



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office MiMaRoPa Region
1680 F.T. Benitez corner Malvar Sts., Malate, Manila

REQUEST FOR QUOTATION

RFQ No. 2024-08-0796 NP-SVP
Date: August 27, 2024

Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____
 Email # : _____
 Company TIN : _____
 PhilGEPS Reg. 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 basis for non-compliance. Also, furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are exclusive manufacturer, distributor, or agent in the Philippines for goods listed in Annex A, please attach in your quotation a duly notarized certification to this effect.

Additionally, please attach copies of your Company's Business Permit, Mayor's Permit, PCAB License (if applicable), PhilGEPS Certificate, latest Income/Business Tax Return and a notarized or unnotarized Omnibus Sworn Statement in accordance with the attached format marked as Annex B. If awarded, please submit immediately the duly notarized Omnibus Sworn Statement (if previously submitted is unnotarized). The Certificate of Platinum Membership maybe submitted in lieu of the Mayor's /Business Permit and PHILGEPS Registration Number.

Please accomplish and submit this form together with Annex A to DSWD MIMAROPA Region -BAC Secretariat at 2nd Floor 1680 F.T. Benitez corner Malvar Sts., Malate, Manila or email to: ccrvictorio@dswd.gov.ph not later than 5:00 PM on September 3, 2024 (Tuesday). Quotations submitted to different email address(es) as stated above shall not be considered for evaluation. Please indicate in the subject of your email the title of the Project using this format: [RFQ Number], [Deadline of Submission].

Very truly yours,

HARVY B. CALABIO
Administrative Officer V
Procurement Section Head

8/27/24

Terms and Conditions:

- Award shall be made on per: item basis total quoted price lot basis
- Price Validity shall be valid until: One Hundred Twenty (120) Calendar days
- Services shall be delivered on: 15 CD upon receipt of approved PO
- Place of Delivery: SWADT Palawan, Rizal Ave. Extension cor P. Abrea Rd., Brgy. Banca-Banca, Puerto Princesa City Palawan
- Terms of Payment: within 30 days upon final inspection and acceptance
 Payment through DDAP-ADA (List of Due and Demandable Accounts Payable- Advice to Debit Account)
 Account Name: _____ Account Number : _____
 Bank Name: _____ Branch: _____
****Note: Non Land Bank of the Philippines accounts shall be charged a service fee**
- Liquidated Damages/Penalty: In case of failure to make full delivery within the time specified above, the amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay shall be imposed. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of contract, the Procuring Entity may rescind or terminate the contract without prejudice to other courses of action and remedies available under the circumstances.
- For goods please indicate brand, model and country of origin.
- In case of discrepancy between unit cost and total cost, unit cost shall prevail.
- Please indicate warranty: _____
- NOTE: "Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph to register"

CATHERINE CATHY R. VICTORIO
Procurement Officer

Telefax: 5336-8106 to 07 loc. 24052
Contact Number: 09984746898

Signature Over Printed Name
(Supplier)



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office MiMaRoPa Region
1680 F.T. Benitez corner Malvar Sts., Malate, Manila

Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PHILGEPS). You may visit the PHILGEPS website at www.philgeps.gov.ph to register

RFQ No. 2024-08-0796

Date: _____ (should be filled up by supplier)

MOP: NP-SVP

Company Name : _____
 Company Address : _____
 Contact Person : _____
 Contact No. : _____
 Email Address : _____
 Company TIN : _____
 PhilGEPS Reg. No. : _____

Item No.	Qty.	Unit	PARTICULARS	Bidder's Specifications (Please fill out the specifications in the space provided) NOTE: Supplier must state here either the statement of compliance either "COMPLY or "NOT COMPLY". "Failure to indicate information could be basis for non-compliance."	Unit Cost	Total Cost
			Printing Services			
			CIS AICS Palawan Use for the 2nd Semester CY 2024			
1	100	ream	General Intake Sheet (500 pcs/ream)			
2	100	ream	Certificate of Eligibility (500 pcs/ream)			
3	100	ream	Client Satisfaction Measurement Form (CSMF) (500 pcs/ream)			
			Size: A4 (One side Print)			
			Note: Please see attached sample forms			
			nothing follows			
			Place of Delivery: SWADT Palawan, Rizal Ave. Extension cor P. Abrea Rd., Brgy. Bancao-Bancao, Puerto Princesa City Palawan			
			Date of Delivery: 15 CD upon receipt of approved PO			
TOTAL APPROVED BUDGET FOR THE CONTRACT:						
One Hundred Fifty Thousand Pesos Only				Note: Please specify brand model/origin .		
(Php 150,000.00)						

PURPOSE: CIS AICS Palawan Use for the 2nd Semester CY 2024

PR No.: 2024-08-0796 NP-SVP

- VAT
- Non-VAT

(Signature over Printed name)
Supplier

IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O.) at DSWD FO MIMAROPA Region, Procurement Section within three (3) days from the date advance copy was served thru email. FAILURE to show up and sign the original P.O. means the bidder is not interested and will be ground for suspension or blacklisting in DSWD's future biddings.

CERTIFICATE OF ELIGIBILITY

(Outright Cash)

QN: PCN: Date: AICS AKAP New Returning On-site Walk-in Referral Off-site Malasakit Center Male Female

This is to certify that,

Kumpletong Pangalan ng kliyente (First Name Middle Name Last Name)

Kasarian (Sex)

Edad (Age)

and presently residing at

Kumpletong Tirahan (Complete Address)

has been found eligible for assistance after the assessment and validation conducted, for his/herself or in representation of his/her

Relasyon ng Kinatawan sa Benepisyaryo (Relationship of the Representative to Beneficiary)

Kumpletong Pangalan ng Benepisyaryo (First Name Middle Name Last Name)

Records of the case such as the following are confidentially filed at the Crisis Intervention Division (CID)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> General Intake Sheet | <input type="checkbox"/> Medical Certificate/Abstract | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Social Case Study Report |
| <input type="checkbox"/> Justification | <input type="checkbox"/> Prescriptions | <input type="checkbox"/> Promissory Note | <input type="checkbox"/> Contract of Employment |
| <input type="checkbox"/> Valid I.D. Presented | <input type="checkbox"/> Statement of Account | <input type="checkbox"/> Funeral Contract | <input type="checkbox"/> Certificate of Employment |
| | <input type="checkbox"/> Treatment Protocol | <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Income Tax Return |
| | <input type="checkbox"/> Quotation/Chargeslip | <input type="checkbox"/> Death Summary | <input type="checkbox"/> Others |
| | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Referral Letter | |

The Client is hereby recommended to receive _____ assistance for _____

in the amount of _____

Php. _____

CHARGEABLE AGAINST: _____

Conforme:

Prepared by:

Approved by:

Client

(Signature over Printed Name)

Social Worker

(Signature over Printed Name)

Approving Authority

(Signature over Printed Name)

Acknowledgement ReceiptDate:

Financial Assistance _____

(Amount in words)

Php _____

 Medical Assistance Transportation Assistance Food Assistance Funeral Assistance Educational Assistance Cash Relief Assistance

Tinanggap ni:

Binayaran ni:

Sinaksihan ni:

Client

(Signature over Printed Name)

RDO / SDO

(Signature over Printed Name)

SWO / ADMIN

(Signature over Printed Name)

*E.O 163 series 2022

GENERAL INTAKE SHEET

MAARING MAGPATULONG SUMAGOT SA DSWD PERSONNEL

QN: **PCN:** **Date:** / /
 AICS AKAP New Returning On-site Walk-in Referral Off-site Malasakit Center

Part I: To be filled out by Client

IMPORMASYON NG KINATAWAN (Client's Identifying Information)

Apyelido (Last Name)	Unang Pangalan (First Name)	Gitnang Pangalan (Middle Name)	Ext. (Sr./Jr./III)
House No./Street/Purok (Ex. 123 Sun)	Barangay (Ex. Balasan)	City/Municipality (Ex. Quezon City)	Province/District (Ex. Div III) Region (Ex. NCR)
Numero ng Telepono (Mobile No.)	Kapanganakan (Birthdate) MM/DD/YYYY	Edad (Age)	Kasarian (Sex)
	Civil Status (Katayuanang Silbi)	Trabaho (Occupation)	Buwanang Kita (Monthly Salary)
Relasyon sa Benepisyaryo (Relationship to the Beneficiary)			

IMPORMASYON NG BENEPISYARYO (Beneficiary's Identifying Information)

Apyelido (Last Name)	Unang Pangalan (First Name)	Gitnang Pangalan (Middle Name)	Ext. (Sr./Jr./III)
House No./Street/Purok (Ex. 123 Sun)	Barangay (Ex. Balasan)	City/Municipality (Ex. Quezon City)	Province/District (Ex. Div III) Region (Ex. NCR)
Numero ng Telepono (Mobile No.)	Kapanganakan (Birthdate)	Edad (Age)	Kasarian (Sex)
	Civil Status (Katayuanang Silbi)	Trabaho (Occupation)	Buwanang Kita (Monthly Salary)

KOMPOSISYON NG PAMILYA (Family Composition)

Note: Gamitin ang Likurang Bahagi ng papel kung kinakailangan.

Buong Pangalan (Complete Name)	Relasyon sa Benepisyaryo (Relationship to the Beneficiary)	Edad (Age)	Trabaho (Occupation)	Buwanang Kita (Monthly Salary)

Part II: To be Filled out by DSWD Personnel

Client Sector	Type of Disability
<p>Target Sector:</p> <input type="checkbox"/> FHONA <input type="checkbox"/> SC <input type="checkbox"/> WEDC <input type="checkbox"/> YNSP <input type="checkbox"/> PWD <input type="checkbox"/> PLHIV <input type="checkbox"/> CNSP	<input type="checkbox"/> Speech Impairment <input type="checkbox"/> Mental Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Visual Disability <input type="checkbox"/> Psychosocial Disability <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Deaf/Hard-of-Hearing <input type="checkbox"/> Physical Disability <input type="checkbox"/> Cancer <input type="checkbox"/> Rare Disease
<p>Specify Sub-Category</p> <input type="checkbox"/> Solo Parents <input type="checkbox"/> Recovering Person who used drugs <input type="checkbox"/> Indigenous People <input type="checkbox"/> Psychosocial/Mental/Learning Disability <input type="checkbox"/> Street Dwellers <input type="checkbox"/> Stateless Person/Asylum Seekers/Refugees <input type="checkbox"/> KIA/WIA <input type="checkbox"/> Minimum Wage Earner <input type="checkbox"/> 4PS Beneficiary <input type="checkbox"/> Others: _____	

Social worker's Assessment

(Please utilize the back page if necessary)

<input type="checkbox"/> Financial Assistance: <input type="checkbox"/> Medical <input type="checkbox"/> Food Assistance <input type="checkbox"/> Funeral <input type="checkbox"/> Cash Relief Assistance <input type="checkbox"/> Transportation <input type="checkbox"/> Educational	<input type="checkbox"/> Material Assistance: <input type="checkbox"/> Family Food Packs <input type="checkbox"/> Rice <input type="checkbox"/> Other Food Items <input type="checkbox"/> Hygiene/Sleeping Kits <input type="checkbox"/> Assistive Device & Technologies	<input type="checkbox"/> Psychosocial Support: <input type="checkbox"/> Psychosocial First Aid (PFA) _____ <input type="checkbox"/> Social Work Counseling _____	<input type="checkbox"/> Referral: _____ _____ _____
---	--	--	--

Provided	Amount	Fund Source
1		
2		
3		

We are committed to protect and respect the privacy of our clients and beneficiaries and we will only collect, record, store, process and use personal information in accordance with Republic Act No. 10173 or the Data Privacy Act of 2012. By signing this form you are giving your consent to the DSWD and hereby agree to the terms and conditions set herein and with the applicable Data Privacy Policy of the Department.

Interviewed by: _____

Reviewed & Approved by: _____

Buong Pangalan at Pirma
(Signature over Printed Name)

Social Worker
(Signature over Printed Name)

Approving Authority
(Signature over Printed Name)



CERTIFICATE OF INFORMED CONSENT

Kusang-loob kong ibinigay ang aking pahintulot para sa paggamit ng aking personal na impormasyon. Kinukumpirma ko na nabasa ko ang ibinigay na impormasyon, o nabasa na ito sa akin. Nagkaroon ako ng pagkakataong magtanong tungkol dito, at anumang mga katanungan na ginawa ko ay nasagot sa aking kasiyahan. Nauunawaan ko na ang anumang impormasyong nakolekta ay gagamitin lamang upang mapahusay ang mga pangunahing serbisyong panlipunan na ibinigay ng DSWD.







(Lagda ng Kliyente or Thumb Mark)

Petsa ng Transaksyon (dd/mm/yyyy)	Pangalan ng Kliyente (Una,Giina,Hull)	Edad
Kasarian <input type="checkbox"/> Lalake <input type="checkbox"/> Babae <input type="checkbox"/> Minabuting huwag sabihin	Uri ng Kliyente <input type="checkbox"/> Mamamayan (General Public) <input type="checkbox"/> Negosyo (Pribadong Organisasyon) <input type="checkbox"/> Pamahalaan (Kawani o ibang ahensya) <input type="checkbox"/> Iba pa: _____	Sektor <input type="checkbox"/> Taong may Kapansanan <input type="checkbox"/> Nakakatanda <input type="checkbox"/> Katutubo <input type="checkbox"/> Solong Magulang <input type="checkbox"/> Mga Bata at Kabataan <input type="checkbox"/> Babae <input type="checkbox"/> Iba pa: _____
Telepono/Email Address	Tirahan (Barangay,Munisipyo,Lalawigan)	Pangalan ng Kawaning nagbigay ng Serbisyo

Pangalan ng Transaksyon o Serbisyo:

PANUTO: Lagyan ng tsek (✓) and iyong sagot sa mga sumusunod na katanungan tungkol sa **Citizen's Charter (CC)**. Ito ay isang opisyal na dokumento na naglalaman ng mga serbisyo sa isang ahensya/opisina ng gobyerno, makikita rito ang mga kinakailangan na dokumento, kaukulang bayarin, at pang kabuuang oras ng pagproseso.

CC1: Alin sa mga sumusunod ang naglalarawan sa iyong kaalaman sa CC? <ul style="list-style-type: none"> 1. Alam ko ang CC at nakita ko ito sa napuntahang opisina. 2. Alam ko ang CC pero hindi ko ito nakita sa napuntahang opisina. 3. Nalaman ko ang CC nang makita ko ito sa naputahang opisina. 4. Hindi ko alam kung ano ang CC at wala akong nakita sa napuntahang opisina (Lagyan ng tsek ang 'N/A' sa CC2 at CC3 kapag ito ang iyong sagot) 	CC2: Kung alam ang CC (nag-tsek sa opsyon 1-3 sa CC1), masasabi mo ba na ang CC nang napuntahang opisina ay... <ul style="list-style-type: none"> 1. Madaling makita 2. Medyo madaling makita 3. Mahirap makita 4. Hindi makita 5. Hindi angkop 	CC3: Kung alam ang CC (nag-tsek sa opsyon 1-3 sa CC1), gaano nakatulong ang CC sa transaksyon mo? <ul style="list-style-type: none"> 1. Lubos na nakatulong 2. Bahagyang nakatulong 3. Hindi nakatulong 4. Hindi angkop
--	--	---

PANUTO: Para sa SQD 0-8, lagyan ng tsek (✓) ang hanay na pinakaangkop sa iyong sagot.	Labis na sumasang-ayon (5)	Sumasang-ayon (4)	Walang kinikilingan (3)	Hindi sumasang-ayon (2)	Lubos na hindi sumasang-ayon (1)	Hindi Angkop (N/A)
						
SQD0. Nasiyahan ako sa serbisyong aking natanggap sa napuntahang opisina.						
SQD1. Makatwiran ang oras na aking ginugol para sa pagproseso ng aking transaksyon.						
SQD2. Ang opisina ay sumusunod sa mga kinakailangang dokumento at mga hakbang batay sa impormasyong ibinigay.						
SQD3. Ang mga hakbang sa pagproseso, kasama na ang pagbayad ay madali at simple lamang.						
SQD4. Mabalis at madali akong nakahanap ng impormasyon tungkol sa aking transaksyon mula sa opisina o website nito.						
SQD5. Nagbayad ako ng makatwirang halaga para sa aking transaksyon. (Kung ang serbisyo ay ibinigay ng libre, maglagay ng tsek sa hanay ng N/A)						✓
SQD6. Pekiramdam ko ay patas ang opisina sa lahat, o "walang palakasan", sa aking transaksyon.						
SQD7. Megalang akong trinato ng mga kawani ng opisina, at (kung sakali ako ay humingi ng tulong) alam ko na sila ay handang tumulong sa akin.						
SQD8. Naibigay sa akin ang kinakailangang serbisyo mula sa opisina. Subalit hindi man naibigay, Ito ay naipaliwanag sa akin ng maayos at malinaw.						

Feedback (Opsyonal): Papuri, mungkahi, o reklamo upang mas mapagbuti pa namin ang paghahatid ng aming mga serbisyo sa iyo.

MARAMING SALAMATI!