



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

RFQ No. : DSWD7-2023-0873  
Date : June 1, 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.

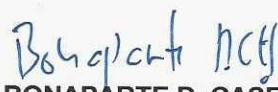
Interested supplier/s are required to submit true copies of their **valid Mayor's Permit, Philgeps Registration Number** upon submission of quotation/s. An **omnibus Sworn Statement** is required prior to award.

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 **June 5, 2023 at 5:00PM.**

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 quoted price  lot basis
- 2. Quotation validity shall be not less than **60 calendar days.**
- 3. Good/s or Services shall be delivered **within 30 days calendar from receipt and conformity of P.O.**
- 4. Place of Delivery: **DSWD FO VII, Corner M.J. Cuenco Avenue and Gen. Maxilom Ext., Carreta, Cebu City**
- 5. Terms of Payment: **within 30 days from the receipt of billing statement.**
- 6. Liquidated Damages/Penalty: **One-tenth of one percent for everyday of delay shall be imposed.**
- 7. 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.
- 8. 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. DSWD7-2023-0873  
 Date: June 1, 2023

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
			<b>Supply and Delivery of Community Assembly Validation Form (CAVF) Set 12C</b>				
1	256,338	sheet	<b>Specification:</b> <ul style="list-style-type: none"> <li>• A4 size bondpaper 70gsm white</li> <li>• Pre-generated forms printing</li> <li>• 1 page form with names and address</li> <li>• Electronic file provided for printing</li> </ul>				
<b>Approved Budget for the Contract: Php 461,408.40</b>				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: <b>PANTAWID</b>							
<b>PURPOSE :</b> For distribution of forms for set 12 C validation 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)





# Pantawid Pamilyang Pilipino Program

## Community Assembly Validation Form

### I. Household Information Box

Household ID: <b>0700002358917</b>	Set: <b>12C</b>	Region/Province/Municipality: <b>REGION VII [CENTRAL VISAYAS], NEGROS ORIENTAL, AMLAN (AYUQUITA)</b>
Grantee: <b>ALOLOR, MARY ANN YACO</b>		Barangay: <b>BIO-OS</b>
Household Mobile No.: <input type="text"/>		House No./Street Name/Sitio/Purok: <b>TABUAN</b>
Household Status: <b>9 - Not Registered</b>		
Date of Enumeration (MM/DD/YYYY) <b>06/16/2021</b>		

### II. Household Validation

**Recommendation Box**

For Registration

Duplicate / Already in the PPIS with HH ID no.

Client Status: \_\_\_\_\_

Waived

No 0-18 (No Eligible Member for CVS Monitoring Certified by RPMO)

Unlocated Household

Other Complaints

Inclusion Error / GRS (No Eligible / Regular Income)

Misrepresentation

Others: Please specify \_\_\_\_\_

<b>Codes:</b>					
<b>1. Member Status</b>	<b>2. Relationship to Household Head</b>	<b>3. Marital Status</b>	<b>4. Declared Pregnancy status</b>	<b>5. Pregnancy Status</b>	
01 Active 02 Deceased 03 Moved-out 05 Duplicate 06 Wrong Entry 07 Missing	02 Wife/Spouse 03 Son/Daughter 04 Brother/Sister 05 Son-in-law/Daughter-in-law 06 Grandson/Granddaughter	07 Father/Mother 08 Other Relatives 09 Boarders 10 Domestic Helper 11 Non-relative	01 Single 02 Married w/ Spouse Present 03 Married w/ Spouse Migrant 04 Widowed 05 Divorced/Separated	02 No 03 N/A 04 Delivered 05 Miscarriage	01 Yes 04 No 05 N/A
<b>6. Reason for Not Visiting Health Facility</b>	<b>7. Main Reason for Not Attending School</b>		<b>8. Highest Educ Attainment / Current Grade Level</b>		
01 Distance 02 Inaccessible 03 Supply-side 14 Miscarriage / Pregnancy N/A	01 - Distance 02 - Inaccessible 03 - Supply-Side 04 - Sickly 05 - Working 06 - Disability 08 - Overage	09 - Bullied 10 - Financial 11 - Sibling Care 17 - With Full Academic Scholarship 19 - Early Pregnancy 20 - Early Marriage 22 - Emotionally Unprepared	[1] - Grade 1 [2] - Grade 2 [3] - Grade 3 [4] - Grade 4 [5] - Grade 5 [6] - Grade 6 [7] - Grade 7 [8] - Grade 8 [9] - Grade 9 [10]-Grade 10/4th Year HS [18]-Day Care [19]-Kinder [29]-High School Graduate		
<b>Remarks:</b> _____ _____					

\* Required Fields - need to be thoroughly validated and filled-up

# Age as of 06/06/2022    ### Last Menstrual Period  
## Person with Disability

Note: If the Grade Level reflected in the Form is Code **KD - Kinder/Daycare**, indicate the validated correct Grade Level as applicable

### III. Household Roster Validation Box

<b>1</b>	<b>01</b>	Full Name (First Middle Last, Ext) <b>MARY ANN YACO ALOLOR</b>	Member ID <b>446273505</b>	Birthdate (MM/DD/YYYY) <b>11/15/1984</b>	Age# <b>37 y/o</b>	<b>02</b>	Relationship to HH Head <b>2 Spouse</b>	Solo Parent <b>NO</b>	Sex* <b>F</b>	<b>03</b>	Marital Status*	<b>PWD?#</b>	<b>04</b>	Declared Pregnancy Status
		1 Active						Yes No	M F			Yes No		NO
		Current Grantee	Mother's Maiden Name	Member of an IP Group (Indigenous People)		If IP Group is not on the code list provided, please specify:								
		*	PhilSys Card No:	Yes No										
		Visiting HF?	<b>06</b> If No, Reason for Not Visiting Health Facility	If Yes, Name of Health Facility	Facility ID:	Health Facility Address		<b>05</b> If Code 1, Specify LMP <sub>327</sub> (MM/DD/YYYY)						
		Yes No		<No Health Facility>										
		Set Member for Education Compliance Monitoring*	Attending School?*	<b>07</b> If No, Reason for Not Attending School	If Yes, Name of School *	Facility ID:	School Address		LRN:	<b>08</b> Highest Educ Attainment / Current Grade Level				
		NO	Yes No		<No School>									
<b>2</b>	<b>01</b>	Full Name (First Middle Last, Ext) <b>JEFFER DESPI ALOLOR</b>	Member ID <b>446273502</b>	Birthdate (MM/DD/YYYY) <b>01/07/1985</b>	Age# <b>37 y/o</b>	<b>02</b>	Relationship to HH Head <b>1 Head</b>	Solo Parent <b>NO</b>	Sex* <b>M</b>	<b>03</b>	Marital Status*	<b>PWD?#</b>	<b>04</b>	Declared Pregnancy Status
		1 Active						Yes No	M F			Yes No		N/A
		Select as HH Grantee	Mother's Maiden Name	Member of an IP Group (Indigenous People)		If IP Group is not on the code list provided, please specify:								
			PhilSys Card No:	Yes No										
		Visiting HF?	<b>06</b> If No, Reason for Not Visiting Health Facility	If Yes, Name of Health Facility	Facility ID:	Health Facility Address		<b>05</b> If Code 1, Specify LMP <sub>327</sub> (MM/DD/YYYY)						
		Yes No		<No Health Facility>										
		Set Member for Education Compliance Monitoring*	Attending School?*	<b>07</b> If No, Reason for Not Attending School	If Yes, Name of School *	Facility ID:	School Address		LRN:	<b>08</b> Highest Educ Attainment / Current Grade Level				
		NO	Yes No		<No School>									



<b>3</b> <b>01</b> Status? 1 Active	Full Name (First Middle Last, Ext) <b>JEEYANN YACO ALOLOR</b>			Member ID <b>446273508</b>	Birthdate (MM/DD/YYYY) <b>02/25/2017</b>	Age# <b>5 y/o</b>	<b>02</b> Relationship to HH Head 3 Child	Solo Parent <b>NO</b>	Sex* <b>F</b>	<b>03</b> Marital Status*	PWD?## <b>NO</b>	<b>04</b> Declared Pregnancy Status <b>N/A</b>
Select as HH Grantee <input type="radio"/>	Mother's Maiden Name	Member of an IP Group (Indigenous People) <input type="radio"/> Yes <input type="radio"/> No			If IP Group is not on the code list provided, please specify:							
Visiting HF? <input type="radio"/> Yes <input type="radio"/> No	<b>06</b> If No, Reason for Not Visiting Health Facility	If Yes, Name of Health Facility <b>&lt;No Health Facility&gt;</b>	Facility ID:	Health Facility Address		<b>05</b> If Code 1, Specify Pregnancy Status LMP: (MM/DD/YYYY)						
Set Member for Education Compliance Monitoring? <input type="radio"/>	Attending School? * <b>NO</b>	<b>07</b> If No, Reason for Not Attending School	If Yes, Name of School * <b>&lt;No School&gt;</b>	Facility ID:	School Address	LRN:	<b>08</b> Highest Educ Attainment / Current Grade Level					

<b>4</b> <b>01</b> Status? 1 Active	Full Name (First Middle Last, Ext) <b>JEADEN YACO ALOLOR</b>			Member ID <b>446273511</b>	Birthdate (MM/DD/YYYY) <b>09/15/2013</b>	Age# <b>8 y/o</b>	<b>02</b> Relationship to HH Head 3 Child	Solo Parent <b>NO</b>	Sex* <b>M</b>	<b>03</b> Marital Status*	PWD?## <b>NO</b>	<b>04</b> Declared Pregnancy Status <b>N/A</b>
Select as HH Grantee <input type="radio"/>	Mother's Maiden Name	Member of an IP Group (Indigenous People) <input type="radio"/> Yes <input type="radio"/> No			If IP Group is not on the code list provided, please specify:							
Visiting HF? <input type="radio"/> Yes <input type="radio"/> No	<b>06</b> If No, Reason for Not Visiting Health Facility	If Yes, Name of Health Facility <b>&lt;No Health Facility&gt;</b>	Facility ID:	Health Facility Address		<b>05</b> If Code 1, Specify Pregnancy Status LMP: (MM/DD/YYYY)						
Set Member for Education Compliance Monitoring? <input type="radio"/>	Attending School? * <b>NO</b>	<b>07</b> If No, Reason for Not Attending School	If Yes, Name of School * <b>&lt;No School&gt;</b>	Facility ID:	School Address	LRN:	<b>08</b> Highest Educ Attainment / Current Grade Level					

<b>Newborn, if any</b>												
<b>01</b> Status?	Full Name (Last, First Middle)			Birthdate (MM/DD/YYYY) *	Age #	Sex *	<b>02</b> Declared Pregnancy Status	<b>03</b> Pregnancy Status	If Code 1, Specify LMP (MM/DD/YYYY) ###	PWD? ##		
Relationship to HH Head	Solo Parent	<b>05</b> Marital Status *	Member of an IP Group (Indigenous People) *			If IP Group is not on the code list provided, please specify:			Mother's Maiden Name			
Set as HH Grantee	Visiting HF? <input type="radio"/> Yes <input type="radio"/> No	<b>06</b> If No, Reason for Not Visiting Health Facility	If Yes, Name of Health Facility	Facility ID:	Health Facility Address							
Set Member for Education Compliance Monitoring?	Attending School? * <input type="radio"/> Yes <input type="radio"/> No	<b>07</b> If No, Reason for Not Attending School	If Yes, Name of School *	Facility ID:	School Address	LRN:	<b>08</b> Highest Educ Attainment / Current Grade Level					

<b>Newborn, if any</b>												
<b>01</b> Status?	Full Name (Last, First Middle)			Birthdate (MM/DD/YYYY) *	Age #	Sex *	<b>02</b> Declared Pregnancy Status	<b>03</b> Pregnancy Status	If Code 1, Specify LMP (MM/DD/YYYY) ###	PWD? ##		
Relationship to HH Head	Solo Parent	<b>05</b> Marital Status *	Member of an IP Group (Indigenous People) *			If IP Group is not on the code list provided, please specify:			Mother's Maiden Name			
Set as HH Grantee	Visiting HF? <input type="radio"/> Yes <input type="radio"/> No	<b>06</b> If No, Reason for Not Visiting Health Facility	If Yes, Name of Health Facility	Facility ID:	Health Facility Address							
Set Member for Education Compliance Monitoring?	Attending School? * <input type="radio"/> Yes <input type="radio"/> No	<b>07</b> If No, Reason for Not Attending School	If Yes, Name of School *	Facility ID:	School Address	LRN:	<b>08</b> Highest Educ Attainment / Current Grade Level					

**Additional Household Member**

<b>01</b> Status?	Full Name (Last, First Middle) Last Name First Name Middle Name Ext Name			Birthdate (MM/DD/YYYY) *	Age #	Sex * M F	<b>02</b> Declared Pregnancy Status	<b>03</b> Pregnancy Status If Code 1, Specify LMP (MM/DD/YYYY) ###	PWD? ## Yes No		
<b>04</b> Relationship to HH Head	Solo Parent Yes No	<b>05</b> Marital Status	Member of an IP Group (Indigenous People) * Yes No		If IP Group is not on the code list provided, please specify:			Mother's Maiden Name			
Set as HH Grantee	Visting HF? Yes No	<b>06</b> If No, Reason for Not Visiting Health Facility	If Yes, Name of Health Facility		Healty Facility Address		Facility ID: _____				
Set as Child Bene for CVS Education *	Attending School? Yes No	<b>07</b> If No, Reason for Not Attending School	If Yes, Name of School *		Facility ID: _____		School Address		LRN: _____		<b>08</b> Highest Educ Attainment / Current Grade Level

**Additional Household Member**

<b>01</b> Status?	Full Name (Last, First Middle) Last Name First Name Middle Name Ext Name			Birthdate (MM/DD/YYYY) *	Age #	Sex * M F	<b>02</b> Declared Pregnancy Status	<b>03</b> Pregnancy Status If Code 1, Specify LMP (MM/DD/YYYY) ###	PWD? ## Yes No		
<b>04</b> Relationship to HH Head	Solo Parent Yes No	<b>05</b> Marital Status	Member of an IP Group (Indigenous People) * Yes No		If IP Group is not on the code list provided, please specify:			Mother's Maiden Name			
Set as HH Grantee	Visting HF? Yes No	<b>06</b> If No, Reason for Not Visiting Health Facility	If Yes, Name of Health Facility		Healty Facility Address		Facility ID: _____				
Set as Child Bene for CVS Education *	Attending School? Yes No	<b>07</b> If No, Reason for Not Attending School	If Yes, Name of School *		Facility ID: _____		School Address		LRN: _____		<b>08</b> Highest Educ Attainment / Current Grade Level

**Child from Succeeding Pregnancy**

<b>01</b> Status?	Full Name (Last, First Middle) Last Name First Name Middle Name Ext Name			Birthdate (MM/DD/YYYY) *	Age #	Sex * M F	<b>02</b> Declared Pregnancy Status	<b>03</b> Pregnancy Status If Code 1, Specify LMP (MM/DD/YYYY) ###	PWD? ## Yes No		
<b>04</b> Relationship to HH Head	Solo Parent Yes No	<b>05</b> Marital Status	Member of an IP Group (Indigenous People) * Yes No		If IP Group is not on the code list provided, please specify:			Mother's Maiden Name			
Set as HH Grantee	Visting HF? Yes No	<b>06</b> If No, Reason for Not Visiting Health Facility	If Yes, Name of Health Facility		Healty Facility Address		Facility ID: _____				
Set as Child Bene for CVS Education *	Attending School? Yes No	<b>07</b> If No, Reason for Not Attending School	If Yes, Name of School *		Facility ID: _____		School Address		LRN: _____		<b>08</b> Highest Educ Attainment / Current Grade Level



Child from Succeeding Pregnancy											
01	Status?	Full Name (Last, First, Middle) Last Name: _____ First Name: _____ Middle Name: _____ Ext Name: _____			Birthdate (MM/DD/YYYY) *	Age #	Sex *	02 Declared Pregnancy Status	03 Pregnancy Status	If Code 1, Specify LMP (MM/DD/YYYY) ##	PWD? ##
							<input type="radio"/> M <input type="radio"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
04	Relationship to HH Head	05 Solo Parent Yes <input type="radio"/> No <input type="radio"/>	Marital Status *	Member of an IP Group (Indigenous People) *	If IP Group is not on the code list provided, please specify: _____			Mother's Maiden Name _____			
				Yes <input type="radio"/> No <input type="radio"/>							
	Set as HH Grantee	Visiting HF?	06 If No, Reason for Not Visiting Health Facility	If Yes, Name of Health Facility		Health Facility Address		Facility ID: _____			
	<input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>		_____		_____		_____			
	Set as Child Bene for CVS Education *	Attending School?	07 If No, Reason for Not Attending School	If Yes, Name of School *		School Address		LRN: _____		08 Highest Educ Attainment / Current Grade Level	
	<input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>		_____		_____		_____		_____	

*Napatunayan ko ang mga pagbabago sa impormasyon na may kalakip na mga patunay na sapat, ligal at napag-aralan.*

*Gayundin, pinatutunayan ko na ang sambahayang ito at ang simumang miyembrong buntis o miyembrong may edad o - 18 anyos ay hindi pa naging benepisyaryo o tumanggap ng benepisyoy mula sa programa. Na sa pagkakataong mapatunayan na ang sambahayang ito ay naging benepisyaryo o tumanggap na ng benepisyoy mula sa programa, ang sambahayang ito ay maaaring tanggalin bilang benepisyaryo sa pamamagitan ng prosesong umiiral sa pagtanggap ng benepisyaryo at ang benepisyaryo ay kailangang ibalik ang halagang natanggap ayon din sa prosesong umiiral ng pagkolekta nito.*

**Panunawa:**

**Lahat ng mga pangunahing datus na nakalap sa isinagawang balidasyon ay tanging pag-aari lamang ng DSWD. Sa kasalukuyan, mahigpit na ipinagbabawal ang paggamit ng mga pangunahing datus na ito na walang pahintulot ang pamunuan ng DSWD. Ito ay ipapatupad hanggang ang pagbabawal ay maalis o kapag ang mga datus ay gawing pampubliko.**

\_\_\_\_\_  
Name and Signature of Validator

\_\_\_\_\_  
Name, Signature & Position of Immediate Supervisor

\_\_\_\_\_  
Name and Signature of Respondent

\_\_\_\_\_  
Date of Validation