REQUEST FOR QUOTATION

Section 53.9b - SVP - Goods

RFQ NO. 02 - 0204
DATE: 2/13/24

CIU-2024-02-0204

POSTED
GEPS REF No.:
DATE: 02/16/2024
SIGNATURE:

COMPANY NAME :
COMPANY ADDRESS :
CONTACT PERSON :
CONTACT NO. :
COMPANY TIN :

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 **TECHNICAL SPECIFICATIONS** could be basis for non - compliance. Also, furnish us with the 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.

Please submit this form together with Annex A to **DSWD FO IX BAC OFFICE** on or before
FEB 20, 2024 @ 09:00 AM

Very truly yours,

ROLANDO V. CUEVA
Regional Procurement Officer

Terms and Conditions:

PURPOSE	:	**FORMS FOR AICS PAYOUT USE**
PR NUMBER	:	**2024 - 02 - 0204**
1. Award shall be made on per	:	__ Item Basis √ Lot Basis
2. Quotation validity	:	30 CALENDAR DAYS FROM BID OPENING
3. Goods shall be delivered on	:	***10 CALENDAR DAYS UPON RECEIPT OF NTP***
4. Delivery Area	:	***DSWD CIU***
5. Terms of payment		W/ IN 60 CALENDAR DAYS AFTER DELIVERY
6. Liquidated Damages/Penalty	:	1/10 of 1% of undelivered portion x No. of days of delay
7. In case of discrepancy between unit cost and total cost, unit cost shall prevail.		
8. Warranty	:	*N/A*
9. Performance Security	:	*N/A*

(signature over printed name)
Supplier

PHILGEPS NO.: _____
PHILGEPS EXPIRY: _____

DSWD-GF-010 | REV 01 | 17 AUG 2022

Section 53.9b - SVP - Goods

COMPANY NAME :
COMPANY ADRESS :
CONTACT PERSON :
CONTACT NO. :

ANNEX A: RFQ
RFQ NO. : 02-0204
DATE : 2023-02-16

ITEM NO.	QTY.	UNIT	PURCHASER'S SPECIFICATIONS	TOTAL ABC	BIDDER'S SPECIFICATIONS	UNIT COST	TOTAL COST
1	100000	PCS	RISO A4 SUB18 CERTIFICATE OF ELIGIBILITY	700,000.00			
			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				

PURPOSE : Riso A4 certificate of Eligibility Sub 20

PR. NO. : 2024-02-0204

CALVIN MONDICK R. RAVAL
CANVASSER

(SIGNATURE OVER PRINTED NAME)
SUPPLIER

CERTIFICATE OF ELIGIBILITY
(Financial Assistance)

PCN: [ ]

☑ New ☐ Returning ○ On-Site ☐ Walk-In ☑ Referral ● Off-Site

This is to certify that _____, ☐ Male ☐ Femal
Kumpletong Pangalan (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 assessment and validation conducted, for his/herself or through the representation of his/her

_____ _____
Relasyon ng Kinatawan sa Benepisyaryo (Relationship of the Representative to Beneficiary) Buong Pangalan ng Benepisyaryo (Name of Beneficiary)

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

☐ General Intake Sheet	☐ Medical Certificate/Abstract	☐ Discharge Summary	☐ Death Summary
☐ Valid I.D. Presented _____	☐ Prescriptions	☐ Laboratory	☐ Referral Letter
	☐ Statement of Account	☐ Charge Slip	☐ Social Case Study Report
☐ 4PS DSWD I.D.	☐ Treatment Protocol	☐ Funeral Contract	☐ Others _____
☐ Justification	☐ Quotation	☐ Death Certificate	

The Client is hereby recommended to receive CASH RELEIF assistance for BASIC NECESSITIES AND OTHER RELATED NEEDS

in the amount of _____ Php _____ CHARGEBLE AGAINST: PSP 2024 (Year)

Conforme:	Prepared by:	Approved by:
_____	_____	_____
Beneficiary/Representative (Signature over Printed Name)	Social Worker (Signature over Printed Name)	Approving Authority (Signature over Printed Name)

Acknowledgement Receipt

☑ Financial Assistance _____ Php _____
(Amount in words)

☐ Medical Assistance ☐ Transportation Assistance ☐ Food Assistance
☐ Funeral Assistance ☐ Educational Assistance ☑ Cash Assistance for Support Services

Tinanggap ni:	Binayaran ni:	Sinaksihan ni:
_____	_____	_____
Beneficiary/Representative (Signature over Printed Name)	RDO / SDO (Signature over Printed Name)	SWO / ADMIN (Signature over Printed Name)

DSWD Central/Field Office IX, General Vicente Alvarez St., Zamboanga City, Philippines, (7000)
Website: http://www.dswd.gov.ph Tel Nos.: 991-6031/ 9918346 Telefax:993-0652