



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

REQUEST FOR QUOTATION

RFQ No: 2024-08-0793 NP-SVP
Date: August 19, 2024

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

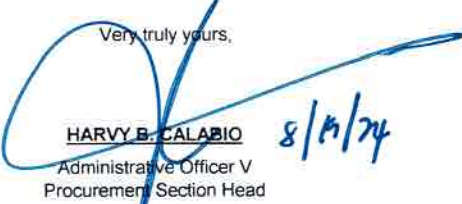
Sir/Madam:

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: procurement.fomimaropa@dswd.gov.ph** not later than **5:00 PM on August 26, 2024 (Monday)**. 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 8/19/24
Administrative Officer V
Procurement Section Head

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: Fifteen (15) calendar days upon receipt of approved Purchase Order (PO)
- Place of Delivery: SWADT Oriental Mindoro Office (2F RKT Bldg. J.P. Rizal cor. Bayabas Sts., Lalud, Calapan City, Oriental Mindoro)
- Terms of Payment: within 15-30 days upon final inspection and acceptance
Payment through LDDAP-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"


DAVE T. CORCORO
Procurement Officer

Telefax: 5336-8106 to 07 loc. 24052

Signature Over Printed Name
(Supplier)



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
 Field Office MiMaRoPa Region
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RFQ No.: 2024-08-0793 NP-SVP

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	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 OF FORMS		
1	80	ream	GENERAL INTAKE SHEET		
2	80	ream	CERTIFICATE OF ELIGIBILITY		
3	80	ream	CLIENT SATISFACTION MEASUREMENT FORM (CSMF)		
			Size: A4 (One Side Printing) >>>> NOTHING FOLLOWS <<<<<		
			Date of Delivery: Fifteen 15 calendar days upon receipt of approved Purchase Order (PO) Area of Delivery: SWADT Oriental Mindoro Office (2F RKT Bldg J.P. Rizal cor. Bayabas Sts., Lalud, Calapan City, Oriental Mindoro)		
			Contact Person: MS. ANGEL A. GAYTOS Contact Number: 0927-158-7215		
			TOTAL APPROVED BUDGET FOR THE CONTRACT One Hundred Twenty Thousand Pesos Only (Php 120,000.00)		
			PAGE 1 OF 1		

Note: Please specify brand model/origin.

PURPOSE: Printing of Forms for the use of SWADT Oriental Mindoro CIS AICS Staff for the 2nd Semester of CY-2024

PR No.: 2024-08-0793 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 Unit within three (3) days from the date advance copy was served thru fax. **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:
MM DD YYYY AICS AKAP New Returning On-site Walk-in Referral Off-site Malasakit CenterThis is to certify that, _____
Kumpletong Pangalan ng kliyente (First Name Middle Name Last Name) Male Female
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 Receipt**Date:
MM DD YYYYFinancial Assistance _____ Php _____
(Amount in words)

- | | | |
|---|--|---|
| <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> Transportation Assistance | <input type="checkbox"/> Food Assistance |
| <input type="checkbox"/> Funeral Assistance | <input type="checkbox"/> Educational Assistance | <input type="checkbox"/> 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)

Apelyido (Last Name)	Unang Pangalan (First Name)	Gitnang Pangalan (Middle Name)	Ext. (Gr./J./U)
House No./Street/Purok (Ex: 123 Sun)	Barangay (Ex: Balasan)	City/Municipality (Ex: Quezon City)	Province/District (Ex: Dist III)
Numero ng Telepono (Mobile No.)	Kapanganakan (Birthdate) MM-DD-YYYY	Edad (Age)	Kasarian (Sex)
	Civil Status (Katayuanang Sibol)	Trabaho (Occupation)	Buwanang Kita (Monthly Salary)
Relasyon sa Benepisyaryo (Relationship to the Beneficiary)			

IMPORMASYON NG BENEPISYARYO (Beneficiary's Identifying Information)

Apelyido (Last Name)	Unang Pangalan (First Name)	Gitnang Pangalan (Middle Name)	Ext. (Gr./J./U)
House No./Street/Purok (Ex: 123 Sun)	Barangay (Ex: Balasan)	City/Municipality (Ex: Quezon City)	Province/District (Ex: Dist III)
Numero ng Telepono (Mobile No.)	Kapanganakan (Birthdate)	Edad (Age)	Kasarian (Sex)
	Civil Status (Katayuanang Sibol)	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)
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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"/> Material Assistance:	<input type="checkbox"/> Psychosocial Support:	<input type="checkbox"/> Referral:
<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"/> Family Food Packs <input type="checkbox"/> Rice <input type="checkbox"/> Educational <input type="checkbox"/> Other Food Items <input type="checkbox"/> Hygiene/Sleeping Kits <input type="checkbox"/> Assistive Device & Technologies	<input type="checkbox"/> Psychosocial First Aid (PFA) <input type="checkbox"/> Social Work Counseling	_____	_____

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,Gitna,Huli)	Edad
Kasarlan <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 Kawalang 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/opsina 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 napuntahang 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
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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. Mabilis 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. Pakiramdam ko ay patas ang opisina sa lahat, o "walang palakasan", sa aking transaksyon.						
SQD7. Magalang 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

Omnibus Sworn Statement (Revised)

[shall be submitted with the Bid]

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF _____) S.S.

AFFIDAVIT

I, [Name of Affiant], of legal age, [Civil Status], [Nationality], and residing at [Address of Affiant], after having been duly sworn in accordance with law, do hereby depose and state that:

1. *[Select one, delete the other:]*

[If a sole proprietorship:] I am the sole proprietor or authorized representative of [Name of Bidder] with office address at [address of Bidder];

[If a partnership, corporation, cooperative, or joint venture:] I am the duly authorized and designated representative of [Name of Bidder] with office address at [address of Bidder];

2. *[Select one, delete the other:]*

[If a sole proprietorship:] As the owner and sole proprietor, or authorized representative of [Name of Bidder], I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached duly notarized Special Power of Attorney;

[If a partnership, corporation, cooperative, or joint venture:] I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached [state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable)];

3. [Name of Bidder] is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, **by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;**

4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;

5. [Name of Bidder] is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. *[Select one, delete the rest:]*

[If a sole proprietorship:] The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

[If a partnership or cooperative:] None of the officers and members of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

[If a corporation or joint venture:] None of the officers, directors, and controlling stockholders of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. *[Name of Bidder]* complies with existing labor laws and standards; and
8. *[Name of Bidder]* is aware of and has undertaken the responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:
 - a. Carefully examining all of the Bidding Documents;
 - b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
 - c. Making an estimate of the facilities available and needed for the contract to be bid, if any; and
 - d. Inquiring or securing Supplemental/Bid Bulletin(s) issued for the *[Name of the Project]*.
9. *[Name of Bidder]* did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.
10. **In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.**

IN WITNESS WHEREOF, I have hereunto set my hand this ___ day of ___, 20__ at _____, Philippines.

[Insert NAME OF BIDDER OR ITS AUTHORIZED REPRESENTATIVE]
[Insert signatory's legal capacity]
Affiant

REQUEST FOR QUOTATION (RFQ) RECEIVING FORM

I hereby certify that I _____, of _____ has received the Request for Quotation (RFQ No. _____) from DSWD MIMAROPA Region intended for _____.

Certified by:

(Signature Over Printed Name of Supplier)

Contact No: _____

Email Address: _____

RFQ Delivered by:

(Signature Over Printed Name of Canvasser)

Position: _____

Date /Time of Delivery: _____

Note: This form shall be used and issued in cases when RFQ is personally delivered to prospective supplier/service provider.