



SFP Form A

Republic of the Philippines
Department of Social Welfare and Development
Field Office XII, Koronadal City

CERTIFICATION

This is to certify that the total _____ CDC/SNP children have received and consumed the foods prepared and served at _____, under the DSWD Supplementary Feeding Program for the period of _____, CY _____ good for 120 feeding days 60 day (2x a day feeding.)

This certification is issued for liquidation purposes only.

Signature over Printed Name of CD/SNP Worker
Date: _____

Signature over Printed Name of MSWDO/FP
Date: _____

Department of Social Welfare and Development
Field Office XII
Supplementary Feeding Program Cycle ____ Implementation

FOOD ALLOCATION MATRIX

Province: _____
 Municipality: _____
 Location/Barangay: _____
 Name of CDC/SNP: _____
 Name of CD/SNP Worker: _____
 Number of Children Beneficiaries: _____
 Date of feeding started: _____

Feeding Day	Actual Date of Feeding	Items/Goods Received	Quantity	Menu	DCSPG/Food Committee Incharge (Signature over Printed Name)

Prepared by:

Reviewed by:

CDW/SNP/DCSPG President

C/MSWDO/Focal Person



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
 FIELD OFFICE XII
 SUPPLEMENTARY FEEDING PROGRAM _____ CYCLE
 MUNICIPALITY OF _____
 MASTERLIST OF BENEFICIARIES

Name of CDC/BNP: _____

Name of CDW/BNP Worker: _____

Location: _____

No.	Household ID No.	NAME OF CHILD (Surname, First Name Middle Name)	Sex	Birthdate (mm/dd/yyyy)	Date of Weighing (mm/dd/yyyy)	Age In Months	Weight (kg)	Status	Height (cm)	Status	Ethnicity	Disability	4 P's Beneficiaries (YES/NO)	Child of Solo Parent (YES/NO)	NAME OF PARENT/ GUARDIAN
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															

Prepared by:

Noted by:

Approved by:

Child Development/Supervised Neighborhood Play Worker (CD/BNP Worker)

Date:

Brgy. Captain

Date:

City/Municipal Social Welfare and Development Officer (C/MSWDO)

Date:



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
FIELD OFFICE XII
SUPPLEMENTARY FEEDING PROGRAM _____ CYCLE
DAILY FOOD ACCEPTANCE AND ATTENDANCE

Name of CDC/SNP: _____

LEGEN A - ABSENT

Name of CDW/SNP Worker: _____

/ - PRESENT

Location: _____

#	NAME OF CHILD	SEX	ACTUAL FEEDING																	
			Date																	
			Day																	
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
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Approved by:

Child Development/Supervised Neighborhood Play Worker (CD/SNP Worker)

Brgy. Captain

City/Municipal Social Welfare and Development Officer (C/MSWDO)

Date:

Date:

Date:



Department of Social Welfare and Development Field Office XII
 Supplementary Feeding Program Cycle _____
 Received Inventory Voucher

NAME OF CDC/SNP: _____
 NO. OF CHILDREN: _____
 DATE OF DELIVERY SCHEDULE: _____
 PERIOD COVERED: _____



Department of Social Welfare and Development Field Office XII
 Supplementary Feeding Program Cycle _____
 Received Inventory Voucher

NAME OF CDC/SNP: _____
 NO. OF CHILDREN: _____
 DATE OF DELIVERY SCHEDULE: _____
 PERIOD COVERED: _____



Department of Social Welfare and Development Field Office XII
 Supplementary Feeding Program Cycle _____
 Received Inventory Voucher

NAME OF CDC/SNP: _____
 NO. OF CHILDREN: _____
 DATE OF DELIVERY SCHEDULE: _____
 PERIOD COVERED: _____

NO.	ITEMS	UNIT	QUANTITY
Vegetable and other items			
1	Garlic, bulb, (packed per 100 grams)	kg	
2	Onion, bulb, red, medium size (packed per 100 grams)	kg	
3	Chicken, whole, frozen/fresh, atleast 1kg per pc (packed per piece)	kg	
4	Egg, chicken, fresh, medium	pc	
5	Dillis, dried, small, (packed per 200 grams)	kg	
6	Camote, rootcrop, yellow (packed per 500 grams)	kg	
7	Monggo, dried, green, (packed per 250 grams)	kg	
Groceries and other items			
8	Tuna, Flakes in oil, canned, (155 grams per can)	can	
9	Sardines, in tomato sauce, canned (155 grams per can)	can	
10	Corned beef, canned, (100 grams per can)	can	
11	Pancake mix, vanilla, (200 grams per pack)	pack	
12	Mamon, classic, single pack, (33 grams per pack)	pack	
13	Cupcake, cheese, single pack, (30 grams per pack)	pack	
14	Soy Sauce, (200ml per pouch)	pouch	
15	Noodles, bihon, dried, (454 grams per pack)	pack	
16	Cooking Oil, coconut, (500 ml per bottle)	bottle	
17	Sugar, brown, (500 grams per pack)	pack	
18	Cheese, pasteurized filled cheese spread, with sangkap pinoy seal, (30 grams per twin-pack)	twin-pack	

NO.	ITEMS	UNIT	QUANTITY
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RECEIVED BY: _____
 Name/Signature of DCW/SNP/DCSPG REP.
 DATE RECEIVED: _____

INSPECTED BY: _____
 BRGY OFFICIAL
 DATE: _____

 PARENT
 DATE: _____

RECEIVED BY: _____
 Name/Signature of DCW/SNP/DCSPG REP.
 DATE RECEIVED: _____

INSPECTED BY: _____
 BRGY OFFICIAL
 DATE: _____

 PARENT
 DATE: _____

RECEIVED BY: _____
 Name/Signature of DCW/SNP/DCSPG REP.
 DATE RECEIVED: _____

INSPECTED BY: _____
 BRGY OFFICIAL
 DATE: _____

 PARENT
 DATE: _____

(Annex A)

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT

Field Office XII, Koronadal City

Company Name: _____
Address: _____
Contact Person: _____
Contact No.: _____
BIR TIN Number: _____

RFQ No.: 2020-09-0601
Date: 9/17/2020

[] VAT [] NON-VAT

Table with 7 columns: ITEM NO., QUANTITY, UNIT, PURCHASER'S SPECIFICATION, BIDDER'S SPECIFICATION, UNIT COST, TOTAL. Contains 5 rows of item specifications and a budget ceiling row.

Purpose: FOR THE USE OF DAY CARE WORKERS/SNP WORKERS IN CONNECTION TO THE IMPLEMENTATION OF SFP

IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (PO) or Latter Order (LO) at DSWD Field Office XII, Property and Supply Unit within three (3) days from the date advance copy was served thru fax.

FAILURE to show up and sign the original PO means that the bidder is not interested and will be a ground for suspension/blacklisting in DSWD's future biddings.

Canvassed by:

Certified by:

(Signature over printed name)
Canvasser

SAIFODEN T. BATABOR
Head, Procurement Section

(Signature over printed name)
Supplier

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT
Field Office XII, Koronadal City

REQUEST FOR QUOTATION

Company Name: _____
Address _____
Contact Person: _____
Contact No.: _____

RFQ No.: 2020-09-0601
Date: 9/17/2020

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. Also, furnish us with 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 below, please attach in your quotations a duly notarized certification to this effect.

Please accomplish and submit this form together with Annex A to DSWD-BAC Secretariat at DSWD Field Office XII, Purok Bumanaag, Brgy. Zone III, Koronadal City or email at procurement.fo12@dswd.gov.ph on or before September 24, 2020, 10:00 A.M.

Very truly yours,


SAIFODEN T. BATADOR
Head, Procurement Section

TERMS AND CONDITIONS:

1. Award shall be made on per: item basis total quoted
2. Quotations validity shall not be less than 30 days.
3. Good/s and services shall be delivered within 10 days upon the receipt of approved Purchase Order (PO).
4. Place of Delivery: DSWD FO XII.
5. Terms of Payment: n/30
6. Liquidated Damages/Penalty: one-tenth (1/10) of one percent for every day of delay shall be imposed on the u
7. Must be PhilGEPS registered.
8. Indicate brand, model and country of origin.
9. In case of discrepancy between unit cost and total cost, unit cost shall prevail.
10. Warranty:

(Signature over Printed Name)
Supplier