

**REQUEST FOR QUOTATION**

Section 53.9b - SVP - Goods

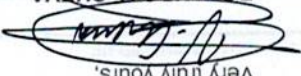
RFQ NO. 02 - 0206  
DATE: 2/15/24

**POSTED**  
CIV - 2024-02-0206  
GEPS REF. NO.:  
DATE: 02/15/24

Please quote your government prices 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. 10, 2024 @ 09:00 pm**

Very truly yours,  
  
**ROLANDO V. CUEVA**  
Regional Procurement Officer

**PURPOSE** : FORMS FOR AICS USE

- PR NUMBER** : 2024 - 02 - 0206
- 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  
PHILGEP NO.:  
PHILGEP EXPIRY:







## GENERAL INTAKE SHEET

MAARING MAGPATULONG SUMAGOT SA DSWD PERSONNEL

QN:  PCN:  Date:

New  
  Returning  
  On-site  
  Walk-in  
  Referral  
  Off-site

### 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.

House No./Street/Purok  
  Barangay  
  City/Municipality  
  Province/District  
  Region

Numero ng Telepono  
  Kapanganakan  
  Edad  
  Kasarian  
  Civil Status  
  Trabaho  
  Buwanang Kita

Relasyon sa Benepisyaryo

#### IMPORMASYON NG BENEPISYARYO (Beneficiary's Identifying Information)

Apelyido (Last Name)  
  Unang Pangalan (First Name)  
  Gitnang Pangalan (Middle Name)  
 Ext.

House No./Street/Purok  
  Barangay  
  City/Municipality  
  Province/District  
  Region

Numero ng Telepono  
  Kapanganakan  
  Edad  
  Kasarian  
  Civil Status  
  Trabaho  
  Buwanang Kita

#### KOMPOSISYON NG PAMILYA (Family Composition)

*Note: Gamitin ang Likurang bahagi ng papel kung kinakailangan.*

Buong Pangalan	Relasyon sa Benepisyaryo	Edad	Trabaho	Buwanang Kita

### Part II: To be Filled out by DSWD Personnel

Client Category		Social worker's Assessment													
<b>Target Sector:</b> <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	<b>Specify Sub-Category</b> <input type="checkbox"/> Solo Parents <input type="checkbox"/> KIA/WIA <input type="checkbox"/> Indigenous People <input type="checkbox"/> Recovering Person who used drugs <input type="checkbox"/> 4PS DSWD Beneficiary <input type="checkbox"/> Street Dwellers <input type="checkbox"/> Psychosocial/Mental/Learning Disability <input type="checkbox"/> Stateless Person/Asylum Seekers/Refugees <input type="checkbox"/> Others: _____	<input type="checkbox"/> Financial Assistance: <input type="checkbox"/> Medical <input type="checkbox"/> Funeral <input type="checkbox"/> Transportation <input type="checkbox"/> Educational <input type="checkbox"/> Food Assistance <input type="checkbox"/> Cash Relief <input type="checkbox"/> Assistance <input type="checkbox"/> Emergency Cash <input type="checkbox"/> Transfer-AICS	<input type="checkbox"/> Material Assistance: <input type="checkbox"/> Family Food Packs <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: _____												
<table border="1"> <thead> <tr> <th>Provided</th> <th>Amount</th> <th>Fund Source</th> </tr> </thead> <tbody> <tr> <td>1</td> <td> </td> <td>PSP2024</td> </tr> <tr> <td>2</td> <td> </td> <td>PSP2024</td> </tr> <tr> <td>3</td> <td> </td> <td> </td> </tr> </tbody> </table>		Provided	Amount	Fund Source	1		PSP2024	2		PSP2024	3			<p><i>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.</i></p> <p> <input checked="" type="checkbox"/> Buong Pangalan at Pirma                      _____                      (Signature over Printed Name)                 </p> <p>                     Interviewed by: _____                      Social Worker                      (Signature over Printed Name)                 </p> <p>                     Reviewed &amp; Approved by:                      SITI AISA T. ASKALANI, RSW                      Approving Authority                      (Signature over Printed Name)                 </p>	
Provided	Amount	Fund Source													
1		PSP2024													
2		PSP2024													
3															