



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

RFQ No. : DSWD7-2023-1532
 Date : November 17, 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 21, 2023 at 10:00AM.**

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 **please refer to Annex A**
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: _____

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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 Notification Letter Form				
1	180,000	sheet	Specification: <ul style="list-style-type: none"> • 1 page full color Printing • A4 size bondpaper 70 GSM White • Pack in 500 sheets per reams for the delivery • Forms must be delivered within five (5) days upon receipt of final sample see attached sample form				
Approved Budget for the Contract: Php 324,000.00				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 Massive Printing of notification Letter for all active Pantawid households in Region VII							

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

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PAHIBALO SA PAGGAMIT SA SWDI TOOL ALANG SA PAG-ILA SA MGA BENEPISYARYO NGA MOGAWAS SA 4PS

Pangalan sa Grantee: _____
Household ID No.: _____

Pinalangga namo nga Benepisyaryo:
Maayong adlaw!

Ang Pantawid Pamilyang Pilipino Program (4Ps) nagpadayon sa paninguha aron mapaayo pa ang serbisyo niini sa mga benepisyaryo. Sugod Enero 2024, ang **Social Welfare and Development Indicators (SWDI)** mao ang gamiton nga kahimanan sa 4Ps aron ma-ila kung kinsa nga pamilya ang adunay igo nga abilidad ug andam na mo-exit sa programa.

Tinguha sa programa nga mapadayon ang pagsubay sa inyong paglambo, mao nga ipahigayon sa DSWD ang pagbalay-balay alang sa SWDI assessment nga pagahimuon malag tuig. Ang tanang benepisyaryo nga naa sa Level 3 o self-sufficient level moagi og proseso sa pangpangandam o transitioning sa pag-exit sa programa. Kamo pormal nga iendorso sa lokal nga panggamhanan (Local Government Unit) alang sa mga serbisyo ug uban pang suporta nga inyong kinahanglan aron sa pagpadayon nga pagsaka sa lebel sa inyong kahimtang sa pagpuyo.

Kanimo matinuuron,



SHALAINIE MARIE S. LUCERO , CESO IV

(Pangalan ug pirma sa Regional Director)

RESIBO SA PAG-ILA

Household ID number: _____ Dakbayan o Munisipyo/Barangay: _____

Ang akong pirma nagpamatuod nga akong gidawat, gibasa, ug hingpit nga nasabtan kining maong pahibalo.

_____ Petsa
Pangalan ug Pirma sa Household Grantee

_____ Petsa
Pangalan ug Pirma sa City/Municipal Link

