

**REQUEST FOR QUOTATION
NP- SMALL VALUE PROCUREMENT**RFQ No. : **DSWD7-2024-0541**Date : **April 30, 2024**

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 6, 2024 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. DSWD7-2024-0541

Date: April 30, 2024

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 Forms				
1	200	ream	BUS Form Specification: 2 pages Back to Back black Printing Long Size bondpaper 70 GSM white Pack in 500 sheets per reams for the delivery				
2	100	ream	GRS FORM 1 & 2 Specification: 1 pages Back to Back black Printing A4 size bondpaper 70 GSM white Pack in 500 sheets per reams for the delivery				
3	312	ream	Social Welfare and Development Indicators (SWDI) Form Specification: 4 Pages Back to Back folded pull black Printing A3 size bondpaper 80 GSM White Pack in 500 sheets per reams for the delivery				
Approved Budget for the Contract: Php 399,600.00				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 Distribution of Forms of Pantawid Region VII CY 2024							

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

Bonaparte D. Casenas II
BONAPARTE D. CASEÑAS II
Canvasser

Signature of Supplier / Authorized Representative Over
Printed Name

(page 2 of 2)

CLIENT ASSISTANCE FORM - REQUEST AND INQUIRY

Ang Client Assistance Form (CAF) na ito ay iminungkahi na gamitin sa pagdulog ng inyong hiling (request) o katanungan (inquiry) 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 ☐ Manatiling di kilala o anonymous? (kung tsek, laktawan ang detalye ng pangalan)

4Ps Household ID #:

Set:

Client Status:

IP Affiliation:

Buong Pangalan:

Unang Pangalan (First Name)

Gitnang Pangalan (Middle Name)

Huling Pangalan (Last Name)

Sex*:

Contact #*:

Tirahan (Street, Brgy, City/Municipality, Province, Region)*:

Email:

II. DETALYE NG HILING/KATANUNGAN

Kumpletong Detalye ng Mensahe o Hiling/Katanungan*:

Uri ng Hiling/Katanungan*:

A. UPDATE REQUEST

1. School Facility Update (Pagbabago ng Eskwelahan)

Pangalan ng Bata	Pangalan ng Eskwelahan

2. Health Facility Update (Pagbabago sa Pasilidad ng Kalusugan)

Pangalan ng Miyembro ng Pamilya	Pangalan ng Pasilidad ng Kalusugan

3. Change Grantee (Pagbabago ng Grantee)

Pangalan ng Kasalukuyang Grantee:	
Pangalan ng Bagong Grantee:	
Dahilan ng Pagpalit ng Grantee:	

4. Change Address (Pagbabago ng Tirahan)

Lumang Tirahan:	
Bagong Tirahan:	

5. Add Child/Children for Monitoring (Pagdagdag ng Bata para sa Monitoring)

Pangalan ng Karagdagang Bata	

B. OTHER REQUEST

- ID Replacement (Pagpapalit ng ID)
- Oath of Commitment (Panunumpa)
- Philhealth Certification (Sertipikasyon para sa Philhealth)

C. INQUIRY

- Payout Schedule (Takda ng Payout)
- PPIS Record Information (Impormasyon sa PPIS)

D. OTHER REQUEST/INQUIRY

ITO ANG MAGSILIBING GRIEVANCE STUB. ✂

TRACKING NUMBER:

PETA NG PAGHAIN:

Buong Pangalan:

4Ps Household ID #:

Tirahan:

Uri ng hiling/katanungan:

<input type="checkbox"/> School Facility Update	<input type="checkbox"/> Add Child/Children for Monitoring	<input type="checkbox"/> Payout Schedule
<input type="checkbox"/> Health Facility Update	<input type="checkbox"/> ID Replacement	<input type="checkbox"/> PPIS Record Information
<input type="checkbox"/> Change Grantee	<input type="checkbox"/> Oath of Commitment	<input type="checkbox"/> Other Request/Inquiry: _____
<input type="checkbox"/> Change Address	<input type="checkbox"/> Philhealth Certification	

Remarks:

Status

Ongoing

Resolved

Para sa follow-up, mangyaring makipag-ugnayan kay:

Pangalan:

Designation:

Contact Number:

Pabatid sa Pribasiya at Pagiging Kumpidensiya

Ang pagkolekta ng personal na impormasyon ay gagamitin lamang sa dokumentasyon at pagproseso ng inyong idinulog 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 idinulog.

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 pangangalagaan 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:

Signature over Printed Name and Designation

Date Assisted:

Date	Updates	Updated By:



Beneficiary Data Update Request Form



Pantawid Pamilyang
Pilipino Program

Date Filed: _____

- Instructions:**
1. The household grantee shall properly fill-out this form. **Fill out only the section that is applicable.**
 2. Please refer to Types of Updates at the back for the details of the supporting documents.
 3. Updates related to payments should be prioritized for updating. This is to ensure the maximum amount of grants will be received by the household.
 4. Ensure to secure a copy of Acknowledging Receipt once this form submitted to the Pantawid Personnel.

PART I - TO BE FILLED OUT BY THE HOUSEHOLD GRANTEE

A. HOUSEHOLD AND PERSONAL DATA

GRANTEE NAME	LAST NAME	FIRST NAME	MIDDLE NAME	EXTENSION NAME
HOUSEHOLD ID NUMBER	ADDRESS		HOUSE NO.	STREET/PUROK/SITIO
ADDRESS	BARANGAY	CITY/MUNICIPALITY	PROVINCE	REGION

B. DATA CHANGE/CORRECTION/UPDATING

NEWBORN AND/OR ADDITIONAL HOUSEHOLD MEMBER

1 <input type="checkbox"/>	NAME OF CHILD:	LAST NAME	FIRST NAME	MIDDLE NAME	EXTENSION NAME
8 <input type="checkbox"/>	DATE OF BIRTH (MM/DD/YYYY):	SEX:			DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No
	NAME OF PARENT IN THE FAMILY ROSTER:	RELATIONSHIP TO HH HEAD:			
	ATTENDING SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason for Not Attending:				
	NAME OF SCHOOL:	ADDRESS OF SCHOOL:			
	NAME OF HEALTH FACILITY:	ADDRESS OF HEALTH FACILITY:			

CHANGE OF ADDRESS

FROM

TO

2 <input type="checkbox"/>	REGION:	
3 <input type="checkbox"/>	PROVINCE:	
	CITY/MUNICIPALITY:	
	BARANGAY:	
	STREET/PUROK/SITIO:	

CHANGE OF HEALTH FACILITY

FROM

TO

4 <input type="checkbox"/>	NAME OF MEMBER:	ATTENDING: <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason for Not Attending:	
	NAME OF FACILITY:		
	ADDRESS:		
	TYPE OF FACILITY:		
	NAME OF MEMBER:	ATTENDING: <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason for Not Attending:	
	NAME OF FACILITY:		
	ADDRESS:		
	TYPE OF FACILITY:		

CHANGE OF EDUCATION INFORMATION

(Last Name, First Name, Middle Name, Extension Name)

5 <input type="checkbox"/>	1. NAME OF CHILD WITH CORRECTION OF EDUCATION INFORMATION:	
	ATTENDING SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason for Not Attending:	
	FROM	TO
	NAME OF SCHOOL:	
	ADDRESS OF SCHOOL:	
	GRADE LEVEL:	
	2. NAME OF CHILD WITH CORRECTION OF EDUCATION INFORMATION:	
	ATTENDING SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason for Not Attending:	
	FROM	TO
	NAME OF SCHOOL:	
	ADDRESS OF SCHOOL:	
	GRADE LEVEL:	
	3. NAME OF CHILD WITH CORRECTION OF EDUCATION INFORMATION:	
	ATTENDING SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason for Not Attending:	
	FROM	TO
	NAME OF SCHOOL:	
	ADDRESS OF SCHOOL:	
	GRADE LEVEL:	

Beneficiary's Copy

Date Filed: _____

ACKNOWLEDGEMENT RECEIPT

Name of Beneficiary: _____ HH ID No.: _____

City/Municipal Link's Copy

Date Filed: _____

ACKNOWLEDGEMENT RECEIPT

Name of Beneficiary: _____ HH ID No.: _____

Type of Update	Field Updated	Change To	Type of Update	Field Updated	Change To	Remarks

6 <input type="checkbox"/> CHANGE OF HH GRANTEE		FROM		TO	
NAME OF GRANTEE: _____					
NEW GRANTEE'S INFORMATION:					
MOTHER'S MAIDEN NAME: _____		DATE OF BIRTH (MM/DD/YYYY): _____		RELATIONSHIP TO HH HEAD: _____	
GUARDIAN'S NAME (For Minor grantee only): _____				Relationship to the Minor Grantee: _____	
REASON FOR CHANGE: <input type="checkbox"/> Long Absence <input type="checkbox"/> Deceased <input type="checkbox"/> Sickly or Old Age					
7 <input type="checkbox"/> DECEASED					
NAME (Last Name, First Name, Middle Name, Extension Name)		SEX	RELATIONSHIP TO HH HEAD	DATE OF BIRTH (MM/DD/YYYY)	FOR REPLACEMENT
1					<input type="checkbox"/> YES <input type="checkbox"/> NO
2					<input type="checkbox"/> YES <input type="checkbox"/> NO
(If for replacement, please facilitate the deselection using Update Type 11 with reason as deceased then proceed to the selection of the replacement child of the household)					
9 <input type="checkbox"/> CAPTURING/CORRECTION OF BASIC INFORMATION					
NAME (Last Name, First Name, Middle Name, Extension Name):		FROM TO			
DATE OF BIRTH (MM/DD/YYYY):					
RELATIONSHIP TO HH HEAD:					
MARITAL STATUS:					
SEX:					
DISABLED?: <input type="checkbox"/> YES <input type="checkbox"/> NO		SOLO PARENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		OCCUPATION:	
NAME (Last Name, First Name, Middle Name, Extension Name):					
DATE OF BIRTH (MM/DD/YYYY):					
RELATIONSHIP TO HH HEAD:					
MARITAL STATUS:					
DISABLED?: <input type="checkbox"/> YES <input type="checkbox"/> NO		SOLO PARENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		OCCUPATION:	
NAME (Last Name, First Name, Middle Name, Extension Name):					
DATE OF BIRTH (MM/DD/YYYY):					
RELATIONSHIP TO HH HEAD:					
MARITAL STATUS:					
DISABLED?: <input type="checkbox"/> YES <input type="checkbox"/> NO		SOLO PARENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		OCCUPATION:	
10 <input type="checkbox"/> CAPTURING/CORRECTION OF IP AFFILIATION					
NAME (Last Name, First Name, Middle Name, Extension Name)		FROM		TO	
1					
2					
3					
<input type="checkbox"/> Applicable to all household members					
11 <input type="checkbox"/> SELECTION/REPLACEMENT OF CHILD-BENEFICIARY (IES) FOR EDUCATION (PLEASE USE THE UPDATE TYPE 4 AND/OR 5 TO UPDATE HEALTH AND/OR EDUCATION INFORMATION OF REPLACEMENT CHILD)					
Name of Child		Selection Deselection		Reason	
		<input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/>			
				Replacement Child for Selection	
12 <input type="checkbox"/> CAPTURING OF PREGNANCY STATUS					
NAME (LAST NAME, FIRST NAME, MIDDLE NAME, EXTENSION NAME)		SEX	AGE	PREGNANCY STATUS	LAST MENSTRUAL PERIOD
					RELATIONSHIP TO HOUSEHOLD HEAD
<div style="display: flex; justify-content: space-between;"><div>Signature Over Printed Name of Grantee (Thumbmark if the grantee does not know how to write)</div><div>Signature Over Printed Name of Parent Leader</div><div>Signature Over Printed Name of DSWD Personnel Representative and Designation</div></div>					
PART II - TO BE FILLED-OUT BY THE CBDO AND ENCODER					
(Do not transmit this Form to the RBDQ/POO if supporting documents are not complete)					
Reviewed by: Date Reviewed: POO Remarks:			Encoded by: Date Encoded: Remarks of Encoder (if any):		
IF NOT ENCODED, THIS FORM WITH THE ATTACHED DOCUMENTS WILL BE RETURNED TO POO/ C/MOO BECAUSE OF THE FOLLOWING REASONS:					
() Lacking or inconsistent supporting documents. Specify lacking document/s _____					
() ML to verify the correct name of school/health facilities with exact address, then prepare request to the RITO for the addition of new facility in the library.					
() Not in the family roster					
() Others (specify) _____					
TYPES OF UPDATES		SUPPORTING DOCUMENTS			
1. Newborn		Birth Certificate from National Statistics Office (NSO) or Local Civil Registry Office (LCRO), Health Certificate from RHU/BHS and Medical Certificate (if PWD)			
2. Change of Address		Applicable when the whole household moves to a new address, not for a single household member. Copy of Case Folder shall be endorsed to the new C/ML. A. Transferring Within Barangay - Certificate from the Barangay Captain B. Transferring to Other Barangay within the City/Municipality - Certificate of Residency from the Barangay Captain where the request was emanated; Case Assessment Report C. Other Area within the Region - Certificate of Residency from Old/New Address issued by the Barangay Captain where the request was emanated; Case Assessment Report D. Other Area outside the Region - Certificate of Residency from Old/New Address issued by the Barangay Captain where the request was emanated; Case Assessment Report (Note: When the household moves out of the area with or without prior notice to C/ML and without applying for change of address within 60 days, the household will be tagged as Code 12 - Moved out of the Area without Notice)			
3. Moving out of the area to non-Pantawid area		Barangay Certificate of old and new address and C/ML Certificate			
4. Update of Health Facility		RHU/BHS Certificate from the new facility			
5. Update of Education		School Certificate issued by the school where the child is enrolled; Filled up BUS Form 6			
6. Change of Grantee		Death Certificate; Certification by C/ML stating reason for long absence; Medical Certificate; Letter from the old grantee; Filled out LBP form (if applicable); Social Case Study Report; Senior Citizen ID or Certification from OSCA or C/MSWDO			
7. Deceased		Death Certificate or Certification from the Tribal Leader or Chieftain			
8. Additional Household Member		Birth Certificate from National Statistics Office (NSO) or Local Civil Registry Office (LCRO); School Certificate issued by the school where the child is enrolled (if 3-16 years old); Health Certificate (if 0-5 years old); Medical Certificate (if disabled); RHU/BHS Certificate where the member is availing health services; Letter from the household grantee;			
9. Correction of Basic Information		Birth Certificate from National Statistics Office (NSO) or Local Civil Registry Office (LCRO); Marriage Certificate; Medical Certificate; Certificate of Employment or Barangay Certificate, indicating the present occupation of the household member; Solo Parent ID			

SOCIAL WELFARE AND DEVELOPMENT INDICATORS

Revised as of August 2

Date of Interview: / / **Time Started:** **Time Ended:**

Pantawid ID No.: - - **SWDI Index:**

Name of Respondent: ☐ Grantee ☐ Not Grantee **Level of Well-being:**

Components and Indicators	Level	Code	ADDITIONAL QUESTION: DECLARATION OF ASSETS																						
I. ECONOMIC SUFFICIENCY																									
A. Employable Skills Occupational skills of family members aged 18 years or over			Do you have any financial/ economic assets? (Y/N) (i.e. cash, inventory, land, properties, equipment, etc) If yes, fill up the matrix below:																						
A.1			<table border="1"> <thead> <tr> <th>Description</th> <th>Estimated Value of Asset (in Php)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td>Total</td> <td>Php</td> </tr> </tbody> </table>	Description	Estimated Value of Asset (in Php)																			Total	Php
Description	Estimated Value of Asset (in Php)																								
Total	Php																								
A.2																									
A.3																									
A.4																									
A.5																									
A.6																									
A.7																									
A.8																									
A.9																									
A.10																									
B. Employment Working status of family members aged 18 years or over	PSOC SMG		Remarks: <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div>																						
B.1																									
B.2																									
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B.7																									
B.8																									
B.9																									
B.10																									
C. Income Family monthly per capita income in the past six months																									
D. Social Security Membership or access of family to formal financial institutions																									
II. SOCIAL ADEQUACY																									
A. Health																									
1. Health Condition and Availment of Health Services																									
a. Availment of family members of accessible health services in the past six months																									
b. Health condition of family members in the past six months																									
2. Nutrition																									
a. Number of meals the family had in a day																									
b. Nutritional status of children aged 5 years or below																									
<table border="1"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Weight</th> </tr> </thead> <tbody> <tr><td>b.1</td><td></td><td></td></tr> <tr><td>b.2</td><td></td><td></td></tr> <tr><td>b.3</td><td></td><td></td></tr> <tr><td>b.4</td><td></td><td></td></tr> <tr><td>b.5</td><td></td><td></td></tr> </tbody> </table>	Name	Age	Weight	b.1			b.2			b.3			b.4			b.5									
Name	Age	Weight																							
b.1																									
b.2																									
b.3																									
b.4																									
b.5																									

ADDITIONAL QUESTION: SELF-ASSESSMENT			
<p>Do you feel you are ready to graduate from the Pantawid Program?</p> <p>(Y/N- tick the box below) <i>Please Explain.</i></p>			
<p>Yes</p> <p>No</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 30px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="height: 30px; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			
<input type="checkbox"/>			
<p>Remarks:</p> <hr/>			
<p>D. Role Performance, Item 3 <i>(Type of PO, if a</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

<p style="text-align: center;">Signature over Printed Name of the Respondent</p>
--

Accomplished by:

<p style="text-align: center;">Signature over Printed Name of the Interviewer</p>

Designation: _____

C. Income

C1. Salaries and Wages from Employment (in the past six months)

Family Member	Pop'n. group (Code: 0- Aged less than 18 yrs. old not in school, 1-In school, 2-Senior citizen, 3-PWDs, 4- Others)	Salaries and Wages from Employment (Php) (Includes gross basic compensation received in cash, cash commissions, tips, bonuses, cash allowances for food, health, housing and clothing, salary and wages in kind, e.g., compensations received in form of goods such as rice, corn, rental value of housing, if provided) Note: Salaries and wages of family members less than 18 years old who are not in school, Code=0 in Col. 2, will not be included in the computation of the sub-total under Salaries and Wages.				
		Basic Compensation (in cash)	Cash Commission, Tips, Bonus	Cash Allowance (food, health, housing & clothing)	Basic Compensation (in kind)	Sub-Total (Col.3+Col.4 +Col.5+Col.6 for Col.2≠0)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Sub-Total						

*Note: Does not include loans borrowed from the bank, withdrawals from savings account, cash surrender value of insurance, payments received from loaned grants to others, profits from sale of stocks and bonds and net winnings from gambling, lotto, community-based numbers game and sweepstakes

C2. Income from Entrepreneurial/Sustenance Activities (in the past six months)

Activity (e.g. net income from crop farming, gardening, fishing including backyard planting where produce is consumed by the family)	Type (Code: 1 - Entrepreneurial, 2 - Sustenance)	Gross Value/Sales (Php)	Deduction (Php) (e.g. cost of seed, fertilizer, pesticides, irrigation, labor, cost of capital)	Net Income (Php)
(8)	(9)	(10)	(11)	(12)
1.				
2.				
3.				
4.				
Sub-Total				

C3. Transfers (in the past six months)

Sources of Income	Amount (Php)		
	In Cash	In Kind	Sub-Total
	(13)	(14)	(15)
1. Receipts, gifts, support, relief and other forms of assistance abroad including those from OFWs			
2. Receipts, gifts, support and assistance from other families/entities in the country			
3. Support received from the Philippine government including support from the Pantawid Pamilya Program			
Sub-Total			

C4. Other Sources (in the past six months)

Sources of Income	Amount (Php)		
	In Cash	In Kind	Sub-Total
	(16)	(17)	(18)
1. Pensions			
2. Dividends			
3. Interests			
4. Imputed Rental of owner-occupied dwelling unit			
5. Other sources, not elsewhere classified			
Sub-Total			

Sub-Total of Income (Php) from				Total Income (Php)	Family Size	Per Capita Income (Php)	Monthly Per Capita Income (Php)
C1 (Col. 7)	C2 (Col. 12)	C3 (Col. 15)	C4 (Col. 18)	(Col. 19) + (Col. 20) + (Col. 21) + (Col.22)		(Col. 23) / (Col. 24)	(Col. 25/6)
(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)

Remarks:

"Ako ay napili na maging bahagi sa pag-susuri na ito ng DSWD-Pantawid Pamilyang Pilipin Program. Alam ko at malinaw sa akin na ang impormasyong aking ibabahagi ay mananatiling kompidensyal. Bilang pagsunod sa "Data Privacy Act of 2022 o RA 10173", ako ay kusang-loob na nagbibigay pahintulot at/o pinapayagan ang DSWD na kolektahin, panatilihin, gamitin og ibahagi ang mga impormasyon sa mga kaugnay na ahensya o pribadong institusyon-katulad ng personal at sensitibong impormasyon na nakuha sa "2019 SWDI Assessment".

Alam ko at naiintindihan ko na malaya akong makibahagi sa pag-susuri na ito at maari kong tapusin ang pakikibahagi dito sa anu mang oras na aking gustuhin."

Pangalan at Lagda