon receipt of the pre-generated e- file per period.				
			Pre-generated electronic file is provided in pdf (portable document format)				
			RCVO will provide the electronic file every period.				
			Note: Attached sample forms				
pproved Budget for the Contract: Php 440,000.00 d User: PANTAWID		Note: "Bidder's Specifications" column may be filled up with service provider or ma					
RPO	SE:	Completaff p	liance Verification Forms for distribut eriod				and MOOs

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

Bohaparte D. Caseñas II
Canvasser

Signature of Supplier / Authorized Representative Over Printed Name

(page 2 of 2)

Name of School/Preschool/DCC [50286] CABANLUTAN ELEMENTARY SCHOOL

Barangay

CABANLUTAN

City/Municipality

BAIS CITY

Province

NEGROS ORIENTAL

This form serves as a monitoring tool for the compliance with education. It contains the list of beneficiaries of ages 3-5 and 6-18 years old by school/preschool/day care center. The School Head must fill-up this form to indicate the non-compliance of students for the reporting months pursuant to existing DepEd Guidelines on attendance monitoring during the COVID-19 pandemic. Submit the accomplished form to the Regional Program Management Office through the City/Municipal Link or Social Welfare Assistant.

rev.Oct 2021

Reporting Period:

APR TO MAY 2022

Date Generated: 5/4/2022

Total # of **Non-Compliant**

MAY

Note to the School Head:

- Household ID No.
 Household Member ID
- Name of Student
- Sex
 Recorded Grade Level
- 6. Current Grade Level

7. Non-Attendance for the 2 month Reporting Period 8. Remarks 9. Non-Compliance with Deworming Requirement

Number assigned to the Household by DSWD Number assigned to the Household Member by DSWD Sorted by Last Name, First Name then by Recorded Grade Level Refers to the grade level of the Household Member
Refers to the grade level of the student as recorded in the database
Column provided for the school head to indicate the current grade level
of the student if the recorded grade level is incorrect
Refers to the months covered by the report. Refer to notes at the end of the list
Write apply the codes: 1, 2 or 3. Write only the codes: 1, 2 or 3
Refers to the period covered by the report and applies only to students at the elementary level. Refer to notes at the end of the list

51 - El

52 - Se

53 - Sp

USE BALLPEN INSTEAD OF PENCIL

cational

ocational

Grade Level Codes:

1 - Grade 1	8 - Grade 8	29 - Highschool Graduat
2 - Grade 2	9 - Grade 9	31 - 1st year College / Vo
3 - Grade 3	10 - Grade 10	32 - 2nd year College / V
4 - Grade 4	11 - Grade 11	33 - 3rd year College
5 - Grade 5	12 - Grade 12	34 - 4th year College
6 - Grade 6	18 - Day Care	39 - College Graduate
7 - Grade 7	19 - Kinder	41 - Graduata Studios

	No.	of Schooldays	Maximum Allowable
lementary ADM/ALS		n a month	Absences per month
econdary ADM/ALS			
pEd Non-graded		1-6 7-13	,
	Line - Line	14-20	2
		71-73	4

Was deworming conducted within these 2 months? (check if yes)

	Household ID Ame of Student Member ID			5. Recorded Grade	6. Current Grade	7. Non-Attendance for the 2 month report period**		8. Remarks 1 Dropout 2. Not Enrolled	9. Non-Compliance with Deworming Requirement
		Last, First MI. Ext.		Level*	Level*	APR	MAY	In this School 3. Transferred	for 2 months***
1	074604005-2209-00012 41615228	8 CAMBIO, CHIZKA C.	F	1		0	0		0
2	074604005-2256-00005 41615317	9 CATACUTAN, YZA KHEA M.	F	1		0	0		0
3	074604005-2250-00013 41615228	6 GALERA, FAITH VENICE P.	F	1		0	0		0
4	074604005-2987-00012 42040809	2 RECERONE, FARHONEY C.	F	1		0	0		0
5	074604005-2236-00002 41615226	7 BERNABE, CARLO U.	М	2		0	0		0
6	074604005-2256-00005 41615317	8 MAGALSO, BOB MARLEY C.	М	2		0	0		O
7	074604005-2295-00001 41736331	7 MANOLONG, MAEGAN M.	F	2		0	0		0
8	074604005-2267-00006 41622279	5 ADLAON, SHANE A.	F	3		0	0		0
9	074604005-2198-00002 41615228	1 BALDOSANO, NATHALIE GAIL .	F	3		0	0		0
10	074604005-2173-00007 41615225	5 ZAMORA, JACK EFRON .	м	3		0	0		0
11	064513009-4493-00015 40140761	1 CANO, IRISH G.	F	4		0	0		0
12	064513009-4496-00111 40148813	CANO, PRINCESS NICOLE T.	F	4	1	0	0		0
13	074604005-2173-00013 41736330	TUBAT, MITCHIE C.	F	4		0	0		0
14	074604005-2198-00002 41615228	BALDOSANO, PRINCESS ANNDI .	F	5		0	0		0
15	074614010-2-90250490 40068426	DORIG, JOHN NICOLAS P.	м	5		0	0		0
16	074604005-2-09970841 408241249	ESPIRITU, NIKA V.	F	5		0	0		0
17	074604034-1684-00006 9719169	AMARO, ANTONIO L.	м	6		0	0		0
18	074611013-2185-00011 417406937	DAYAGANON, NOVIE ANN B.	F	6		0	0		0
19	064515001-2327-00056 37363336	DUPO, JOEPREL V.	м	6		0	0		