SUPPLEMENTAL / BID BULLETIN NO. 01

TITLE	:	**Supplemental** Bid Bulletin for the **PRINTING AND DELIVERY OF FORMS FOR THE USE OF AKAP IMPLEMENTATION**
ITB NO.	:	**DSWD12-CIS(EPA)-2025-12-004**
DATE	:	19 December 2025

This Supplemental/Bid Bulletin is issued to all prospective bidders announcing the following amendments and clarifications:

Addendum/Amendment Details

REFERENCE	ORIGINAL	AMENDED
Amend the Procurement Title	PRINTING AND DELIVERY OF FORMS FOR THE USE OF **AKAP** IMPLEMENTATION	PRINTING AND DELIVERY OF FORMS FOR THE USE OF **AICS** IMPLEMENTATION
Attachment of layout/sample of forms		Link to forms Layout/Sample https://drive.google.com/drive/folders/1z1rlXf_3FzU5N_W4uKYuwEJoPXioQHZr?usp=drive_link

All other provisions in the bidding documents not affected by this bulletin remain the same.

For guidance and information of all concerned.

NAIRA S. ARATUC
Chairperson, DSWD FO XII BAC

Please accomplish the portion below and email at procurement.fo12@dswd.gov.ph.

Received from DSWD**, Supplemental/Bid Bulletin No. 01** for ***DSWD12-CIS(EPA)-2025-12-004*** **the PRINTING AND DELIVERY OF FORMS FOR THE USE OF AKAP IMPLEMENTATION**

RECEIVED BY : _____ **DATE:** _____
(SIGNATURE OVER PRINTED NAME)

DESIGNATION : _____

COMPANY : _____

DSWD Field Office 12, Regional Center, Brgy. Carpenter Hill, Koroandal City, Philippines 9506,
Website: http://www.fo12.dswd.gov.ph

DSWD
Department of Social Welfare and Development

BAGONG PILIPINAS

CRISIS INTERVENTION SECTION
DSWD FIELD OFFICE XII
DSWD-PMB-GF-071 | REV 00 | 30 SEPT 2022

STEP FORM

Control No.: _____ **Date:** ___ ___ ___
Month Day Year

Time Arrived: _____ ◯ AM ◯ PM

Pangalan (First Name) _____

Gitnang Pangalan (Middle Name) _____

Apelyido (Last Name) _____

MODE OF PAYMENT: ☐ Guarantee Letter (GL) ☐ Cash Out Right (COR)

	TIME	NAME OF DSWD PERSONNEL *Signature Over Printed Name*
STEP: 1 SCREENING OF DOCUMENTS/ CRIMS:	Time Start / Time End	
STEP: 2 A. INTERVIEW (Social worker):	Time Start / Time End	
B. CLIENT SATISFACTION SURVEY:	Time Start / Time End	
STEP: 3 APPROVAL:	Time Start / Time End	
STEP: 4 RELEASE OF ASSISTANCE:	Time Start / Time End	

Remarks _____

DSWD Field Office XII, Purok Bumanaag, Brgy. Zone III, Koronadal, South Cotabato, Philippine 9506
Website: http://www.dswd.gov.ph Tel Nos.:(083) 228-2086 Telefax: (083) 228-2086

DSWD
Department of Social Welfare and Development

BAGONG PILIPINAS

CRISIS INTERVENTION SECTION
DSWD FIELD OFFICE XII
DSWD-PMB-GF-071 | REV 00 | 30 SEPT 2022

STEP FORM

Control No.: Date: Month Day Year

Time Arrived: AM PM

Pangalan (First Name)

Gitnang Pangalan (Middle Name)

Apelyido (Last Name)

MODE OF PAYMENT: Guarantee Letter (GL) Cash Out Right (COR)

TIME — NAME OF DSWD PERSONNEL (Signature Over Printed Name)

STEP: 1 SCREENING OF DOCUMENTS/ CRIMS: Time Start / Time End

STEP: 2 A. INTERVIEW (Social worker): Time Start / Time End

B. CLIENT SATISFACTION SURVEY: Time Start / Time End

STEP: 3 APPROVAL: Time Start / Time End

STEP: 4 RELEASE OF ASSISTANCE: Time Start / Time End

Remarks

DSWD Field Office XII, Purok Bumanaag, Brgy. Zone III, Koronadal, South Cotabato, Philippine 9506
Website: http://www.dswd.gov.ph Tel Nos.:(083) 228-2086 Telefax: (083) 228-2086

DSWD
Department of Social Welfare and Development

BAGONG PILIPINAS

CRISIS INTERVENTION SECTION
DSWD FIELD OFFICE XII
DSWD-PMB-GF-071 | REV 00 | 30 SEPT 2022

STEP FORM

Control No.: Date: Month Day Year

Time Arrived: AM PM

Pangalan (First Name)

Gitnang Pangalan (Middle Name)

Apelyido (Last Name)

MODE OF PAYMENT: Guarantee Letter (GL) Cash Out Right (COR)

TIME — NAME OF DSWD PERSONNEL (Signature Over Printed Name)

STEP: 1 SCREENING OF DOCUMENTS/ CRIMS: Time Start / Time End

STEP: 2 A. INTERVIEW (Social worker): Time Start / Time End

B. CLIENT SATISFACTION SURVEY: Time Start / Time End

STEP: 3 APPROVAL: Time Start / Time End

STEP: 4 RELEASE OF ASSISTANCE: Time Start / Time End

Remarks

DSWD Field Office XII, Purok Bumanaag, Brgy. Zone III, Koronadal, South Cotabato, Philippine 9506
Website: http://www.dswd.gov.ph Tel Nos.:(083) 228-2086 Telefax: (083) 228-2086

DSWD
Department of Social Welfare and Development

BAGONG PILIPINAS

☐ Central Office
☐ Field Office XII_____

CERTIFICATE OF ELIGIBILITY

QN: _____ **PCN:** _____ **Date:** ___ ___ ___ (MM DD YYYY)

☐ AICS
☐ AKAP
☐ Others: _____

○ New
○ Returning

☐ Onsite
☐ Malasakit Center
☐ Offsite

○ Walk-in
○ Referral

Birthdate: ___ ___ ___ (MM DD YYYY)

This is to certify that _____, _____ _____
First Name Middle Name Last Name Extension Name — Sex — Age

and presently residing at _____
Complete Address

has been found eligible for assistance after the assessment and validation conducted, for him/herself or in representation of his/her

_____ _____
Relationship of the Beneficiary to the Client — First Name Middle Name Last Name Extension Name

Records of the case such as the following are confidentially filed at the Crisis Intervention Program (CIP)

- ☐ General Intake Sheet
- ☐ Justification
- ☐ Valid I.D. Presented
- ☐ Medical Certificate / Abstract
- ☐ Prescriptions
- ☐ Statement of Account
- ☐ Treatment Protocol
- ☐ Quotation/Charge Slip
- ☐ Discharge Summary
- ☐ Social Case Study Report
- ☐ Case Summary Report
- ☐ Laboratory Request
- ☐ Promissory Note / Certificate of Balance
- ☐ Funeral Contract
- ☐ Transfer Permit
- ☐ Death Certificate
- ☐ Death Summary
- ☐ Referral Letter
- ☐ Contract of Employment
- ☐ Certificate of Employment
- ☐ Certificate of Attestation
- ☐ Income Tax Return
- ☐ Others _____

If Outright Cash

The client is hereby recommended to receive _____ assistance for
Type of assistance: food, medical, cash relief, transportation, others
_____ in the amount of
Purpose of assistance
_____
Amount in words
PhP _____ .
Amount in figures

If Guarantee Letter

GL No. _____

The client is hereby recommended to receive _____ assistance for
Type of assistance: medical, burial, others
_____ in the amount of
Purpose of assistance
_____ PhP _____
Amount in words *Amount in figures*
payable to _____
Name of Service provider
_____ .
Address of Service provider

Prepared and certified by:

_____
Social Worker
(Signature over Printed Name)
License Number: _____

Approved by:

_____
Approving Authority
(Signature over Printed Name)

ACKNOWLEDGMENT RECEIPT

Date: ___ ___ ___ (MM DD YYYY)

I acknowledge receipt of assistance in the amount of _____ PhP _____ .
Amount in words *Amount in figures*

Received by:

_____
Client
(Signature over Printed Name)

DSWD Field Office XII, Purok Bumanaag, Brgy. Zone III, Koronadal City, Philippines (9506)
Website: http://www.fo12.dswd.gov.ph Tel Nos.: (083)228-2086 Telefax: (083)228-2086

GL No._____

Date. _____

_____
_____
_____

Dear _____

This has reference to the request for the _____of herein client, _____, from _____, for his/her _____, _____.

The Department of Social Welfare and Development has assessed and validated the said request for assistance through the Crisis Intervention Unit/Section. Thus, the Department is issuing this letter to guarantee the payment of the bill in the amount of _____ (Php _____).

To facilitate the payment, please submit to the Crisis Intervention Unit/Section through _____ the following documents for the preparation of the Disbursement Voucher within one week after the service has been completed.

Ø Guarantee Letter (GL) from the DSWD with your company's "received" stamp or signature over the printed name of the authorized representative.
Ø Statement of Accounts (SOA) or Billing Statement or Sales Invoice with corresponding operative technique or charge slip addressed to DSWD

Please be informed that said payment will be directly deposited to your company's bank account. Should there be any query, you may call us at _____.

For your consideration.

Thank you.

Very truly yours,

_____
Approving Authority
Position: _____
Office:_____

Valid until _____
**validity period includes the time of receipt of the guarantee letter by the service provider*

DSWD Field Office XII , Purok Bumanaag, Brgy. Zone III, Koronadal City, South Cotabato, Philippines (9506)
Website: http://www.dswd.gov.ph Tel Nos.: (083) 228 - 2086 Telefax: (083) 228 - 2086

DSWD
Department of Social Welfare and Development

BAGONG PILIPINAS

GENERAL INTAKE SHEET

☐ **AICS** ☐ **AKAP** ☐ **Others:** _____	○ New ○ Returning	☐ **Onsite** ☐ **Malasakit Center** ☐ **Offsite**	○ Walk-in ○ Referral Date : ____ ____ ____ (MM DD YYYY)

CLIENT'S NAME

Last Name _____ First Name _____ Middle Name _____ Ext. *(Sr,Jr,I,II)* _____

BENEFICIARY'S NAME ☐ **SAME AS ABOVE**

Last Name _____ First Name _____ Middle Name _____ Ext. *(Sr,Jr,I,II)* _____

PURPOSE OF ASSISTANCE : _____

DIAGNOSIS/CAUSE OF DEATH *(if funeral)* : _____

MODE OF ASSISTANCE : ☐ Outright Cash ☐ Guarantee Letter ☐ Material Assistance ☐ Psychosocial Support ☐ Referral Service

AMOUNT NEEDED : PhP _____

I. INCOME AND FINANCIAL RESOURCES

Occupation/s of family member

Employed

(indicate number of members working) _____

Seasonal Employee

(indicate number of members working) _____

Combined family income _____

☐ **Insurance coverage**

☐ **Savings**

II. BUDGET AND EXPENSES

☐ **Monthly expenses of the family** _____

(Utility bills, Maintenance and Medication, Mortgage/Rent, Debt, and Others)

☐ **Availability of emergency fund**

III. SEVERITY OF THE CRISIS

How long does the patient suffer from the disease?

☐ Recently diagnosed (3mos & below)

☐ 3 months to a year

☐ chronic or lifelong

☐ not applicable

In the past three (3) months, did the family experience at least one crisis?

☐ YES ☐ NO

If yes, which among the following crises did the family experience in the past three (3) months (check all that apply):

☐ Hospitalization

☐ Death of a family member

☐ Catastrophic Event (fire, earthquake, flooding, etc.)

☐ Disablement

☐ Loss of Livelihood

☐ Others, specify _____

IV. AVAILABILITY OF SUPPORT SYSTEMS

☐ Family

☐ Relatives

☐ Friend/s

☐ Employer

☐ Church/Community Organization

V. EXTERNAL RESOURCES TAPPED BY THE FAMILY

☐ Philhealth

☐ Health Card

☐ Guarantee Letter from other agencies

☐ MSS Discount

☐ Senior Citizen Discount

☐ PWD Discount _____

☐ Others, specify _____

☐ Not applicable

VI. SELF HELP AND CLIENT EFFORTS

☐ Successfully sought employment opportunities or explored additional income sources

☐ Successfully reached out to relevant organizatio

VII. VULNERABILITY AND RISK FACTORS

☐ There are elderly/ Child in need/ PWD/ Pregnant in the household

☐ A member is physically or mentally incapacitated to work

☐ Inability to secure stable employment

DSWD Field Office XII, Purok Bumanaag, Brgy. Zone III, Koronadal City, Philippines (9506) Website: http://www.fo12.dswd.gov.ph Tel Nos.: (083)228-2086 Telefax: (083)228-2086

VIII. CLIENT SECTOR

Target Sector:

- ☐ FHONA
- ☐ SC
- ☐ WEDC
- ☐ YNSP
- ☐ PWD
- ☐ PLHIV
- ☐ CNSP

Specify Sub-Category:

- ☐ Solo Parent
- ☐ Indigenous People
- ☐ Street Dwellers
- ☐ KIA/WIA
- ☐ 4PS Beneficiary
- ☐ Stateless Person
- ☐ Asylum Seekers
- ☐ Refugees
- ☐ Recovering Person Who Used Drugs
- ☐ Minimum Wage Earner
- ☐ Below Minimum Wage Earner (specify approximate monthly income) Php _____
- ☐ No Regular Income
- ☐ Others: _____

Type of Disability:

- ☐ Speech Impairment
- ☐ Mental Disability
- ☐ Learning Disability
- ☐ Visual Disability
- ☐ Psychosocial Disability
- ☐ Intellectual Disability
- ☐ Deaf/Hard-of-Hearing
- ☐ Physical Disability
- ☐ Cancer
- ☐ Rare Disease

Source of Income:	**Amount**
☐ Salaries/Wages from Employment	Php ___
☐ Entrepreneurial income/profits	Php ___
☐ Cash assistance from domestic source	Php ___
☐ Cash assistance from abroad	Php ___
☐ Transfers from the government (e.g. 4Ps)	Php ___
☐ Pension	Php ___
☐ Other income	Php ___
Total income in the past 6 months	**Php** ___

IX. PROBLEM PRESENTED

X. SOCIAL WORKER'S ASSESSMENT

☐ **FINANCIAL ASSISTANCE**

- ☐ Medical
- ☐ Food Assistance
- ☐ Funeral
- ☐ Cash Relief Assistance
- ☐ Transportation
- ☐ Educational

☐ **MATERIAL ASSISTANCE**

- ☐ Family Food Packs
- ☐ Other Food Items
- ☐ Hygiene & Sleeping Kits
- ☐ Assistive Devices & Technologies
- ☐ Rice

☐ **PSYCHOSOCIAL SUPPORT**

- ☐ Psychosocial First Aid (PFA)
- ☐ Social Work Counseling

☐ **REFERRAL:**

_____
_____
_____
_____
_____

	Purpose of Assistance	Amount	Fund Source
1			
2			
3			

Interviewed by:

_____
Social Worker
(Signature over Printed Name)
License no.: _____

Reviewed & Approved by:

_____
Approving Authority
(Signature over Printed Name)

DSWD Field Office XII, Purok Bumanaag, Brgy. Zone III, Koronadal City, Philippines (9506) Website: http://www.fo12.dswd.gov.ph Tel Nos.: (083)228-2086 Telefax: (083)228-2086

DSWD
Department of Social Welfare and Development

BAGONG PILIPINAS

☐ Central Office
☐ Field Office _____

INFORMATION SHEET

PCN: | | | | | | | | | | | | | | | |

Date | | | | | |
MM DD YYYY

IMPORMASYON NG KINATAWAN/KLIYENTE *(Authorized Representative's/Client's Identifying Information)*

Apelyido *(Last Name)* | Unang Pangalan *(First Name)* | Gitnang Pangalan *(Middle Name)* | Ext. *(Sr,Jr,I,II)*

Numero ng Bahay/Kalye *(Street Address)* | Barangay *(Ex. Batasan Hills)* | Lungsod/Bayan *(City/Municipality)* | Lalawigan/Distrito *(Province/District)* | Rehiyon *(Region)*

Numero ng Mobile *(Mobile No.)* | Petsa ng Kapanganakan *(Birthdate) MM-DD-YYYY* | Edad *(Age)* | Kasarian *(Sex)* | Katayuang Sibil *(Civil Status)* | Hanapbuhay *(Occupation)* | Buwanang Kita *(Monthly Income)*

Relasyon sa Benepisyaryo *(Relationship to the Beneficiary)*

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

☐ KATULAD NG NASA ITAAS

Apelyido *(Last Name)* | Unang Pangalan *(First Name)* | Gitnang Pangalan *(Middle Name)* | Ext. *(Sr,Jr,I,II)*

Numero ng Bahay/Kalye *(Street Address)* | Barangay *(Ex. Batasan)* | Lungsod/Bayan *(City/Municipality)* | Lalawigan/Distrito *(Province/District)* | Rehiyon *(Region)*

Numero ng Mobile *(Mobile No.)* | Petsa ng Kapanganakan *(Birthdate/ MM-DD-YYYY)* | Edad *(Age)* | Kasarian *(Sex)* | Katayuang Sibil *(Civil Status)* | Hanapbuhay *(Occupation)* | Buwanang Kita *(Monthly Income)*

Ikaw ba ay nakakuha na ng tulong mula sa DSWD? *(Have you received any assistance from the DSWD?)*

☐ Hindi
☐ Oo

Natanggap na tulong sa DSWD *(Assistance received from DSW D)* *Gamitin ang likurang bahagi ng papel kung kinakailangan*

1 _____
2 _____
3 _____
4 _____
5 _____

Petsa ng tulong *(Date of assistance received)*

_____
_____
_____
_____
_____

KOMPOSISYON NG PAMILYA *(Family Composition)*

Paalala: Gamitin ang likurang bahagi ng papel kung kinakailangan.

	Buong Pangalan *(Full Name)*	Relasyon sa Benepisyaryo *(Relationship to the Beneficiary)*	Edad *(Age)*	Hanapbuhay *(Occupation)*	Buwanang Kita *(Monthly Income)*
1					
2					
3					
4					
5					

DEKLARASYON NG PAHINTULOT *(Consent Form)*

Ako ay nagdedeklara sa ilalim ng parusa ng pagsisinungaling *(*perjury), na ang lahat ng impormasyon sa aplikasyon na ito ay totoo at tama batay sa aking personal na kaalaman at mga autentikong rekord na isinumite sa Department of Social Welfare and Development (DSWD). Anumang mali o mapanlinlang na impormasyon na ibinigay, o paggawa ng pekeng/pinagwaglit na mga dokumento ay magiging sanhi ng nararapat na hakbang na legal laban sa akin at awtomatikong magpawalang-bisa sa anumang tulong na ibibigay kaugnay ng aplikasyon na ito.

Ako ay sumasang-ayon na ang lahat ng personal na datos (ayon sa depinisyon sa ilalim ng Republic Act 10173 o Data Privacy Law ng 2012 at mga patnubay nito) at impormasyon o mga rekord ng mga transaksyon sa account sa DSWD ay maaaring iproseso, i-profile, o ibahagi sa mga humihiling na partido o para sa layunin ng anumang hukuman, proseso ng batas, pagsusuri, inquiry, audit, o imbestigasyon ng anumang awtoridad.

Thumbmark

Lagda sa ibabaw ng Buong Pangalan ng Kinatawan/Kliyente
(Signature over Printed Name of the Authorized Representative/Client)

DSWD Field Office XII, Purok Bumanaag, Brgy. Zone III, Koronadal City, Philippines (9506)
Website: http://www.fo12.dswd.gov.ph Tel Nos.: (083)228-2086 Telefax: (083)228-2086

NATANGGAP NA TULONG MULA SA DSWD *(Assistance Received from DSWD)*

	Natanggap na tulong (Date of assistance received)	Petsa ng tulong (Date of assistance received)
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

KOMPOSISYON NG PAMILYA *(Family Composition)*

	Buong Pangalan *(Full Name)*	Relasyon sa Benepisyaryo *(Relationship to the Beneficiary)*	Edad *(Age)*	Hanapbuhay *(Occupation)*	Buwanang Kita *(Monthly Income)*
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

DSWD Field Office XII, Purok Bumanaag, Brgy. Zone III, Koronadal City, Philippines (9506)
Website: http://www.fo12.dswd.gov.ph Tel Nos.: (083)228-2086 Telefax: (083)228-2086

CLIENT SATISFACTION MEASUREMENT FORM

DSWD-QMS-GF-005 | REV 05 | 05 OCT 2023

DSWD FO XII – Protective Division/CRISIS INTERVENTION SECTION

CERTIFICATE OF INFORMED CONSENT

I voluntarily give my consent for the use of my personal information. I confirm that I have read the provided information, or it has been read to me. I have had the opportunity to ask questions about it, and any inquiries I made were answered to my satisfaction. I understand that any information collected will be utilized solely to enhance the basic social services provided by DSWD.

_____
(Client's Signature or Thumb Mark)

Date of Transaction (dd/mm/yyyy)	**Name of Client** (First,MI,Last)	**Age**
Sex ☐ Male ☐ Female ☐ Prefer not to say	**Client Type** ☐ Citizen (General Public) ☐ Business (Private Organization) ☐ Government (Employee or another agency) ☐ Others: _____	**Sector** ☐ Person with Disability ☐ Senior Citizen ☐ Indigenous People ☐ Solo Parent ☐ Children and Youth ☐ Women ☐ Others: _____
Contact Number/Email Address	**Address** (Barangay,Municipality,Province)	**Name of Attending Action Officer**

INSTRUCTION: **Check mark (✓)** your answer to the Citizen's Charter (CC) questions. The **Citizen's Charter** is an official document that reflects the services of a government agency/office including its requirements, fees, and processing times among others.

CC1: Which of the following best describes your awareness of a CC?	**CC2:** If aware of CC (answered 1-3 in CC1), would you say that the CC of this office was…?	**CC3:** If aware of CC (answered 1-3 in CC1), how much did the CC help you in your transaction?
• 1. I know what a CC is and saw this office's CC. • 2. I know what a CC is but I did NOT see this office's CC. • 3. I learned of the CC only when I saw this office's CC. • 4. I do not know what CC is and I did not see one in this office. *(Answer N/A in CC2 and CC3)*	• 1. Easy to see • 2. Somewhat easy to see • 3. Difficult to see • 4. Not visible at all • 5. N/A	• 1. Yes, I was able to use the CC • 2. No, I was not able to use the CC • 3. Did not help • 4. N/A

INSTRUCTION:For Service Quality Dimension (SQD) 0-8, please put a **check mark (✓)** on the column that best corresponds to your answer.	Strongly Agree **(5)**	Agree **(4)**	Neither Agree nor Disagree **(3)**	Disagree **(2)**	Strongly Disagree **(1)**	Not Applicable **(N/A)**
SQD0. I am satisfied with the service that I availed.						
SQD1. I spent a reasonable amount of time for my transaction.						
SQD2. The office followed the transaction's requirements and steps based on the information provided.						
SQD3. The steps (including payment) I needed to do for my transaction were easy and simple.						
SQD4. I easily found information about my transaction from the office or its website.						
SQD5. I paid a reasonable amount of fees for my transaction. *(If services was free, mark the 'N/A' column)*						
SQD6. I feel the office was fair to everyone, or "*walang palakasan*", during my transaction.						
SQD7. I was treated courteously by the staff, and (if asked for help) the staff was helpful.						
SQD8. I got what I needed from the government office, or (if denied) denial of request was sufficiently explained to me.						

Feedback (Optional): Please provide your commendations, suggestions, or complaints so that we can further improve the delivery of our services to you.

THANK YOU!