



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

RFQ No. : DSWD7-2023-1514
 Date : November 10, 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 **November 14, 2023 at 1:00PM.**

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. DSWD7-2023-1514

Date: November 10, 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 Household Assessment Forms (HAF)				
1	22,000	set	Specification: <ul style="list-style-type: none"> • 2 pages back to back black printing • A4 size bondpaper 80 GSM white • Packed in 500 sheets per reams for the delivery. 				
Approved Budget for the Contract: Php 258,280.00				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: NHTS							
PURPOSE : To be used for the Pantawid Pamilyang Pilipino Program (4Ps) Special Assessment							

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)



National Household Targeting Office HOUSEHOLD ASSESSMENT FORM

Time Started: : :
Time Ended: : :

I. IDENTIFICATION

1. Household ID:

2. Address:

Homeless:

Region: Province: Barangay:

City / Municipality:

Street Address (Bldg. Name / Bldk. / Lot / House / Unit No.):

Purok / Sitio / Zone / District:

3. Number of Households in the housing unit:

4. Contact Number:

ENCODED: VERIFIED:

II. SOCIO ECONOMIC INFORMATION

5. In what type of building / house does the household reside? (check one)

- 1. Single House
- 2. Duplex
- 3. Multi Residential (three units or more)
- 4. Commercial / Industrial / Agricultural building
- 5. Institutional living quarters
- 6. Other housing unit, specify _____

6. What type of construction materials are the roofs made of? (check one)

- 1. Strong materials
- 2. Light materials
- 3. Salvaged / makeshift materials
- 4. Mixed but predominantly strong materials
- 5. Mixed but predominantly light materials
- 6. Mixed but predominantly salvaged materials
- 7. Not applicable

7. What type of construction materials are the outer walls made of? (check one)

- 1. Strong materials
- 2. Light materials
- 3. Salvaged / makeshift materials
- 4. Mixed but predominantly strong materials
- 5. Mixed but predominantly light materials
- 6. Mixed but predominantly salvaged materials
- 7. Not applicable

8. How many bedrooms are there in the housing unit?

9. What is the tenure status of the housing unit occupied by the household? (check one)

- 1. Own house and lot, or owner-like possession
- 2. Rented house/room, including lot
- 3. Own house, rented lot
- 4. Own house, rent-free lot with consent of owner
- 5. Own house, rent-free lot without consent of owner
- 6. Rent-free house and lot with consent of owner
- 7. Rent-free house and lot without consent of owner
- 8. Not applicable

10. What kind of toilet facility does the household use? (check one)

- 1. Water-sealed, sewer / septic tank, used exclusively by the household
- 2. Water-sealed, sewer / septic tank, shared with other households
- 3. Water-sealed, other depository, used exclusively by the household
- 4. Water-sealed, other depository, shared with other households
- 5. Closed pit
- 6. Open pit
- 7. Others, specify _____

11. Is there electricity in the building/house? (check one)

- 1. Yes
- 2. No

12. In the past month, what does the household usually use as a source of light? (Let respondent enumerate; if the response is solely kerosene, check Yes.)

- 1. Yes
- 2. No

13. What is the household's main source of water? (check one)

- 1. Own use, faucet, community water system
- 2. Shared faucet, community water system
- 3. Own use, tubed / piped deep well
- 4. Shared, tubed / piped deep well
- 5. Tubed / piped shallow well
- 6. Dug Well
- 7. Protected Spring
- 8. Unprotected Spring
- 9. Lake, river, rain
- 10. Peddler
- 11. Others

14. How many of each of the appliances / durables does the household own?

- 1. Radio / Radio Cassette
- 2. Television Set
- 3. CD / VCD / DVD Player
- 4. Audio Component / Stereo Set
- 5. Refrigerator / Freezer
- 6. Washing Machine
- 7. Air Conditioning
- 8. Car / Jeep
- 9. Landline
- 10. Cellular Phone
- 11. Personal Computer
- 12. Stove with Oven / Gas Range
- 13. Motorized Boat / Banca
- 14. Motorcycle / Tricycle

15. In the past month, what does the household usually use for cooking? (Let respondent enumerate; if the response is solely fuel wood, check Yes.)

- 1. Yes
- 2. No

16. What are the programs and services received by the household from 2009 up to present?

Yes No

- 1. Scholarship
- 2. Day Care Service / ECCD
- 3. Supplementary Feeding
- 4. SLP/SEA-K
- 5. Skills / Livelihood Training
- 6. Housing
- 7. Microcredit
- 8. Pantawid Pamilya Pilipino Program (4Ps)
- 9. Philhealth
- 10. Subsidized Rice
- 11. Unconditional Cash Transfer (UCT) Program
- 12. Social Pension
- 13. KALAHI-CIDSS
- 14. Disaster Relief Assistance
- 15. Emergency Financial Assistance
- 16. Others, specify _____

17. Does the household rent out lands, spaces, buildings, or other properties?

- 1. Yes
- 2. No

18. Is the property being rented out non-agricultural or agricultural?

- 1. Non-Agricultural
- 2. Agricultural
- 3. Not applicable

19. Did the household receive income from these rentals in the past six (6) months?

- 1. Yes
- 2. No
- 3. Not applicable

20. In the past six (6) months, did any member of the household receive income in cash any gifts, support, relief, or other forms of assistance from abroad?

- 1. Yes
- 2. No

21. Do you consider your household as part of an indigenous People's Group?

- 1. Yes, please specify: _____
- 2. No

Household ID:

IV. DECLARATION

On behalf of all the members of my household, I confirm that the information I have provided in this form is true and represent accurate information of our household.

I understand that the data collected from this assessment will be processed, managed, and maintained in a secured database by the Department of Social Welfare and Development (DSWD). Such data will be used to determine poverty status and serve as basis for research and in the development and implementation of social protection programs and services to promote the interest of the poor.

I authorize DSWD to manage the information, including personal data, obtained from this household assessment and allow the processing and controlled disclosure or transfer of data to its development partners and other stakeholders in accordance with the DSWD policies on Data Sharing and the provisions of Republic Act No. 10173 or the Data Privacy Act (DPA) of 2012.

Name of Respondent

Signature of Respondent

Thumbmark of Respondent

V. CERTIFICATION

As Enumerator and Area Supervisor hired by DSWD for the purpose of this assessment, we confirm that for this household, the data gathering process was accomplished in accordance with the policies and procedures prescribed by the National Household Targeting Office or Listahanan.

We attest that the information provided in this form was personally obtained and reviewed by us.

We further declare that all household information collected and validated was managed with strict confidentiality and protected from unlawful and unauthorized processing.

We are aware that any violation committed on the foregoing will be penalized in accordance with pertinent provisions of RA 10173 or the Data Privacy Act of 2012.

Date Accomplished

 MM DD YY YY

Signature over Printed Name of Enumerator

Date Reviewed

 MM DD YY YY

Signature over Printed Name of Area Supervisor

REMARKS

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