

EARLY CHILDHOOD CARE AND DEVELOPMENT COUNCIL
4/F Belvedere Tower, No. 15 San Miguel Avenue, Ortigas Center, Pasig City
Tel. No. 571-6833; Fax No.571-4612 Local 829

Date: _____


REQUEST FOR PROPOSAL

Gentlemen:

Please quote your lowest government price (s), stating the shortest time of delivery on the item(s) listed below and submit your quotation duly signed by your representative through email or sealed envelope directed to the Chairperson, Bids and Award Committee of this office on or before September 10, 2024.

If you do not have the exact item on request, please feel free to offer the equivalent or possible substitute.

Very Truly yours,


NECITAS D. LARGO
BAC Chairperson

QTY	UNIT	ARTICLES AND DESCRIPTION	UNIT PRICE	TOTAL
1	lot	Engagement of University Partner (Research Institution)		
		Duration: 14 months		
		1. The main objective of this partnership is to conduct Baseline Assessment and End-line Evaluation of the Infant and Toddler Early Development Program (ITED) of the ECCD Council		
		Qualifications:		
		1. Experienced and reputable institution specializing in research and programmes for children, preferably early childhood development. Has a proven track record in conducting rigorous baseline and project/program end-line studies using quantitative, qualitative, and mix-methods;		
		2. Expertise in research design, implementation, analysis, writing, and presentation is necessary;		
		3. Has the capacity to engage with local governments and other key stakeholders:		
		a. Local Chief Executives		
		b. Municipal Social Welfare Officers (MSWDO)		
		c. ECCD Service Providers		
		- Child Development Teachers and Workers		
		- Community Health Workers		
		d. Parents/Caregivers		
		e. CSO representative		
		4. Has extensive knowledge and experience in working with diverse cultures and linguistic variations within children and families		
		5. Exhibits a profound comprehension of ethical principles and adherence to protocols governing research involving children and their families		
		Pls. see attached TOR		
		Other requirements:		
		1. Curriculum Vitae and proposal		
		2. Organization Profile		
		3. PhilGEPS Registration Number		
		4. Business/Income Tax Return		
		5. Mayor's/Business Permit		
		6. Omnibus Sworn Statement		
		Terms of Payment: three (3) Tranches		
		Quotations are inclusive of all Taxes		
		For any queries, you may Contact Nos. 571-6833/571-4615		
		Email Add: ndl@eccdcouncil.gov.ph/cora@eccdcouncil.gov.ph/bac@eccdcouncil.gov.ph		

After having carefully read and accept your requirements, I/we quote you on the above items and bind ourselves to deliver the above articles and description within the specified dates. The quotations are good up to 60 calendar days.

SERVICE PROVIDER	
Signature	
Name	
Address	
Telephone Nos.	
Fax Nos.	