

Department of Education
Region ____

SCHOOL-BASED FEEDING PROGRAM (SBFP) SUMMARY OF BENEFICIARIES & START OF FEEDING

Division/Province: _____
 City/ Municipality/Barangay : _____
 Name of School / School District : _____
 School ID Number: _____
 Date of Start of Feeding: _____

Number of Undernourished School Children by Grade Level	Nutritional Status at Start of Feeding			No. of 4 Ps Beneficiaries	No. of Pupils who are beneficiaries in previous years	Remarks
	No. of Severely Wasted	No. of Wasted	Total Beneficiaries			
1. Kinder						
2. Grade I						
3. Grade II						
4. Grade III						
5. Grade IV						
6. Grade V						
7. Grade VI						
Total						

Prepared by:

 SBFP DepEd Focal

Note: This form shall be prepared by the school, to be compiled by the SDO, and for final compilation by the RO, for submission to DepEd BLSS-SHD

Department of Education
Region ____

SCHOOL-BASED FEEDING PROGRAM (SBFP) LIST OF SCHOOLS

Division/Province: _____

School District/City/ Municipality : _____

Name of Schools	BEIS ID No.	School Address	Name of Barangay	Name of District Supervisors/ School Principal or OICs	Contact Number	Total Beneficiaries

Prepared by:

Noted by:

_____ SBFP DepED Focal

_____ Unit Chief

Note: This form shall be prepared by the SDO, for final consolidation by the RO.

Department of Education
Region ____

Master List Beneficiaries for School-Based Feeding Program (SBFP)

Division/Province: _____

Name of Principal : _____

City/ Municipality/Barangay : _____

Name of Feeding Focal Person : _____

Name of School / School District : _____

School ID Number: _____

No.	Name	Sex	Grade/Section	Date of Birth (MM/DD/YYYY)	Date of Weighing / Measuring (MM/DD/YYYY)	Age in Years / Months	Weight (Kg)	Height (cm)	BMI for 6 y.o. and above	Nutritional Status (NS)	Participation in 4Ps (yes or no)	Name of Parents	Beneficiary of SBFP in Previous Years (yes or no)

Prepared by: _____

Feeding Focal Person

Note: This form shall be prepared by the school, for compilation by the SDO.

SBFP Form 4

SCHOOL-BASED FEEDING PROGRAM
FOR THE MONTH OF _____, SY _____

Region _____
 Division _____
 District _____

School: _____
 Grade: _____ Section _____
 School ID Number: _____

NAME OF PUPIL	ACTUAL FEEDING																																																				
	/																																																				
	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60													
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TOTAL:																																																					

D. Actual Feeding
(V) - Present, served
(A) - Absent, not served
(VV) - Present, served twice

SBFP Form 4

SCHOOL-BASED FEEDING PROGRAM
FOR THE MONTH OF _____, SY _____

Region _____
 Division _____
 District _____

School: _____
 Grade: _____ Section _____
 School ID Number: _____

NAME OF PUPIL	ACTUAL FEEDING																																														
	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100							
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TOTAL:																																															

D. Actual Feeding

(✓) - Present, served
 (A) - Absent, not served
 (✓✓) - Present, served twice

SBFP Form 4

SCHOOL-BASED FEEDING PROGRAM

FOR THE MONTH OF _____, SY _____

Region _____
 Division _____
 District _____

School: _____
 Grade: _____ Section _____
 School ID Number: _____

NAME OF PUPIL	ACTUAL FEEDING																				POST FEEDING				ATTENDANCE		
																					Nutritional Status				Days Present	Feeding Days	Percentage
	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	HT cm	WT kg	Date Taken	NS	(A)	(B)	(A/B)*100
1																											
2																											
3																											
4																											
5																											
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25																											
TOTAL:																									AVERAGE:		

D. Actual Feeding

(✓) - Present, served
 (A) - Absent, not served
 (√) - Present, served twice

SCHOOL-BASED FEEDING PROGRAM (SBFP)
SY _____

PROGRAM TERMINAL REPORT (PTR)

Region: _____
 Division: _____
 District: _____
 School: _____
 School ID: _____
 School Enrolment: _____

A. Program Accomplishment

Status of Implementation:

Completed _____ (indicate number of days completed)

Discontinued _____

For continuation _____

Grade Level	Number of Beneficiaries		No. of Beneficiaries Dewormed		No. of Beneficiaries who are also 4Ps Beneficiaries		No. of Pupils who are Previous Beneficiaries of SBFP	
	Target	Actual	No.	%	No.	%	No.	%
Kindergarten								
Grade 1-3								
Grades 4-6								
TOTAL:								

Financial Status			
Amount Allocated	Amount Received fr SDO	Amount Disbursed	Amount Liquidated

B. Nutritional Status

Nutritional Status	Before Feeding	After Feeding				
		SW/SU	W/U	N	Ow	O
Severely Wasted/Underweight (SW/SU)						
Wasted/Underweight (W/U)						
Normal (N)						
Overweight (OW)						
Obese (O)						
Total:						

SBFP Form 5

C. Percentage Attendance

	Month 0	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Average of Months 1-7
% Attendance of Beneficiaries									

D. Monitoring Findings/Issues Encountered & Actions Taken

E. Procurement Process

F. Good Practices or Lessons Learned

G. Personnel Involved

H. Pictorials

SBFP Form 6-B

SCHOOL-BASED FEEDING CONSOLIDATED PROGRAM TERMINAL REPORT - PROGRAM ACCOMPLISHMENT
 SY _____

Region: _____

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Division	No. of SDO Schools	No. of Schools with Feeding (Partner Funded, others)	DepEd-SDO Allocation per RO/SDO	No. of SBFP Schools			No. of Beneficiaries						Status of Implementation (completed, deferred, for continuation or number of feeding days completed)	Financial Status (SDO)				GPP		Remarks			
					Regional Beneficiaries	Actual	%	Regional	Actual	%	De-wormed		4Ps Beneficiaries		Previous Beneficiaries of SBFP		Amount Allocated	Amount Disposed/Received	Disbursed	Liquidated		Sustained/Yes or Round Garden	TOTAL of Vegetables Used for Feeding (in kibs)	
											No.	%	No.		%	No.								%
TOTAL																								

SCHOOL-BASED FEEDING CONSOLIDATED PROGRAM TERMINAL REPORT- % ATTENDANCE

SY _____

SBFP Form 6-E

Region: _____

Division: _____

District: _____

Division/Schools	% Attendance								
	Month 0	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Average of Months 1-7

Note:

SBFP Form 7

School-Based Feeding Program
QUESTIONNAIRE FOR THE PROGRESS MONITORING AND EVALUATION
 (Central Office)
 SY _____

Region: _____

Date: _____

I. INTERVIEW/FOCUS GROUP DISCUSSION WITH SBFP FOCAL PERSONS

1. What are the preparatory activities done by the Regional Office with regards to the implementation of SBFP for SY _____?

2. Of the activities mentioned, in what part were you involved and to what extent? If you were not involved, in what part do you think you should have been involved?

3. Was there a Technical Working Group formed in the RO? Who created it? Who are the persons involved? What is the role of each member of the TWG? Was the expected role accomplished by the TWG members? If not, cite the reasons and instances.

4. Is/Are there SBFP Focal Person/s designated by the Regional Director? Who is/are the focal Persons? What are the roles of the SBFP Focal Person/s?

5. As SBFP Focal Person, do you have the support of the Regional Office?

6. When was the Funds for capability-building released to DepED RO?
 - Date Received _____
 - Amount Received _____
7. Were you involved in the division-level orientation for school implementers?
 - Date of orientation conducted _____
 - No. of schools oriented? _____
 - Number of schools with no orientation? _____
8. Have you monitored the implementation of SBFP in SDOs & schools?
 If yes, what are the major findings?

If no, cite the reasons for not monitoring

9. What are the strengths and weaknesses of the program?

10. What are the opportunities and threats?

11. What are the best practices of the region in SBFP implementation?

12. What are the issues and concerns you have encountered? How did the RO resolve it?

13. Do you think you will have a successful implementation of SBFP this year? Why?

14. What are your suggestions for program improvement?

II. DOCUMENTARY ANALYSIS – Regional Level

DOCUMENT	AVAILABILITY (√ if Available, X if not available)	REMARKS
1. Regional Action Plan		
2. Regional Allocation per Division		
3. Submission of SBFP Form 1		
4. Submission of SBFP Form 2		
5. Submission of SBFP Form 3		
6. Submission of SBFP Terminal Report for previous year		

Identify the Divisions that have poor compliance in the submission of required reports.

REGION : _____

No. of Beneficiaries : _____

Budget : _____

DIVISIONS	Number of Beneficiaries			Budget Allocation
	SW	W	Total	

How many SWs were not covered by the program? _____

How many Ws were not covered? _____

III. ANALYSIS & RECOMMENDATIONS OF THE MONITORS:

SBFP Form 8

School-Based Feeding Program
QUESTIONNAIRE FOR THE PROGRESS MONITORING AND EVALUATION
 (Regional Level)
 SY _____

Division: _____

Date: _____

I. INTERVIEW/FOCUS GROUP DISCUSSION WITH SBFP FOCAL PERSONS

1. What are the preparatory activities done by the Division Office with regards to the implementation of SBFP for SY _____?

2. Of the activities mentioned, in what part were you involved and to what extent? If you were not involved, in what part do you think you should have been involved?

3. Was there a Technical Working Group formed in the SDO? Who created it? Who are the persons involved? What is the role of each member of the TWG? Was the expected role accomplished by the TWG members? If not, cite the reasons and instances.

4. Is/Are there SBFP Focal Person/s designated by the SDS? Who is/are the Focal Persons? What are the roles of the SBFP Focal Person/s?

5. As SBFP Focal Person, do you have the support of the SDO?

6. Is there proper coordination & communication with RO and SDO? Were there issues encountered with the coordination with RO? Was it resolved? How?

7. When was the Funds for SBFP from CO released to SDO?

- Date Received _____
- Amount Received _____

8. Did you conduct orientation for school implementers?

- Date of orientation conducted _____
- No. of schools oriented? _____
- Number of schols with no orientation? _____

9. Have you monitored the implementation of SBFP in SDOs & schools?
If yes, what are the major findings?
If no, cite the reasons for not monitoring

10. What are the strengths and weaknesses of the program?

11. What are the opportunities and threats?

12. What are the best practices of the region in SBFP implementation?

13. What are the issues and concerns you have encountered? How did the SDO resolve it?

15. Do you think you will have a successful implementation of SBFP this year? Why?

16. What are your suggestions for program improvement?

17. Have you created Municipal /City level local alliance?

- No. of preparatory meeting conducted _____
- Actual meeting conducted with partners _____

18. Who are the active partners / stakeholders in the division?

19. How much funds were released from SDO to Schools?

- Total Amount released to Schools _____
- Number of tranches _____

20. Was there orientation conducted to schools? Who are the participants? Who funded the activity?

- With orientation _____
- No orientation _____

21. How many active partners / stakeholders in schools?

- NGO _____
- GO _____
- LGU _____
- Foundation _____
- Others (please specify) _____

22. Do you have complete program management data?

- Date started _____
- No. of feeding days as of visit _____
- Expected no. of days of completion _____
- Procurement method followed _____
- Nutrition Education in schools _____
- Weighing scale used in schools _____
- Parent involvement _____

23. Any complementary activities conducted?

- No. of beneficiaries dewormed _____
- With functional School garden _____
- Personal hygiene & good grooming _____
- Waste congregation and composting _____
- Adherence to food safety _____

Number of Beneficiaries			Budget Allocation
SW	W	Total	

How many SWs were not covered by the program? _____

How many Ws were not covered? _____

Nutritional Status SY _____

Total Enrolment:	Number	%
SW		
W		
N		
OW		
O		
TOTAL:		

II. DOCUMENTARY ANALYSIS – Division Level

DOCUMENT	AVAILABILITY (√ if Available, X if not available)	REMARKS
1. Division Action Plan		
2. Division Work & Financial Plan		
3. School Work & Financial Plan		(specify if all recipient schools have submitted)
4. Cycle Menu from schools		(specify if all recipient schools have submitted)
5. Project Procurement Management Plan		(specify if all recipient schools have submitted)
6. Transfer of funds from RO to SDO		(specify the date)
7. Regional Allocation per School		
8. Transfer of funds from SDO to schools		(specify the date)
9. Liquidation Reports from Schools		
10. List of beneficiaries		
11. Submission of SBFP Form 1		
12. Submission of SBFP Form 2		
13. Submission of SBFP Form 3		
14. Submission of SBFP Terminal Report for previous year		

Identify the schools that have poor compliance in the submission of required reports (if any).

SBFP Form 9

School-Based Feeding Program
QUESTIONNAIRE FOR THE PROGRESS MONITORING AND EVALUATION
 (Division Level)
 SY _____

School: _____

Date: _____

1. Preparation of Data for the Program

- List of beneficiaries
- Nutritional Assessment

	Baseline	Midline	Endline
SW	_____	_____	_____
W	_____	_____	_____
N	_____	_____	_____
OW	_____	_____	_____
O	_____	_____	_____
TOTAL	_____	_____	_____

- School Work and Financial Plan _____
- Cycle Menu _____
- Project Procurement Management Plan _____

2. Release of funds from SDO to School

- Amount released in School

- ❖ 1st tranche _____
- ❖ 2nd tranche _____

- Date Received _____
- No funds Allocated _____

3. Orientation of SBFP

- with orientation _____
- no orientation _____

4. Partnership with various stakeholders in the School

- NGO _____
- GO _____
- LGU _____
- Foundation _____

5. Program Management

- Date Started _____
- Expected no. of days of completion _____
- Procurement method followed _____
- Nutrition Education during feeding _____
- Weighing scale used in school _____

- Compliance to cycle menu _____
 - Attendance of the beneficiaries _____
 - Parents Involvement _____
6. Development of Health and Nutrition Values
- Proper handwashing _____
 - Prayer before and after meal _____
 - Good grooming and personal hygiene _____
7. Complementary Activities
- No. of beneficiaries dewormed _____
 - With functional School Garden _____
 - Waste segregation and composting _____
 - Adherence to food safety _____
8. Submission of SBFP forms
- with report _____
 - without report _____
9. Submission of Liquidation Report
- with liquidation _____
 - without liquidation _____
10. Issues and concerns
- _____
- _____
- _____

Submitted by :

SBFP SY _____

SBFP Form Monthly/Quarterly Report

Region: _____

Division	No. of SDO Schools	Target No. of SBFP Schools	Actual No. of SBFP Schools	% (SDO school vs SBFP Schools)	Status of Implementation (when started, completed, discontinue, for continuation or number of feeding days completed)	Financial Status					Remarks	
						Amount Allocated	Amount Downloaded/ Received (SDOs)	Status of downloading of funds to Schools (Amount downloaded to schools)	Disbursed	Liquidation		
										1st		2nd



BIDS AND AWARDS COMMITTEE

Request for Quotation

Date: _____
 Quotation No. _____

To all Eligible Suppliers:

I. Please quote your lowest price inclusive of VAT on the item/s listed below, subject to the Terms and Conditions of this RFQ, and submit your quotation duly signed by your representative not later than _____ (date) _____ at _____ (name of school) _____, (address, district & division) _____. For more information please call _____ (Name of school) _____ at Telefax Nos.: _____. **Prospective supplier shall be responsible to verify the quoted items from above-stated School and Telephone No/s.**

(Sgd.) _____
 BAC Chairperson

Lot No.	ITEMS & DESCRIPTION	QTY	Packaging	Statement of Compliance (State "Comply" or "Not Comply")	UNIT PRICE
1	Supply and Delivery of food stuff requirements for the School-Based Feeding Program for SY 2013-2014 of _____ (name of school) _____ Vegetables & other food items Budget : Php (see attached Annex A for Items in this lot)	See Annex A - C	Packed by qty. as required (see Schedule of Requirements)		
2	Grocery Items Budget : Php (see attached Annex B for Items in this lot)				
3	Fish, Meat and Poultry Budget : Php (see attached Annex C for Items in this lot)				
	Delivery: _____ (indicate terms) _____				

This is to submit our price quotations as indicated above subject to the terms and conditions of this RFQ.

Supplier's Company Name:	_____	TIN No.:	_____
Address:	_____		
Telephone No.:	_____	Fax No.:	_____
Supplier's Authorized Representative Signature over Printed Name:	_____	Date:	_____

II. Terms and Conditions

A. Submission of Requirements

1. Sealed quotations and other requirements stated below shall be submitted to the Bids and Awards Committee (BAC) at (Name and complete address of school).
2. Supplier shall submit the following requirements:
 - a. Duly signed Request for Quotation. Prices shall be quoted in Philippine Peso. Statement of Compliance must be accomplished by supplier.
3. For submission prior to Award
 - a. 1) Valid Mayor's Permit, 2) Tax Clearance Certificate, & 3) PhilGEPS Registration Certificate.
Bidder's failure to submit such documents within three (3) calendar days from receipt by the bidder of notice shall be ground for disqualification.

B. Award

The supplier who submitted the lowest calculated responsive quotation shall be awarded the Purchase Order after evaluation by the BAC.

C. Delivery

1. Delivery of Goods shall be made within 7 calendar days from date of receipt of Purchase Order. To ensure the quality of vegetables, fish, poultry, meat products and other perishables, delivery shall be made on a staggered basis : (Indicate here quantity and mode of delivery (e.g. weekly, every two weeks, etc. depending on the storage capacity of the school))
2. Deliverables shall be delivered to the School site, (name and complete address of school) hereto defined as Project Site, costs to the account of supplier. Risk and title shall pass from the supplier to the purchaser upon receipt and final acceptance of the Goods at Project Site.
3. Upon delivery of the Goods to the Project Site, the supplier shall notify the Purchaser and present the following documents to the Purchaser:
 - i. Original and 4 copies of the Supplier's Invoice showing the Goods description, quantity, unit price, and total price.
 - ii. Original and 4 copies of Delivery Receipts
 - iii. Original Statement of Accounts
 - iv. Approved Purchaser Order
 - v. Warranty Certificate, if applicable.

For the purpose of these conditions, Purchaser's representative at the Project Site is (Name and designation of authorized representative).

D. Evaluation of Quotations

Quotations shall be compared and evaluated on the basis of the following criteria:

1. Completeness of Submission
2. Compliance with Technical Specifications
3. Price

E. Instructions

1. Supplier shall be responsible for the source(s) of its Goods/equipment, and shall make the deliveries in accordance with the schedule, and specifications of the award or purchase order. Failure of the supplier to comply with this provision shall be ground for cancellation of the award or purchase order issued to the supplier.
2. Supplier shall pick-up the purchase order issued in its favor within three (3) calendar days from date of receipt of notice to that effect. A telephone call or fax transmission shall constitute an official notice to the Supplier. Thereafter, if the purchase order remains unclaimed, the purchase order shall be cancelled. To avoid delay in the delivery of the requesting agency's requirements, all defaulting suppliers shall be precluded from proposing or submitting substitute quotation(s) or item(s).
3. Supplier who accepted a purchase order but failed to deliver the required Goods within the time called for in the purchase order shall be disqualified from participating in DepED or any of DepED units' future procurement activities. This is without prejudice to the imposition of other sanctions prescribed under R.A. 9184 and Its IRR-A against the supplier.
4. Rejected deliveries shall be construed as non-delivery, and shall be replaced by the supplier subject to liquidated damages for delayed deliveries.
5. All duties, excise, and other taxes, and revenue charges shall be paid by the supplier.

6. As a pre-condition to payment, Importation Documents specifically showing the conditions and serial numbers of the imported equipment purchased shall be submitted by the supplier to the Department of Education.
7. All transactions are subject to withholding of credible Value Added Tax and/or Expanded Value Added Tax per revenue regulation(s) of the Bureau of Internal Revenue.

F. Packing

The supplier shall provide such packing of the Goods appropriate to prevent their damage or deterioration during transit to the Project Site. Goods shall be packed in appropriate containers with label identifying the content and quantity per package with the name of the Purchaser and marked "Not for Sale - Government Property"

Inner packaging of grocery items must have Food-Grade Plastic Lining, label to include the following : 1) Batch/Lot number, 2) Manufacturing date, 3) Expiry date, 4) Name of Manufacturer, 5) Address (where manufactured), 6) License to operate number, if applicable.

G. Inspection

1. All deliveries by suppliers shall be subject to inspection, and acceptance by the DepED Inspection Team and the end-user. All costs of the necessary laboratory tests undertaken by DepED on the Goods shall be to the account of suppliers.
2. For the purpose of this condition, Purchaser's representative at Project Site is (name and designation of authorized representative).

H. Liquidated Damages

A penalty of one-tenth of one percent (0.001) of the total value of the undelivered Goods shall be charged as liquidated damages for every day of delay of the delivery of the purchased Goods.

I. Warranty

Warranty shall be for a period of six (6) months for supplies and materials, and one year in case of equipment reckoned from date of acceptance of the Goods at Project Site.

J. Payment

One hundred percent (100%) of the Contract Price shall be paid to the supplier after acceptance of the Goods at Project Site and submission of the documents provided under **C. Delivery**.

After having carefully read and accepted your Request for Quotation and its Terms and Conditions, I/We quote you on the item/s at price noted in the RFQ. The quotation shall be binding upon us for thirty (30) calendar days reckoned from last day of submission Indicated in the Submission Requirements. The corresponding Award on Purchase Order shall be accepted by us at any time before expiration of this period.

SCHOOL-BASED FEEDING PROGRAM

RFQ/MARKET FORM

Lot 1 : Vegetables and Other Items

	Item	Quantity (in grams)	Quantity (in kilos)	Unit Cost	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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37					
38					
39					
40					

Prepared by:

Approved by:

SCHOOL-BASED FEEDING PROGRAM

RFQ/MARKET FORM

Lot 2 : Grocery Items

	Item	Quantity (in grams)	Quantity (in kilos)	Unit Cost	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
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12					
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37					
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39					
40					

Prepared by:

Approved by:

SCHOOL-BASED FEEDING PROGRAM

RFQ/MARKET FORM

Lot 3 : Fish, Meat and Poultry

	Item	Quantity (In grams)	Quantity (In kilos)	Unit Cost	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
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12					
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39					
40					

Prepared by:

Approved by:

Name of the Procuring Entity

Address:

Contact No.:

Contact Person:

Abstract of Quotations

Project Name : _____ Date of Opening : _____
Project Location : _____ Time of Opening : _____
Place of Opening : _____

Implementing Office : _____
Approved Budget for the Contract : _____

ITEM No.	DESCRIPTION	BIDDER 1	BIDDER 2	BIDDER 3	BIDDER 4
	P				
	P				
	P				
	P				
	P				
	P				
	P				
	P				
	P				
	P				
	P				
	Remarks				

Recommending award as follows:

<u>Item No.</u>	<u>Name of Supplier</u>	<u>Amount in Pesos</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

BAC Chairman_____
BAC Vice-Chairman_____
BAC Member_____
BAC Member_____
BAC Member_____
PMO/End-user Unit_____
Head, BAC-TWG_____
Representative_____
Representative

ANNEX A

(Name of Agency) Annual Procurement Plan for FY _____

Code (PAP)	Procurement Program/Project	PMO/End-User	Mode of Procurement	Schedule for Each Procurement Activity												Source of Funds	Estimated Budget (PAP)			Remarks (brief description of Program/Project)
				Pre-Proc Conference	Advs/Post of AEB	Pre-bid Conf	Eligibility Check	Sub/Open of Bids	Bid Evaluation	Post Qual	Notice of Award	Contract Signing	Notice to Proceed	Delivery/Completion	Acceptance/Turnover		Total	MOOE	CO	

DEFINITION

- PROGRAM (BESF)**– A homogeneous group of activities necessary for the performance of a major purpose for which a government agency is established, for the basic maintenance of the agency's administrative operations or for the provisions of staff support to the agency's administrative operations or for the provisions of staff support to the agency's line functions
- PROJECT (BESF)**– Special agency undertakings which are to be carried out within a definite time frame and which are intended to result in some pre-determined measure of goods and services
- PMO/End User** - Unit as proponent of program or project
- Mode of Procurement** - Competitive Bidding and Alternative Methods including selective bidding, direct contracting, repeat order, shopping, and negotiated procurement
- Schedule for Each Procurement Activity** - Major procurement activities (pre-procurement conference, advertising/posting, pre-bid conference, eligibility screening, submission and receipt of bids, bid evaluation, post qualification, award of contract, contract preparation), delivery/completion and acceptance/turnover
- Source of Funds** - Whether GoP, Foreign Assisted or Special Purpose Fund
- Estimated Budget** - Agency approved estimate of project/program costs
- Remarks** - brief description of program or project

Remarks

- Programs and projects should be aligned with budget documents, and especially those posted at the PhilGeps.
- Breakdown into mooe and co for tracking purposes. Aligned with budget documents
- Any remark that will help GPPS track programs and projects

ANNEX C

DBM-PMR Attachment1 as of month/day/2006

No.	Organization	Contact Person	Telephone	Mobile	Address



REPUBLIC OF THE PHILIPPINES
COMMISSION ON AUDIT
Commonwealth Avenue, Quezon City, Philippines

CIRCULAR

No.: 2017-001
Date: JUN 19 2017

TO : All Heads of Departments, Bureaus, Offices, Agencies and Instrumentalities of the National Government; Heads of Local Government Units; Managing Heads of Government-Owned and/or Controlled Corporations; Commission on Audit Assistant Commissioners, Directors, Supervising Auditors, Audit Team Leaders, and all others concerned

SUBJECT : Reimbursement of expenses not requiring official receipts

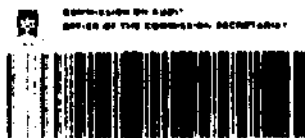
In view of the reduced purchasing power of the peso, expenses incurred by government officials and employees in the discharge of their official functions amounting to P300.00 or less need not be supported by official receipts, except for the following:

- a. Payment of fares in public utility vehicles issuing receipts such as bus, train, vessel/ship; and
- b. Purchases in business establishments issuing receipts.

The official/employee concerned shall be required to submit a certification for expenses P300.00 or less as supporting document (Annex "A").

Any circular or directive in conflict herewith is hereby amended/modified/revoked accordingly.

This Circular shall take effect fifteen (15) days from date of publication in a newspaper of general circulation.




MICHAEL G. AGUINALDO
Chairperson


JOSE A. FABIA
Commissioner


ISABEL D. AGITO
Commissioner

(Agency Name):

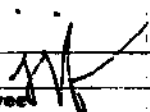
CERTIFICATION OF EXPENSES NOT REQUIRING RECEIPTS

Pursuant to COA Circular No. 2017-001 dated June 19, 2017

Name of Employee		Employee No.
Office		
Division		
	Particulars	Amount (P)
TOTAL		
Purpose		

I hereby certify that the above expenses are incurred as they are necessary for the above stated purpose, that above goods and services were acquired from parties not issuing receipts. And that I am fully aware that wilful falsification of statements is punishable by law.

Certified correct: _____ Noted by: _____

Signature	
	
Printed Name	
Employee	Immediate Supervisor
Date	Date

ja

ja

Date of Visit:	Name of Principal:
Name of School:	Name of Feeding Coord:
School Address:	No. of SW: No. of W:
DepEd Division:	Start date of feeding:
Modality:	No. of feeding days on date of visit:

INSTRUCTIONS: Check the school's adherence to the School Feeding standards based on the absence or presence of the key requirements. Additional comments can be written in the remarks column.

Code	KEY REQUIREMENTS	✓ or X	REMARKS
F1	Fresh and good quality ingredients are used in daily feeding.		
F2	Complete tools and utensils are used in cooking.		
F3	Appropriate storage facilities and containers used to maintain quality of food ingredients.		
F4	Pre-preparation procedures of food ingredients are followed.		
F5	Appropriate cooking procedures are followed.		
F6	Appropriate standing time of food is followed.		
F7	Appropriate portioning of food is followed.		
F8	Food served is balanced; with rice and one viand.		
F9	Rice served is of good quality and properly cooked		
F10	Viand served is of good quality and properly cooked.		
F11	Safe drinking water supply is available.		
F12	Food contact surfaces are not exposed to sources of contamination.		
F13	Cooking area is well-lit and properly ventilated.		
F14	Cooking area and feeding areas are pest-free.		
F15	There is available handwashing facility, with strategic display of info on proper handwashing; and proper handwashing is done.		
F16	Appropriate handling of food ingredients is followed to ensure food safety.		
F17	Food are properly covered before portioning and/or service.		
F18	Parents and other volunteers are in proper attire and proper grooming when handling and/or cooking food.		
F19	Parent volunteer/school staff with food-borne and respiratory ailment are not allowed to handle food.		
F20	Food handlers have health certificate.		
F21	Ceiling of the cooking area is clean.		
	Walls of the cooking area are clean.		
	Floor of the cooking area is clean.		
F22	Ceiling of the feeding area is clean.		
	Walls of the feeding area are clean.		
	Floor of the feeding area is clean.		
F23	Chairs and tables in the feeding and cooking area are clean.		
F24	Ceiling of the cooking area is in good condition.		
	Walls of the cooking area are in good condition.		
	Floor of the cooking area is in good condition.		
F25	Ceiling of the feeding area is in good condition.		
	Walls of the feeding area are in good condition.		
	Floor of the feeding area is in good condition.		
F26	Chairs and tables in the feeding and cooking area are in good condition.		
F27	Waste management and segregation is practiced.		
F28	Weighing scale and steel tape are available.		
F29	Weighing scale is accurate.		

F28	Pre-feeding steps are followed		
F29	Steps in serving food are followed		
F31	Post-feeding steps are followed		
F32	Daily feeding has been continuous since it started.		
AC1	Principal organizes the SBFP Core group		
AC2	Deworming of pupils is done twice in a school year		
AC3	Areas for improvement of the SBFP program are identified.		
AC4	Corrective actions are identified to address the areas for improvement of SBFP.		
AC5	The School Principal is able to act as an advocate of SBFP.		
AC6	There are plans to sustain SBFP.		
AC7	The school allocates cash or in-kind counterpart for SBFP implementation.		
AC8	Parents and other volunteers perform their daily assigned tasks.		
AC9	Parents attend meetings and seminars conducted.		
AC10	Members of the SBFP Core Group are actively involved in program implementation.		
AC11	The Feeding Coordinator effectively manages daily SBFP operations.		
AC12	The Parents-Teachers Association (PTA) provides active support to SBFP.		
AC13	SBFP reports and documents are complete and properly filed Form 1: Masterlist of Beneficiaries Form 3: Summary of Beneficiaries Form 4: Record of Daily Feeding (monthly) Form 5: Program Terminal Report (PTR) 6A: Consolidated Nutritional Stat (School Level) 6E: Consolidated Program Terminal Reports (Attendance) 6F: Consolidated Program Terminal Reports (Procurement Process) Work and Financial Plan (WFP) Project Procurement Management Plan (PPMP)		
AC14	SBFP reports and documents are accurate, regularly updated and submitted on time: Form 1: Masterlist of Beneficiaries Form 3: Summary of Beneficiaries Form 4: Record of Daily Feeding (monthly) Form 5: Program Terminal Report (PTR) 6A: Consolidated Nutritional Stat (School Level) 6E: Consolidated Program Terminal Reports (Attendance) 6F: Consolidated Program Terminal Reports (Procurement Process) Work and Financial Plan (WFP) Project Procurement Management Plan (PPMP)		
AC15	Meetings with stakeholders is/are held at least once a year and completely documented.		

AC16	The school was able to comply with the procurement process in a complete and timely manner.		
AC17	Prescribed menu plan is followed to ensure effective budget management.		
AC18	Food served is within prescribed budget		
AC19	Expenses are supported by required receipts		
AC20	Liquidation reports are accurate and submitted on time		
AC21	The school was able to create local partnerships for SFP implementation as a source of funds, in-kind donation, complementary support or technical assistance.		
AC22	The school makes accurate recording and disclosures of fund raising activities by reflecting these in the SFP financial reports and reporting to stakeholders.		

Good things observed

Areas for improvement

Accomplished by:

Name and Signature of Monitor
Date

Conformed by:

Name and Signature of Principal
Date



Jollibee Group
FOUNDATION

**WORK AND
SCHOOL-BASED FE
SY _____**

Region: _____
 Division: _____
 District: _____
 Name of School: _____
 BEIS School ID: _____

Objectives: To improve the nutritional status of the SW and W beneficiaries
 Ensure 85-100% attendance among target beneficiaries
 To improve the children's health and nutrition values and behavior

PROGRAM/ACTIVITY/PROJECT	Performance Indicator/Unit of Measure	Target Beneficiaries SY				
		Kinder	Grade 1 to Grade 6	3rd - 4th Qtr. of 2015	1st Qtr.	TOTAL TARGET
GAS/STO/Project						
1. Procurement of						
Food Commodities for School-Based Feeding Beneficiaries	no. of BFP beneficiaries fed					
(See attached lists of commodities with estimated amount and Cycle Menu)				beneficiaries	beneficiaries	beneficiaries
Kinder						
Grade 1						
Grade 2						
Grade 3						
Grade 4						
Grade 5						
Grade 6						
Total No. of Beneficiaries						

PROGRAM/ACTIVITY/PROJECT	Performance Indicator/Unit of Measure	Target Beneficiaries SY				
		Kinder	Grade 1 to Grade 6	3rd - 4th Qtr. of 2015	1st Qtr.	TOTAL TARGET
ii. Operational Expenses						
Maintenance and Operating Expenses (See attached lists of supplies and materials with estimated cost)						
1. Orientation of stakeholders						
2. Supplies & materials related to feeding program (Gasul, kerosene, fuel, charcoal, water, etc.)						
					LPG & other cooking materials	LPG & other cooking materials
					containers (5 gallons/containers) of mineral/purified water	containers (5 gallons/containers) of mineral/purified water
					set of related feeding utensils	set of related feeding utensils
3. Management Program Operation (minimal transportation expenses, xerox, and other priority related expenses)						
					photocopying & other supplies for documentation	photocopying & other supplies for documentation
TOTAL ESTIMATED COST						

Prepared by:

Requested By:

Noted By:

Feeding Coordinator

Principal/School Head

District Supervisor

Financial Requirements for SY _____									RESPONSIBILITY CENTER	SOURCE OF FUND	REMARKS
Cost Assumption	CY _____				CY _____			TOTAL			
	SEPT	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.				
Number of beneficiaries XP2.00X120 days											
Sub-Total	-	-	-	-	-	-	-	-	-	-	-
GRAND TOTAL	-	-	-	-	-	-	-	-	-	-	-

Funds Available:

Approved by:

Division Accountant

Schools Division Superintendent

**DEPARTMENT OF EDUCATION
 CY _____ PROJECT PROCUREMENT MANAGEMENT PLAN**

(Name of Office)

NO	PROJECT	ACTIVITIES	PROC DATE	SOURCE OF FUND	Competitive Bidding	ESTIMATED BUDGET and MODE OF PROCUREMENT			
						Shopping	Direct Contracting	Negotiated Proc (Small Value)	Negotiated Proc (A to A)

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