

**REQUEST FOR QUOTATION (RFQ)**

PR/PP No. : 2021-11-094(2022 NEP)

RFQ No.: 2022-01-018

End-user: CRCF

Date: JAN 04 2022

Name of Project:

ABC Php180,000.00

**REFERRAL OF CRCF RESIDENTS FOR IN-DEPTH PSYCHOTHERAPEUTIC  
SESSIONS/ PSYCHOLOGICAL EVALUATION**

**SMALL VALUE PROCUREMENT**

Sir/Madam:

Please quote your lowest price on the item/s described below inclusive of taxes duly signed by you or your authorized representative, subject to the Terms and Condition provided in this RFQ and submit personally to the Office of the Procurement Section, 40 North Drive, Baguio City or through email at bacsec.car@dswd.gov.ph on or before

JAN 10 2022 12:00NN.

ENRIQUE H. GASCON JR.  
OIC-ARDA/BAC Chairperson

**TERMS AND CONDITIONS:**

1. Quotations in excess of the ABC will be **REJECTED**.
2. For total quoted price, quotations with a dash or zero shall be deemed free of charge.
3. All entries must be typewritten/printed/longhand. **Any erasure in the quotation must be countersigned by the bidder/representative**, otherwise quotation will be rejected.
4. The Procuring Entity may give due preference to goods being offered with green component.
5. If necessary, the BAC through the TWG, may require an ocular inspection of the venue/place of business/goods being offered.
6. Delivery of Goods / Services is **as indicated** in the next page.
7. Price validity shall be for a period of **120 calendar days** from RFQ Opening of the BAC until confirmation of Purchase Order by the winning supplier.
8. The following documents shall be attached upon submission of quotation, otherwise your quotation will not be accepted, please disregard if already submitted:
  - a. **Updated Mayor's / Business Permit**
  - b. **PhilGEPS Registration Certificate or PhilGEPS Registration Number to be indicated in space below (except for Negotiated Procurement - Emergency Cases, Sec. 53.2, RA 9184 IRR)**
    - o Income/Business Tax Return (for Small Value Procurement, Direct Contracting above P500K, Emergency Cases above P500K, and Lease of Real Property/Venue).
    - o Official Receipt issued by BIR( a mere picture of the receipt can suffice)
9. Where there is discrepancy between: (a) total price per item and unit price for the item as extended or multiplied by the quantity of that item, the unit price shall prevail; (b) stated total price and the actual sum of prices of component items, the lower shall prevail; (c) unit cost in the detailed estimate and unit cost in the bill of quantities, the lower shall prevail.
10. Suppliers/Contractors who refuse to accept correction of price offer after Bid Evaluation may be disqualified.
11. Award of Contract shall be made to the Lowest Calculated Responsive Quotation (LCRQ) that complies to the technical specifications and the terms and conditions stated herein.
12. The BAC shall require the bidder with Lowest Calculated Responsive Quotation (LCRQ) to submit the Omnibus Sworn Statement prior to issuance of Award / Purchase Order with ABC amounting to P500,000.00 for Emergency Cases and P50,000.00 above for Small Value Procurement.
13. If the Supplier fails to deliver the required goods /services as specified in the Award / Purchase Order, the Procuring Entity may **disqualify bidder from participating future procurement activities to be conducted by DSWD-CAR**.
14. **Liquidated damages equivalent to one tenth of one percent (0.001)** of the value of the goods not delivered within the prescribed delivery period may be imposed per day of delay. The Procuring Entity (PE) may rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.
15. Further information may be obtained from the Procurement Section with telephone number **(074) 661-0430** local **25025** or email address **bacsec.car@dswd.gov.ph**.



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LOT NO.	DETAILED DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL
	REFERRAL OF CRCF RESIDENTS FOR IN-DEPTH PSYCHOTHERAPEUTIC SESSIONS/ PSYCHOLOGICAL EVALUATION				
1	<b>Psychological Assessment (Package Rate)</b> -Intake interview ; Sessions; Assessment; Process session; Parent conference; Report -30 target residents	1	lot		
	<b>SEE ATTACHED TERMS OF REFERENCE</b>				

**TOTAL PRICE**

No.	OTHER REQUIREMENTS	COMPLIANCE <i>(please check whether can comply or not, no check mark will mean non-compliance)</i>		REMARKS
		Can Comply	Cannot Comply	
1	The delivery of the goods/services is upon receipt of Purchase Order	[ ]	[ ]	
2	Therapeutic Sessions (i.e. play therapy, individual psychotherapy, behavior therapy, behavioral modification etc.)	[ ]	[ ]	
3	Psychotherapeutic Sessions (i.e psychological test battery to measure intelligence test, performance tests, personality, developmental tests, projective and apperception tests, etc.)	[ ]	[ ]	
4	Generation of Psychological Report (psychological assessment and therapeutic sessions)	[ ]	[ ]	
5	Professional support by assisting in the preparation of children to court hearings (i.e. appearance as support professional, etc.)	[ ]	[ ]	
6	Parent's/Caregiver's/Caregiver's Conferences	[ ]	[ ]	
7	Progress Meeting for Continuous Sessions	[ ]	[ ]	
8	Assistance through capability building/trainings for staff/caregivers in coping with their own challenges at work and management of children-clients' difficult and baffling behaviors that pose difficulties to the staff (i.e. stress debriefing for staff, training for first interventions/first responders, houseparent trainings, etc.)	[ ]	[ ]	
9	Continuous activities for the promotion of the Rights of the Rights of the Child (i.e. advocacy programs, etc.)	[ ]	[ ]	
10	Conduct of researches/studies based on the material/information obtained during the sessions	[ ]	[ ]	
11	The place of delivery of the goods / services is at the service provider's office within Baguio City.	[ ]	[ ]	

• Award shall be made per:  Item Basis  Total Quoted Price

**Note: NO GIFT ALLOWED.** Pursuant to RA 6713, otherwise known as the Code of Conduct and Ethical Standards for Public Officials and Employees. The DSWD reserves the right to reject any or all offers at no costs, waive any therein and accept the offer most advantageous to the government.

Sir:

After having carefully read and accepted your terms and conditions, I / We submit our bid on the item/s quoted above.

Establishment Name

Signature of supplier/representative over printed name: \_\_\_\_\_

Name of Firm/Dealer/Contractor: \_\_\_\_\_

*(This will be the name of the CHEQUE to be issued)*

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number/s: \_\_\_\_\_

Name and Signature of Canvasser

PhilGEPS Registration Number: \_\_\_\_\_





**TERMS OF REFERENCE**

<b>IDENTIFYING INFORMATION</b>	
<b>Title:</b> Referral of Center and Residential Care Facility Residents for In-depth Psychotherapeutic Sessions/Psychological Evaluation.	
Total Amount: P120,000.00 <i>At</i>	
<b>Proposed Date:</b> <i>January 2022</i> <i>to</i> November 30, 2022.	
<b>Rationale:</b>	
<p>The DSWD Centers and Residential Care Facilities (CRCF) aim to uplift the living conditions, facilitate recovery and healing, recovery and empowerment of disadvantaged children, youth, women, older persons, and families in crisis or at-risk who are temporarily sheltered in the CRCFs.</p> <p>DSWD-CAR Centers and Residential Care Facilities (CRCF) consists of three (3) centers, Regional Rehabilitation Center for the Youth (RRCY) providing residential setting for the rehabilitation of a child in conflict with the law (CICL) whose sentence has been suspended, Reception and Study Center for Children (RSCC) catering to children below 6 years old who are either abandoned, neglected, surrendered, orphaned, abused and dependent children and Regional Haven for Women and Girls (RHWG) catering 7 to 59 years old who are victims of abuse, neglect, exploitation and trafficking.</p> <p>Based on records in CRCF, the impact of trauma among admitted clients/residents negatively affect their well-being. This supports the definition that Trauma is "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, 2013). There are unique instances whereby extreme cases of psychological disorders/psychiatric conditions are encountered by CRCF which are already beyond the handling capacity of the rehabilitation team. Thus, needing for specialized attention by other professionals outside the CRCF. A psychologist is needed to assist the CRCFs in the provision of services that will benefit the residents and help them in the rehabilitation.</p>	
<b>DETAILS</b>	
<b>1. Requirements / Qualifications of the Service Provider:</b>	
<ul style="list-style-type: none"> <li>- Registered Psychologist</li> <li>- With valid license to practice profession</li> <li>- With a facility with a receiving area, observation room with a one-way mirror, conference room, therapy room, an open space for outdoor sessions, office for the staff of the service provider</li> <li>- Age appropriate equipment's and toys for play therapy sessions and other therapies</li> <li>- Child friendly office and therapy area/facility</li> <li>- Must be PHILGEPS registered.</li> <li>- With updated Mayors permit/business permit.</li> </ul>	
<b>2. Scope of the Work</b>	
The service provider shall conduct the following:	
<ul style="list-style-type: none"> <li>- Conduct a first visit and meet the referred CRCF resident at the DSWD CRCF</li> <li>- Consultation meeting/ conference with the CRCF staff in charge of the case/resident</li> <li>- In-depth counseling sessions to resident referred</li> </ul>	

- Conduct play therapy or other therapy sessions needed by the resident based on the assessment of the psychologist
- Submit Psychological Evaluation Report
- Submit Progress Report ( if requested).
- Ensure that data privacy, confidentiality of cases and rights of the child/residents are observed
- Refer residents to other professionals should there be a need
- Submit a Monthly Statement of Account to the DSWD CAR CRCF for fees charged.

**C.Arrangement**

- Service Provider: Provides services as stated in the scope of work.
- Centers and Residential Care Facility.

The staff assigned under the Psychological Services shall:

- a. Clarify/inquire about the findings and recommendations of the service provider;
- b. Provide feedback to the center-based rehabilitation team regarding the psychological interventions to address the psychological issues of the resident;
- c. Collaborate with other professional's/service providers offering services needed as recommended; and
- d. Ensure psychological feedback reports of residents are furnished to the center.
- e. Is the Psychologist requiring more than four sessions to address more critical issues related to family, repeated sexual abuse, inner conflicts that needed to be addressed seriously for a more holistic and therapeutic clinical interventions for the best welfare and interest, *the same name of resident* may be deducted to this fund as part of the continuity of care.

**3.Service Fees:**

		No. of sessions		No. of Residents	Total	
<b>Intake interview</b>	600	1		30	18000	<b>1 cycle per resident</b>
<b>Sessions</b>	600	4	sessions	30	72000	
<b>Assessment</b>	1500	1		30	45000	
<b>Process session</b>	550	1		30	16500	
<b>Parent conference</b>	500	1		30	15000	
<b>Report</b>	450	1		30	13500	

The service provider shall be paid with the quoted rate per billing report as per facility protocols which is within the allotted budget based on the approved project proposal. The payment is inclusive of appropriate taxes and other incidental expenses which may be incurred in the course of the engagement. The payment shall be made after five (5) working days upon the issuance of billing report.

In consideration of the foregoing premises, the CRCF and the service provider subscribe to perform all duties and responsibilities contained herein. Whereof, both parties are deemed requested to affix their signature below.





**Prepared by:**

  
**Joanie Christine B. Rimorin**  
Nurse I

**Reviewed by:**

  
**Edna S. Benitez**  
SWO IV/ Center Coordinator

**Recommending approval:**

  
**CONCEPCION E. NAVALES**  
OIC-Division Chief, PSD

**Concurred by:**

Service Provider: \_\_\_\_\_  
Name and Signature

Address: \_\_\_\_\_

Contact No: \_\_\_\_\_