

REQUEST FOR QUOTATION

Section 53.9b - SVP - Goods

RFQ NO. 2025-03-03-115
DATE: 3/3/2025

PANTA WIO - 2025-03-03-0188

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

Sir/Madam:

POSTED
GEPs REF. No.: 11039724
DATE: March 04 2025
SIGNATURE: [Signature]

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

10 MAR 2025 @ 05:00 pm

Very truly yours,
[Signature]
ROLANDO V. CUEVA
Regional Procurement Officer

Terms and Conditions:

- PURPOSE** : **FOR PRINTING OF BUS FORMS 5, HEALTH CERTIFICATE, EDUCATION CERTIFICATE, & UPDATING BANNER FOR PERIOD 1-6 CY 2025.**
- PR NUMBER** : **2025-03-03-188**
- 1. Award shall be made on per : Item Basis Lot Basis
- 2. Quotation validity : **10 DAYS WORKING DAYS FROM BID OPENING**
- 3. Goods shall be delivered on : **W/IN DELIVERY SCHEDULED UPON RECEIPT OF PURCHASED ORDER**
- 4. Delivery Area : **DSWD FIELD OFFICE IX ZAMBOANGA CITY**
- 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

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NOTE: CANVASSING FOR ZAMBOANGA CITY BIIDDERS ONLY.

(signature over printed name)

Supplier

PHILGEPS NO.: _____
PHILGEPS EXPIRY: _____



PAANO MAG-UPDATE NG IMPORMASYON NG INYONG SAMBAHAYAN SA PANTAWID PAMILYANG PILIPINO PROGRAM (4Ps)

Upang matiyak na patuloy ang pananatili sa Programa, siguraduhin na laging updated o tama ang impormasyon ng inyong sambahayan sa ating database. Narito ang mga hakbang para mag-update:

STEP 1: Alamin ang uri ng update na gagawin at kumpletuhin ang mga dokumento nito

MGA URI NG UPDATE	PAGLALARAWAN	MGA PANGSUPPORTANG DOKUMENTO NA KAILANGANG IPASA SA CITY/MUNICIPAL LINK
Pangunahing Impormasyon	Pangalan, Kasarian at Petsa ng Kapanganakan	<ul style="list-style-type: none"> Birth Certificate Marriage Certificate (kung mag-a-update ng pangalan dahil sa pagpapakasal) Voter's ID, Baptismal Certificate o Barangay o Indigenous Peoples (IP)/Tribal Captain's Certificate para sa alternatibong dokumento PhilSys ID (kung mayroon)
	Solong Magulang	<ul style="list-style-type: none"> Solo Parent ID City/Municipal Social Welfare Development Office (C/MSWDO) Certificate o Barangay o IP Leader/Tribal Chieftain's Certificate para sa alternatibong dokumento
	Katayuang Sibil	<ul style="list-style-type: none"> Marriage Certificate (kung mag-a-update ng pangalan dahil sa pagpapakasal) Barangay o IP Leader/Tribal Chieftain's Certificate para sa alternatibong dokumento
	Kapansanan at Uri nito	<ul style="list-style-type: none"> Person with Disability ID C/MSWDO Certificate o Medical Certificate para sa alternatibong dokumento
	Pangkat Bilang Katutubo	IP Leader/Tribal Chieftain's Certificate o Barangay Certificate para sa alternatibong dokumento
	Contact Number (Mobile)	Accomplished Beneficiary Updating System (BUS) Form 5
	Relasyon sa Household Head	<ul style="list-style-type: none"> Birth Certificate Marriage Certificate
Bagong Miyembro ng Sambahayan	Katayuan sa Pagbubuntis	<ul style="list-style-type: none"> Medical Certificate o Health Certificate mula sa Rural Health Unit (RHU)/Barangay Health Unit (BHU)
		<ul style="list-style-type: none"> Birth Certificate/Local Civil Registry Certificate Marriage Certificate (para sa kasal na miyembro) Declaration mula sa Household Head o Grantee (para sa batang kinikilalang anak ng head) C/MSWDO Certificate (para sa miyembro na hindi pa kabilang sa sambahayan) Barangay o IP/Tribal Captain's Certificate (kung wala pang Birth o Marriage Certificate) Karagdagang dokumento tulad ng: <ol style="list-style-type: none"> School Enrolment Certificate (para sa mga sinusubaybayan na bata sa edukasyon); at RHU/BHU Certificate (para sa mga sinusubaybayan na bata sa kalusugan)
Paglipat ng Tirahan		<ul style="list-style-type: none"> Barangay Certificate/Certificate of Residency/Indigency (sa bagong tirahan kung saan nag-request ng update) C/MSWDO Certificate para sa alternatibong dokumento
Pagpalit ng Grantee ng Sambahayan		<ul style="list-style-type: none"> Death Certificate (kung namatay) Person with Disability ID/ Certificate (kung dahil sa kapansanan) Medical Certificate mula sa Professional Medical Practitioner (kung dahil sa hindi magandang kalagayan ng kalusugan) Senior Citizen ID mula sa Office of the Senior Citizens Affairs (OSCA) o C/MSWDO (kung dahil sa katandaan) Valid ID ng iminungkahing tagapag-alaga (para sa Grantee na menor de edad) Parental Capability Assessment (PCA) mula sa Local Social Welfare and Development Office (LSWDO) para sa Grantee na menor de edad IP Leader/ Tribal Chieftain Certificate o Barangay Captain's Certificate para sa alternatibong dokumento
Impormasyong Pang-edukasyon		<ul style="list-style-type: none"> School Enrolment Certificate para sa pag-update ng pangalan ng paaralan, antas ng baitang at Learner Reference Number (LRN) Photocopy ng ID ng kasalukuyang paaralan o Certified true copy ng Form 138 para sa alternatibong dokumento <p>Para sa pagpapalit ng napiling bata na susubaybayan:</p> <ul style="list-style-type: none"> Death Certificate (kung namatay) o Barangay Certificate para sa alternatibong dokumento Person with Disability ID (kung dahil sa kapansanan) o C/MSWDO Certificate para sa alternatibong dokumento Scholarship Certificate mula sa paaralan (kung full academic scholar) Birth Certificate, School Enrolment Certificate ng ipapalit na bata, Letter mula sa Grantee o Baptismal Certificate para sa alternatibong dokumento High School Diploma para sa ipapalit na bata para sa mga High School Graduate o Letter na pirmado ng Principal at Letter mula sa Grantee para sa alternatibong dokumento
Impormasyong Pang-kalusugan		<ul style="list-style-type: none"> RHU/BHU Certificate Community Health Card, Baby Book o Immunization Card para sa alternatibong dokumento
Pagtatama ng Human Capital Indicator		<ul style="list-style-type: none"> Declaration Letter mula sa Grantee o miyembro ng sambahayan Litrato ng ribbon o medalya (para sa mga may karangalan) Litrato ng miyembro na tumatanggap ng parangal
Katayuan ng Miyembro ng Sambahayan		<p><u>Pagkamatay ng miyembro ng sambahayan:</u></p> <ul style="list-style-type: none"> Death Certificate Barangay Certificate (kung wala pang Death Certificate) o IP Leader/Tribal Chieftain's Certificate para sa alternatibong dokumento <p><u>Pag-alis ng miyembro ng sambahayan:</u></p> <ul style="list-style-type: none"> Declaration Letter na pirmado ng Magulang/Grantee/Tagapag-alaga Barangay Captain's/IP Leader/Tribal Chieftain's Certificate C/MSWDO Certificate (kung dahil sa Adoption o Foster Care) <p><u>Magkapis na miyembro ng sambahayan:</u></p> <ul style="list-style-type: none"> Declaration Letter mula sa Grantee na pirmado ng Grantee o miyembro ng sambahayan <p><u>Maling paglahok ng miyembro ng sambahayan:</u></p> <ul style="list-style-type: none"> Declaration Letter mula sa Grantee na pirmado ng Grantee o miyembro ng sambahayan

STEP 2: Ipasa ang inyong mga dokumento sa City/Municipal Link (C/ML)

Tiyakin na kasama ang Beneficiary Updating System Form (BUS Form 5) sa dokumentong ibibigay sa C/ML at itabi ang Acknowledgement Slip bilang patunay ng pagproseso ng update. Ugaliin na makipag-ugnayan sa kanila kung mayroong katanungan sa pag-update ng impormasyon ng inyong sambahayan.

For Individual Request Only



Department of Social Welfare and Development
Department of Health

Province

City/Municipality

Name of Hospital/Health Center/Station

**PANTAWID PAMILYANG PILIPINO PROGRAM
HEALTH CENTER/STATION REGISTRATION CERTIFICATE**

This is to certify that _____ is registered in this hospital/
health center/station for medical check-ups/consultation.
Name of Child/Pregnant Mother

Given on the _____ day of _____, 20 _____.
Date Month

Signature over Printed Name/Position

For Individual Request Only



Department of Social Welfare and Development
Department of Health

Province

City/Municipality

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Given on the _____ day of _____, 20 _____.
Date Month

Signature over Printed Name/Position



Department of Social Welfare and Development
Department of Education

Province

District, City/Municipality

Name of School

**PANTAWID PAMILYANG PILIPINO PROGRAM
SCHOOL ENROLMENT CERTIFICATE**

This is to certify that _____ with LRN: _____,
Name of Student

is enrolled in this school as _____ for the school year (SY) _____.
Year or Grade Level

Given on the _____ day of _____, 20 _____.
Date *Month*

Signature over Printed Name/Position



Department of Social Welfare and Development
Department of Education

Province

District, City/Municipality

Name of School

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SCHOOL ENROLMENT CERTIFICATE**

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Year or Grade Level

Given on the _____ day of _____, 20 _____.
Date *Month*

Signature over Printed Name/Position



Department of Social Welfare and Development
Department of Education

Province

District, City/Municipality

Name of School

**PANTAWID PAMILYANG PILIPINO PROGRAM
SCHOOL ENROLMENT CERTIFICATE**

This is to certify that _____ with LRN: _____,
Name of Student

is enrolled in this school as _____ for the school year (SY) _____.
Year or Grade Level

Given on the _____ day of _____, 20 _____.
Date *Month*

Signature over Printed Name/Position

BENEFICIARY DATA UPDATE REQUEST FORM 5

DATE FILED: _____

Instructions

1. The household grantee shall properly fill-out this form. Fill out only by checking the appropriate box.
2. Please refer to Types of Updates at the back for the updating codes.
3. Updates related to payments should be prioritized for updating. This is to ensure that the maximum amount of grants will be received by the household.
4. Ensure to secure a copy of Acknowledgement Receipt once this is submitted to the Pantawid Personnel.

NAME OF GRANTEE: _____
FIRST NAME, MIDDLE NAME, LAST NAME, EXTENSION NAME)

HOUSEHOLD CURRENT ADDRESS: _____

HOUSEHOLD ID NUMBER: _____

CAPTURING/CORRECTION OF MEMBER BASIC INFORMATION

CONTACT NUMBER: _____

ENTRY ID	MEMBER NAME <small>(FIRST NAME, MIDDLE NAME, LAST NAME, EXTENSION NAME)</small>	PHILSYS CARD NO.	RELATIONSHIP TO HOUSEHOLD HEAD	DATE OF BIRTH <small>(MM-DD-YYYY)</small>	SEX	MARITAL STATUS	PREGNANCY <small>YES/NO</small>	SOLD PARENT <small>YES/NO</small>	PERSON WITH DISABILITY <small>YES/NO</small>	TYPE OF DISABILITY <small>1-3</small>	EMPLOYED <small>YES/NO</small>	TYPE OF EMPLOYER <small>1-3</small>	TYPE OF EMPLOYMENT <small>1-3</small>	OCCUPATION <small>(Use the Code, Occupation listed on 2018 Manual and Family Special Occupation List by Sector Profile)</small>	IP AFFILIATION

TRANSFER OF ADDRESS

NEW ADDRESS
HOUSE NUMBER, STREET/PUROK/SITIO, BARANGAY, CITY/MUNICIPALITY, PROVINCE, REGION

EDUCATIONAL INFORMATION
(See Codes at the Back)

ENTRY ID	MEMBER NAME <small>(FIRST NAME, MIDDLE NAME, LAST NAME, EXTENSION NAME)</small>	NAME OF SCHOOL FACILITY	LEARNER'S REFERENCE NUMBER (LRN)	GRADE LEVEL	IF SENIOR HIGH SCHOOL <small>1-3</small>	SAS AWARDS	COLLEGE AWARDS	HUMAN CAPITAL DEVELOPMENT INDICATOR <small>(IF PRC 15/PRC 120) Passer Professor T/VET</small>

HEALTH INFORMATION
(See Codes at the Back)

ENTRY ID	ATTENDING HEALTH FACILITY <small>YES/NO, House Specialty</small>	NAME OF HEALTH FACILITY

CHANGE GRANTEE

ENTRY ID	NAME OF CURRENT GRANTEE <small>(FIRST NAME, MIDDLE NAME, LAST NAME, EXTENSION NAME)</small>	NAME OF NEW GRANTEE <small>(FIRST NAME, MIDDLE NAME, LAST NAME, EXTENSION NAME)</small>	MOTHER'S MAIDEN NAME	RELATIONSHIP TO HOUSEHOLD HEAD	NAME OF GUARDIAN (IF NEW GRANTEE IS MINOR) <small>(FIRST NAME, MIDDLE NAME, LAST NAME, EXTENSION NAME)</small>	RELATIONSHIP TO MINOR GRANTEE	DATE OF BIRTH (GUARDIAN) <small>(MM-DD-YYYY)</small>	REASON FOR CHANGE

NEW BORN

ADDITIONAL HOUSEHOLD MEMBER

ENTRY ID	NAME OF NEWBORN/ NEW MEMBER <small>(FIRST NAME, MIDDLE NAME, LAST NAME, EXTENSION NAME)</small>	RELATIONSHIP TO HOUSEHOLD HEAD	DATE OF BIRTH <small>(MM-DD-YYYY)</small>	SEX	MARITAL STATUS	DISABILITY <small>YES/NO</small>	TYPE OF DISABILITY <small>1-3</small>	PARENT INFORMATION <small>(FIRST NAME, MIDDLE NAME, LAST NAME, EXTENSION NAME)</small>	15 PARENT NOT IN ROSTER <small>NO, Yes, No, Special</small>	11 ATTENDING SCHOOL <small>NO, Yes, Special</small>	NAME OF SCHOOL FACILITY	GRADE LEVEL	LEARNER'S REFERENCE NUMBER (LRN)	9 ATTENDING HEALTH FACILITY <small>NO, Yes, Special</small>	NAME OF HEALTH FACILITY	IP AFFILIATION

[Beneficiary's Copy]

Date Filed: _____

Name of Grantee: _____

ACKNOWLEDGEMENT RECEIPT

Control No.: _____

Household ID Number: _____

TYPE OF UPDATE	FIELD UPDATED	CHANGE FROM	CHANGE TO

[City/Municipality link's Copy]

Date Filed: _____

Name of Grantee: _____

ACKNOWLEDGEMENT RECEIPT

Control No.: _____

Household ID Number: _____

TYPE OF UPDATE	FIELD UPDATED	CHANGE TO	CHANGE FROM

SIGNATURE OVER PRINTED NAME OF GRANTEE
(Thumb mark if the grantee does not know how to write)

SIGNATURE OVER PRINTED NAME OF GRANTEE
Representative / Designation

SIGNATURE OVER PRINTED NAME OF GRANTEE
(Thumb mark if the grantee does not know how to write)

SIGNATURE OVER PRINTED NAME OF DSWD PERSONNEL
Representative / Designation

Date Received: _____

Date Received: _____

Date Received: _____

Date Received: _____

DATA PRIVACY CONSENT: In compliance with the Data Privacy Act (DPA) of 2012 and its Implementing Rules and Regulations (IRR) effective since September 9, 2016, I allow the Pantawid Pamilyang Pilipino Program (4Ps) to enter and store my household data within the Department's authorized storage system and will only be accessed by the 4Ps authorized personnel. I recognize that the 4Ps has instituted appropriate organizational, technical and physical security measures to ensure the protection of personal data. By submitting this BUS Form, I consent to the collection, generation, use, processing, storage and retention of your household data by the Program for the purpose of updating my beneficiary information in the Pantawid Pamilyang Information System. I understand that I am given the rights under the Data Privacy Act, including the right to access my data, the right to correct any inaccurate data and the right to erasure or blocking of data. For more information on these rights, requests to review the Data, to withdraw consent to the use of the Data for any of the purpose stated above, and/or to update the Data, I am to contact the 4Ps Project Development Officers at 4ps_bdm@dswd.gov.ph.

Signature Over Printed Name of Grantee
(Thumb mark if the grantee does not know how to write)

Signature Over Printed Name of DSWD Personnel
Representative / Designation

TO BE FILLED OUT BY THE CLUSTER BENEFICIARY DATA OFFICER AND ENCODER

(Do not transmit this Form to the RMO/POO if supporting documents are not complete)

Reviewed by: _____ Date Reviewed: _____ Encoded by: _____ Date Encoded: _____
 POO Remarks: _____ Remarks of Encoder (if any): _____

IF NOT ENCODED, THIS FORM WITH THE ATTACHED DOCUMENTS WILL BE RETURNED TO POO/CI/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): _____

CODES:

<p>1. RELATIONSHIP TO HOUSEHOLD HEAD</p> <p>(1) HEAD (2) WIFE/SPOUSE (3) SON/DAUGHTER (4) BROTHER/SISTER (5) SON-IN-LAW/DAUGHTER-IN-LAW (6) GRANDSON/GRANDDAUGHTER (7) FATHER/MOTHER (8) OTHER RELATIVES (9) BOARDERS (10) DOMESTIC HELPER (11) NON-RELATIVE (12) GUARDIAN</p>	<p>2. SEX</p> <p>(1) MALE (2) FEMALE</p>	<p>3. MARITAL STATUS</p> <p>(1) SINGLE (2) MARRIED WITH SPOUSE PRESENT (3) MARRIED WITH SPOUSE MIGRANT (4) WIDOWED (5) DIVORCED / SEPARATED (6) UNKNOWN</p>	<p>4. PREGNANCY</p> <p>(1) YES (2) NO (3) N/A (4) DELIVERED (5) MISCARRIAGE</p>	<p>6. EMPLOYED TYPE OF EMPLOYER</p> <p>(1) GOVERNMENT (2) PRIVATE</p> <p>7. TYPE OF EMPLOYMENT</p> <p>(1) REGULAR (2) PROJECT (3) SEASONAL (4) CASUAL OR FIXED-TERM</p>	<p>8. OCCUPATION</p> <p>(0) SPECIAL OCCUPATIONS/ARMED FORCES (1) GOVERNMENT EMPLOYEES/MANAGERS (2) PROFESSIONALS (3) TECHNICIANS AND ASSOCIATE PROFESSIONALS (4) CLERKS (5) SERVICE AND SALES WORKERS (6) FARMERS, FORESTRY AND FISHERY WORKERS (7) CRAFT AND RELATED TRADES WORKERS (8) PLANT AND MACHINE OPERATORS AND ASSEMBLERS (9) LABORERS AND UNSKILLED WORKERS</p>	<p>9. REASON FOR NOT ATTENDING HEALTH FACILITY</p> <p>(1) DISTANCE (2) INACCESSIBLE (3) SUPPLY-SIDE (7) DECEASED (8) OVERAGE (12) MOVED OUT (13) PARENT'S DECISION (14) MISCARRIAGE / PREGNANCY NOT APPLICABLE (15) WRONG ENTRY IN THE HOUSEHOLD ROSTER</p>	<p>11. REASON FOR NOT ATTENDING SCHOOL FACILITY</p> <p>(1) DISTANCE (2) INACCESSIBLE (3) SUPPLY-SIDE (4) SICKLY (5) WORKING (6) DISABILITY (9) BULLIED (10) FINANCIAL (11) SIBLING CARE (19) EARLY PREGNANCY (20) EARLY MARRIAGE (22) EMOTIONALLY UNPREPARED</p>
<p>12. GRADE LEVEL</p> <p>(18) DAY CARE (19) KINDER (1) GRADE 1 (2) GRADE 2 (3) GRADE 3 (4) GRADE 4 (5) GRADE 5 (6) GRADE 6 (7) GRADE 7 - JUNIOR HIGH SCHOOL (8) GRADE 8 - JUNIOR HIGH SCHOOL (9) GRADE 9 - JUNIOR HIGH SCHOOL (10) GRADE 10 / 4TH YEAR JUNIOR HIGH SCHOOL (11) GRADE 11 - SENIOR HIGH SCHOOL (SHS) (12) GRADE 12 - SENIOR HIGH SCHOOL (SHS) (54) SENIOR HIGH SCHOOL GRADUATE</p>	<p>13. IF SENIOR HIGH SCHOOL, PLEASE SPECIFY TRACK AND STRAND:</p> <p>(1) ACADEMIC (1.1) ACCOUNTANCY, BUSINESS, MANAGEMENT (ABM) (1.2) HUMANITIES AND SOCIAL SCIENCES (HUMSS) (1.3) SCIENCE, TECHNOLOGY, ENGINEERING, MATHEMATICS (STEM) (1.4) GENERAL ACADEMIC (1.5) PRE-BACCALAUREATE MARITIME</p> <p>(2) TECHNICAL-VOCATIONAL-LIVELIHOOD (2.1) AGRICULTURAL-FISHERY (2.2) HOME ECONOMICS (2.3) INFORMATION AND COMMUNICATIONS TECHNOLOGY (ICT) (2.4) INDUSTRIAL ARTS (2.5) TVL MARITIME</p> <p>(3) SPORTS (4) ARTS AND DESIGN</p>	<p>14. REASON FOR CHANGE:</p> <p>(1) DEATH (2) HEALTH (3) LONG ABSENCE (4) GENDER RELATED ISSUES (VAVC) (5) GRIEVANCE RELATED ISSUES</p>	<p>15. PARENT NOT IN ROSTER IF YES, SPECIFY REASON:</p> <p>(1) ORPHANED (2) ABANDONED (3) NEGLECTED (4) GENDER BASED VIOLENCE</p>	<p>16. SENIOR HIGH SCHOOL (SHS) AWARDS</p> <p>(1) 1.1 CONDUCT AWARDS (2) 1.2 ACADEMIC EXCELLENCE AWARD (3) 1.3 RECOGNITION FOR PERFECT ATTENDANCE (4) 2.1 ACADEMIC EXCELLENCE AWARD (5) 2.2 LEADERSHIP AWARD (6) 2.3 AWARD FOR OUTSTANDING PERFORMANCE IN SPECIFIC DISCIPLINES (7) 2.4 AWARD FOR WORK IMMERSION</p> <p>(8) 2.5 AWARD FOR RESEARCH OR INNOVATION (9) ATHLETICS (10) ARTS (11) COMMUNICATION ARTS (12) SCIENCE (13) MATHEMATICS (14) SOCIAL SCIENCES (15) TECHNICAL VOCATIONAL EDUCATION</p>			