

**INVITATION FOR  
NEGOTIATED PROCUREMENT – TWO FAILED BIDDINGS  
Purchase and Delivery of Medicines and Medical Supplies for the DSWD-CAR  
Field Office and Clients for the Centers and Residential Care Facilities -Second  
Posting**

In view of the two (2) failed public biddings and in accordance with Section 53.1 of the revised Implementing Rules and Regulations of the Republic Act 9184, otherwise known as the “Government Procurement Reform Act”, the **Department of Social Welfare and Development - Cordillera Administrative Region (DSWD-CAR)**, through its **Bids and Awards Committee (BAC)** now invites PhilGEPS registered and interested suppliers to participate in the negotiation for the procurement of the project, **Purchase and Delivery of Medicines and Medical Supplies for the DSWD-CAR Field Office and Clients for the Centers and Residential Care Facilities -Second Posting** under **ITB No. NPTFB 2024-DSWDCAR-03**. The Approved Budget for the Contract (ABC) is **Two Million Sixty-Three Thousand One Hundred Three Pesos and Fifty Centavos (PhP 2,063,103.50)**.

For more details of this project, please refer to the following:

- **Schedule of Requirements (Annex A)**
- **Technical Specifications (Annex B)**

1. The schedule of procurement activities:

<i>Activities</i>	<i>Date and Time</i>
Posting and availability of the Invitation for Negotiated Procurement- Two Failed Biddings	20 May 2024 to 01:00 PM (PST) of 31 May 2024
Negotiation Conference at DSWD premises and through <b>video conferencing or Google Meet with meeting ID/Link as <u>meet.google.com/ixy-qgdz-tdo</u></b>	01:30 PM (PST) of 27 May 2024
Issuance of Amendments / Clarifications / Addendum, if any	28 May 2024
Deadline for Submission of Bids	01:00 PM (PST) of 31 May 2024
Opening of Bids and <b><u>Evaluation of Bids to be held at</u></b> DSWD premises and through Google Meet with meeting ID/Link: <b><u>meet.google.com/ihr-ffwm-rbw</u></b>	01:30 PM (PST) of 31 May 2024

The Eligibility and Technical Documents will be composed of the following:

- i. Valid PhilGEPS Registration Certificate (Platinum Membership), **ALL** pages in accordance with Section 8.5.2 of the IRR;
- ii. Schedule of Requirements (**Annex A**)
- iii. Technical Specifications (**Annex B**)
- iv. The statement of all ongoing government and private contracts, including the contracts awarded but not yet started, if any, whether similar or not similar in nature and complexity to the contract to be bid (**Annex C**);
- v. Statement of the bidder's Single Largest Completed Contract (SLCC) similar to the contract to be bid (**Annex D**);
- vi. **Net Financial Contracting Capacity (NFCC)** or A Committed Line of Credit from a Universal or Commercial Bank in lieu of its NFCC computation (**Annex E**);
- vii. Joint Venture Agreement, if applicable;
- viii. Original duly signed Omnibus Sworn Statement (**Annex F**);
- ix. Bid Securing Declaration (**Annex G**)

***Note: Other eligibility/Legal documents will be validated during the post-qualification stage.***

The Financial Proposal:

- i. Price Proposal Form (**Annex H**)
  - ii. Bid Form (**Annex I**)
2. The **Department of Social Welfare and Development - Cordillera Administrative Region (DSWD-CAR)** reserves the right to reject any and all bids, declare a failure of bidding, or not award the contract at any time prior to contract award in accordance with Section 41 of RA 9184 and its IRR, without thereby incurring any liability to the affected bidder or bidders.
3. For further information, please refer to the following:

**DSWD-CAR Bids and Awards Committee**  
**c/o THE BAC SECRETARIAT**  
DSWD-CAR, 40 North Drive, Baguio City  
E-Mail: bacsec.car@dswd.gov.ph  
Tel. No. (074) 661-0430 local 25123

**SGD.**  
**RINA CLAIRE L. REYES**  
Chairperson, Bids and Awards Committee

## Annex A

### Schedule of Requirements

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

Lot No.	Description	Qty / Unit	Delivery Place	Delivery Period
1	<b>Purchase and Delivery of Medicines and Medical Supplies for the DSWD-CAR Field Office and Clients for the Centers and Residential Care Facilities -Second Posting</b>	1 LOT	<b>1. Items for Human Resource Welfare Section-</b> DSWD Field Office CAR, #40 North Drive, Baguio City  <b>2. Items for Regional Rehabilitation Center for the Youth (RRCY) and Regional Haven for Women and Girls -</b> Regional Haven for Women and Girls, #40 North Drive, Baguio City  <b>3. Items for the Reception and Study Center for Children (RSCC) –</b> RSCC Building, MB 007, Puguis, La Trinidad, Benguet	twenty (20) calendar days upon receipt of the Notice to Proceed

## Annex B

# Technical Specifications

### Notes for Preparing the Technical Specifications

A set of precise and clear specifications is a prerequisite for Bidders to respond realistically and competitively to the requirements of the Procuring Entity without qualifying their Bids. In the context of Competitive Bidding, the specifications (*e.g.* production/delivery schedule, manpower requirements, and after-sales service/parts, descriptions of the lots or items) must be prepared to permit the widest possible competition and, at the same time, present a clear statement of the required standards of workmanship, materials, and performance of the goods and services to be procured. Only if this is done will the objectives of transparency, equity, efficiency, fairness, and economy in procurement be realized, responsiveness of bids be ensured, and the subsequent task of bid evaluation and post-qualification facilitated. The specifications should require that all items, materials and accessories to be included or incorporated in the goods be new, unused, and of the most recent or current models, and that they include or incorporate all recent improvements in design and materials unless otherwise provided in the Contract.

Samples of specifications from previous similar procurements are useful in this respect. The use of metric units is encouraged. Depending on the complexity of the goods and the repetitiveness of the type of procurement, it may be advantageous to standardize the General Technical Specifications and incorporate them in a separate subsection. The General Technical Specifications should cover all classes of workmanship, materials, and equipment commonly involved in manufacturing similar goods. Deletions or addenda should then adapt the General Technical Specifications to the particular procurement.

Care must be taken in drafting specifications to ensure that they are not restrictive. In the specification of standards for equipment, materials, and workmanship, recognized Philippine and international standards should be used as much as possible. Where other particular standards are used, whether national standards or other standards, the specifications should state that equipment, materials, and workmanship that meet other authoritative standards, and which ensure at least a substantially equal quality than the standards mentioned, will also be acceptable. The following clause may be inserted in the Special Conditions of Contract or the Technical Specifications.

#### **Sample Clause: Equivalency of Standards and Codes**

Wherever reference is made in the Technical Specifications to specific standards and codes to be met by the goods and materials to be furnished or tested, the provisions of the latest edition or revision of the relevant standards and codes shall apply, unless otherwise expressly stated in the Contract. Where such standards and codes are national or relate to a particular country or region, other authoritative standards that ensure substantial equivalence to the standards and codes specified will be acceptable.

Reference to brand name and catalogue number should be avoided as far as possible; where unavoidable they should always be followed by the words “*or at least equivalent.*”

References to brand names cannot be used when the funding source is the GOP.

Where appropriate, drawings, including site plans as required, may be furnished by the Procuring Entity with the Bidding Documents. Similarly, the Supplier may be requested to provide drawings or samples either with its Bid or for prior review by the Procuring Entity during contract execution.

Bidders are also required, as part of the technical specifications, to complete their statement of compliance demonstrating how the items comply with the specification.

## Technical Specifications

Item	Qty	Unit	Specification	Statement of Compliance
				<p><i>[Bidders must state here either “Comply” or “Not Comply” against each of the individual parameters of each Specification stating the corresponding performance parameter of the equipment offered (including the prescribed terms and conditions). Statements of “Comply” or “Not Comply” must be supported by evidence in a Bidders Bid and cross-referenced to that evidence. Evidence shall be in the form of manufacturer’s un-amended sales literature, unconditional statements of specification and compliance issued by the manufacturer, samples, independent test data etc., as appropriate. A statement that is not supported by evidence or is subsequently found to be contradicted by the evidence presented will render the Bid under evaluation liable for rejection. A statement either in the Bidder’s statement of compliance or the supporting evidence that is found to be false either during Bid evaluation, post-qualification or the execution of the Contract may be regarded as fraudulent and render the Bidder or supplier liable for prosecution subject to the applicable laws and issuances.]</i></p>
<b>I. FOR HUMAN RESOURCE WELFARE SECTION (Subtotal shall not exceed (PhP 1,523,861.00))</b>				
1	120	Box	Amlodipine tablet 10 mg, 100 pcs/box	
2	122	Box	Amlodipine tablet 5 mg, 100 pcs/box	
3	112	Box	Aluminum Hydroxide Magnesium Hydroxide 200 mg, tablet, 100 pcs/box	
4	112	Box	Carbocisteine, 500mg, Capsule, 100 pcs/box	
5	114	Box	Cetirizine dihydrochloride 10 mg, tablet, 100 pcs/box	
6	12	Box	Clonidine Hydrochloride 75 mcg Tablet, 100pcs/box	
7	130	Pack	Dichlorobenzyl Alcohol Amylmetacresol, 8 Lozenges/pack	

Item	Qty	Unit	Specification	Statement of Compliance
8	1	Box	Domperidone 10 mg, tablet, 100 pcs /box	
9	2	Box	Hyoscine Butylbromide, <b>10 mg</b> , Tablet, 100 pcs/box	
10	104	Box	Ibuprofen, 400 mg, tablet, 100 pcs/box	
11	111	Box	Loperamide Hydrochloride 2 mg, capsule, 100pcs/box	
12	111	Box	Meclizine hydrochloride 25 mg, chewable tablet, 100 pcs/box	
13	126	Box	Mefenamic Acid , 500mg, Capsule, 100pcs/box	
14	15	Box	Metformin Hydrochloride 500mg ,tablet (100 tablet/ box)	
15	35	Carton	Methyl Salicylate 1-menthol (Salonpas patch), <b>20 boxes/carton with 10 patches /box</b>	
16	97	Tube	Mupirucin 2% x 5mg	
17	200	Piece	Omeprazole 40 mg, capsule	
18	327	Box	Paracetamol, 500mg, Tablet, 100 pcs/box	
19	124	Box	<b><u>Phenylephrine HCL Paracetamol 10mg/500mg, 100 tablets/box, Non-drowsy</u></b>	
20	8	Box	Vitamin B-Complex 100mg/5mg/50mcg tablet, 100 pcs/box	
21	7	Box	Multivitamins + Iron (dl-Alpha Tocopheryl Acetate (Vit E) 30 IU, Ascorbic Acid 500mg, Niacinamide Vit B3 100mg, Iron 27mg, Pantothenic Acid Vit B5 20mg, Thiamine Hcl Vit B1 15mg, Riboflavin Vit B2 10mg, Pyridoxine Vit B6 5mg, Folic Acid Vit B9 400mcg, Biotin Vit B7 45mcg, Cyanocobalamin Vit B12 12mcg, 100 pcs/box	
22	49	Box	Losartan Tablet 50 mg, 100 pcs/box	
23	1,100	Piece	Sterile Gauze Pads (4"x 4")	
24	5	Tube	Terramycin (Antibiotic) Ointment 5g	
25	102	Tube	Burn Ointment at least 30g	
26	450	Tube	Bacillus clausii 2 billion / 5ml Oral Suspension	
27	104	Bottle	Irrigating Solution (PNSS) at least 1L	
28	110	Bottle	Povidone Iodine, at least 120 ml	
29	12	Box	Adhesive Tape 1 inch x 10 yards (12 rolls/box)	

Item	Qty	Unit	Specification	Statement of Compliance
30	20	Piece	Elastic Bandage 4"x 5 yards	
31	110	Box	Disposable Vinyl Gloves (100 pcs/box) at least XL	
32	1	Cannister	Blood Uric Test Strips for Easy Touch GCU monitoring system, 25 strips /canister	
33	1	Cannister	Blood Cholesterol Test Strips for Easy Touch GCU monitoring system, 25 strips /canister	
34	190	Cannister	Blood Glucose Test Strips for Easy Touch GCU monitoring system , 25 strips /canister	
35	105	Set	Aneroid Sphygmomanometer with Stethoscope	
36	116	Piece	Hot Water Bag at least 500 ml	
37	15	Piece	<b><u>Hot and Cold Pack Gel, reusable, at least 13cmx14cmx3cm</u></b>	
38	112	Piece	Ice Bag size: at least 6"	
<b>II. FOR REGIONAL REHABILITATION CENTER FOR THE YOUTH (Subtotal shall not exceed PhP 90, 060.00)</b>				
39	30	Bottle	Alcohol, 70% Solution, Isopropyl , FDA Approved	
40	4	Box	Disposable Vinyl Gloves , 100 pcs/box , at least Medium Size	
41	50	Pieces	Elastic Bandage, brown, 4" x 5 yards	
42	3	Box	Sterile Gloves, size 7.5 , 50 pairs/box	
43	5	Box	Sterile Gauze pads, 4" x 4" 8 ply, 100 pcs/box	
44	16	Box	Durapore Medical Tape, 1 inch x 10 yards, 12pcs/box	
45	25	Box	Adhesive Bandage/Strips, Water Resistant, plastic , 50 strips/box	
46	20	Pieces	Elastic Bandage, brown, 2" x 5 yards	
47	2	Pieces	Infrared non-contact thermometer	
48	2	Pieces	Aneroid Sphygmomanometer	
49	10	Box	Hydrocolloid Dressing, 4"x4", 5pcs/box	
50	10	Pieces	Hot and Cold Pack Gel, reusable, at least 13cmx14cmx3cm	
51	1	Set	3 in 1 Glucometer , cholesterol and uric acid monitor. With Free strips of 10 pcs for uric acid and glucose . 2pcs for cholesterol and 25 pcs lancets.	
52	150	Container	Cotton Buds, Plastic Stem, 400 tips/container	
53	250	Pieces	Disposable Razor Blade Shaver, at least 2 blades	



Item	Qty	Unit	Specification	Statement of Compliance
54	4	Box	Paracetamol Ibuprofen <b>325 mg/200 mg</b> , 100pc/box	
55	2	Box	<b>Phenylpropanolamine Hcl, Chlorpheniramine Maleate, Paracetamol</b> 25mg/2mg/325 mg 100 pcs/box	
56	8	Box	Cetirizine Hcl film coated, 100 pcs / box	
57	8	Pieces	Hydrocortisone Ointment , at least 15g	
58	10	Pieces	Mupirocin Ointment, at least 5g	
59	6	Pieces	Silver Sulfadiazine Ointment, at least 20g	
60	15	Pieces	Clotrimazole Ointment at least 20g	
61	5	Box	Loperamide Capsule, at least 2 mg	
62	7	Pieces	Carbenoxolone Sodium Ointment at least 5g , 2% gel	
63	2	Box	Guaifenesin Softgel Capsule , 100 pcs/box	

**III. FOR RECEPTION AND STUDY CENTER FOR CHILDREN (Subtotal shall not exceed PhP 439, 205.00)**

64	50	Bottle	Cefixime drops at least 10 ml	
65	15	Bottle	Cefixime syrup at least 60 ml	
66	100	Bottle	Phenylephrine drops at least 10 ml	
67	100	Bottle	Phenylephrine syrup at least 120ml	
68	100	Bottle	Cetirizine drops at least 15ml	
69	100	Bottle	Cetirizine syrup at least 60ml	
70	30	Bottle	Paracetamol drops at least 15ml	
71	48	Bottle	Valproic Acid at least 120ml	
72	24	Bottle	Levetiracetam, at least 300ml	
73	30	Bottle	Amoxicillin drops at least 10 ml	
74	30	Bottle	Amoxicillin syrup at least 60ml	
75	15	Bottle	Electrolyte solution for pedia, fruit flavor at least 500ml	
76	10	Tube	Miconazole oral gel at least 3.5g	
77	20	Tube	Benzalkonium chloride Cetrimide at least 55g	

Item	Qty	Unit	Specification	Statement of Compliance
78	20	Bottle	Co Amoxiclav 70ml (457mg/5ml)	
79	20	Bottle	Cefaclor at least 20ml	
80	10	Tube	Momethasone at least 5g	
81	12	Tube	Mupirocin at least 5 mg	
82	200	Nebule	Salbutamol Ipratropium	
83	10	Tube	Clotrimazole at least 5g	
84	75	Bottle	Ascorbic Acid at least 250 ml	
85	150	Nebule	Probiotics (5ml, Nebule,Liquid)	
86	24	Bottle	RISPERIDONE at least 30ml	
87	10	Bottle	Inosine Acedoben Dimepranol at least 60ml	
88	30	Bottle	Salbutamol Guaifenesin Syrup at least 60ml	
89	50	Bottle	Ambroxol HCL drops at least 15ml	
90	50	Bottle	Ambroxol HCL syrup at least 60ml	
91	50	Bottle	Carbocisteine syrup at least 60ml	
92	25	Bottle	Carbocisteine drops at least 15ml	
93	10	Bottle	Povidone - iodine, antiseptic wound solution, at least 60 ml per bottle	
94	20	Piece	Hydrocolloid CGF dressing, extra thin wound dressing, approx. 4 x 4 inches per piece	
95	1	Piece	Oxygen concentrator, at least 5 liters  Price should not exceed to PhP 38,000.00	
96	15	Piece	NGT silicone tube, F12 size	
97	12	Rolls	Micropore Surgical Plastic tape, hypoallergenic, at least 1" x 5 yards	
<b>IV. FOR REGIONAL HAVEN FOR WOMEN AND GIRLS (Subtotal shall not exceed PhP 9, 977.50)</b>				
98	2	Box	Aluminum Magnesium 200mg, tablet , 100pcs/box	
99	1	Box	Analgesic/antipyretic/expectorant/nasal decongestant/ antitussive/ antihistamine 325 mg/50mg/12.5mg (100 tabs/capsule/box)	
100	2	Box	Cetirizine, 10mg/tablet , 100 pcs/box)	
101	1	Box	Diphenhydramine <b>50 mg</b> /tablet 100 tablet per box)	

Item	Qty	Unit	Specification	Statement of Compliance
102	1	Box	Loperamide Hydrochloride 2mg, tablet , 100 pcs/box)	
103	1	Box	Mefenamic Acid 500 mg/cap (100 capsules per box)	
104	1	Box	Meclizine chewable /anti-emetic 25 mg , 100 tab/box	
105	3	Bottle	Calamine+Diphenhydramine Hydrochloride 1g Lotion , at least 30 ml	
106	2	Bottle	Cetirizine syrup ,5mg/5ml bottle , at least 60 ml	
107	1	Box	<b><u>Phenylephrine HCL Paracetamol 10mg/500mg, 100 tablets/box, Non-drowsy</u></b>	
108	50	Sachet	Acetylcysteine , at least 100 mg per sachet	
109	2	Bottle	Vitex negundo lagundi Syrup for kids , 300 mg/5ml, at least 120ml	
110	2	Tube	Hydrocortisone cream , 100mg/g per tube	
111	2	Bottle	Hexetidine, 0.1% solution oral antiseptic, at least 250ml	
112	50	Tablet	Paracetamol Chewable at least 120mg	
113	22	Bottle	Tawas Foot Powder, at least 50 grams	
114	4	Bottle	Permethrin Shampoo, 10 mg/ml, 10ml/bottle	

**NOTES:**

For the purpose of bid evaluation, the required evidence as reference to the statement of compliance shall be in the form of brand and/or technical specifications of the offered item). In case a brand is not appropriate or applicable for the item, a bidder shall attach a photo that shows the compliance of offered items with the technical specifications. **Attachment of photo is mandatory for the offered item.**

Example:

Specification	Statement of Compliance
Procurement of Internet Services for the DSWD CAR Field Office, Extension Offices, Centers and Satellite Offices for May to December 2024 with the following technical specifications:	Comply, brand x, photo or brochure of the offered item

## TERMS AND CONDITIONS

		Statement of Compliance
1	The bidder can comply <b><u>with the attached Schedule of Requirements.</u></b>	
2	Expiry date of items should be at least two (2) years from date of delivery. However, at least Eighteen (18) months expiration from the date of delivery is allowed provided the winning bidder will change the nearly expiring items if not utilized.	
3	All items should be FDA notified with Certificate of Product Registration (CPR) or Certificate of Medical Device Notification (CMDN) or Certificate of Medical Device Registration (CMDR) <b><u>Required certificates are to be verified during the post qualification stage.</u></b>	
4	Place of delivery shall be:  <b>1. Items for Human Resource Welfare Section-</b> DSWD Field Office CAR, #40 North Drive, Baguio City <b>2. Items for Regional Rehabilitation Center for the Youth (RRCY) and Regional Haven for Women and Girls -</b> Regional Haven for Women and Girls, #40 North Drive, Baguio City <b>3. Items for the Reception and Study Center for Children (RSCC) –</b> RSCC Sgt. Floresca Street, Aurora Hill, Baguio City	
5	The procuring entity reserves the right to cancel the contract or reduce the quantity of the goods for any justifiable reasons or for any circumstance beyond the procuring entity's control, i.e. force majeure, fortuitous events, etc.	
6	Payment Term: Payment will be processed upon complete delivery.	

**Notes:**

The requirement of evidence as reference to the statement of compliance is only applicable for the items or goods that are subject for the bidding at hand. Evidence as reference to the compliance with the terms and conditions is not required. However, bidder shall still explicitly provide their statement of compliance with the prescribed "Terms and Conditions". Statement of compliance with the "Terms and Conditions" will be verified during the post-qualification stage.

Example:

<b>Terms and Conditions:</b>	<b>Statement of Compliance</b>
The bidder can comply with the Schedule of Requirements	<b>Comply</b>

# Annex C

## Statement of ALL On-going Government & Private Contracts including contracts awarded but not yet started, whether Similar or Not Similar in Nature

Name of Contract/ Title of the Project	a. Owner's Name b. Address c. Telephone Nos.	Date of the Contract	Contract Duration	Kinds/Nature of Goods or Services	Amount of Contract	Value of Outstanding Contracts/ Undelivered Portion	Date of Completion/ Delivery
<b>Government Contracts</b>							
i. On-going							
ii. Awarded but not yet started							
<b>Private Contracts</b>							
i. On-going							
ii. Awarded but not yet started							
<b>Total Cost</b>							

Submitted by : \_\_\_\_\_  
(Printed Name & Signature)

Designation : \_\_\_\_\_

Date : \_\_\_\_\_

# Annex D

## STATEMENT OF SINGLE LARGEST SIMILAR COMPLETED CONTRACT

**Business Name:** \_\_\_\_\_

**Business Address :** \_\_\_\_\_

Name of Contract/ Title of the Project	a. Owner's Name b. Address c. Telephone Nos.	Date of the Contract	Contract Duration	Kinds/Nature of Goods or Services	Amount of Completed Contract	Date of Completion/ Delivery
<u>Government Contracts</u>						
<u>Private Contracts</u>						
<b>Total Cost</b>						

Submitted by : \_\_\_\_\_  
(Printed Name & Signature)

Designation : \_\_\_\_\_

Date : \_\_\_\_\_

# ANNEX E

Standard Form Number: SF-GOOD-14 Revised on:  
May 24, 2004

## FINANCIAL DOCUMENTS FOR ELIGIBILITY CHECK

- A. Summary of the Applicant Supplier's/Distributor's/Manufacturer's assets and liabilities on the basis of the income tax return and audited financial statement for FY2022 or FY2023, stamped "RECEIVED" by the Bureau of Internal Revenue or BIR authorized collecting agent.

		Year 20__
1.	Total Assets	
2.	Current Assets	
3.	Total Liabilities	
4.	Current Liabilities	
5.	Net Worth (1-3)	
6.	Net Working Capital (2-4)	

- B. The Net Financial Contracting Capacity (NFCC) based on the above data is computed as follows:

NFCC = [(Current assets minus current liabilities) (15)] minus the value of all outstanding or uncompleted portions of the projects under ongoing contracts, including awarded contracts yet to be started, coinciding with the contract to be bid.

NFCC = P \_\_\_\_\_

or

*Commitment from a licensed bank to extend to it a credit line if awarded the contract or a cash deposit certificate in the amount of at least 10% of the proposed project to bid.*

Name of Bank: \_\_\_\_\_ Amount: \_\_\_\_\_

I hereby certify that the computation of the above is based on the income tax return and audited financial statement for FY 2022 or FY 2023 stamped "RECEIVED" by the BIR or BIR authorized collecting agent.

Submitted by:

Name of Supplier / Distributor / Manufacturer



Signature of Authorized Representative

Date : \_\_\_\_\_

*NOTE:*

1. If Partnership or Joint Venture, each Partner or Member Firm of Joint Venture shall submit the above requirements.

# Omnibus Sworn Statement

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REPUBLIC OF THE PHILIPPINES )  
CITY/MUNICIPALITY OF \_\_\_\_\_ ) S.S.

## AFFIDAVIT

I, [Name of Affiant], of legal age, [Civil Status], [Nationality], and residing at [Address of Affiant], after having been duly sworn in accordance with law, do hereby depose and state that:

### 1. [Select one, delete the other:]

*[If a sole proprietorship:]* I am the sole proprietor or authorized representative of [Name of Bidder] with office address at [address of Bidder];

*[If a partnership, corporation, cooperative, or joint venture:]* I am the duly authorized and designated representative of [Name of Bidder] with office address at [address of Bidder];

### 2. [Select one, delete the other:]

*[If a sole proprietorship:]* As the owner and sole proprietor, or authorized representative of [Name of Bidder], I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached duly notarized Special Power of Attorney;

*[If a partnership, corporation, cooperative, or joint venture:]* I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached [state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable)];

3. [Name of Bidder] is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, **by itself or by relation, membership,**

**association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;**

4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;
5. [Name of Bidder] is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;
6. [Select one, delete the rest:]
  - [If a sole proprietorship:]* The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;
  - [If a partnership or cooperative:]* None of the officers and members of [Name of Bidder] is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;
  - [If a corporation or joint venture:]* None of the officers, directors, and controlling stockholders of [Name of Bidder] is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;
7. [Name of Bidder] complies with existing labor laws and standards; and
8. [Name of Bidder] is aware of and has undertaken the responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:
  - a. Carefully examining all of the Bidding Documents;
  - b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
  - c. Making an estimate of the facilities available and needed for the contract to be bid, if any; and
  - d. Inquiring or securing Supplemental/Bid Bulletin(s) issued for the [Name of the Project].
9. [Name of Bidder] did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.
10. **In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.**

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_ day of \_\_\_, 20\_\_ at \_\_\_\_\_, Philippines.

[Insert NAME OF BIDDER OR ITS AUTHORIZED REPRESENTATIVE]

[Insert signatory's legal capacity]

Affiant

**[Jurat]**

[Format shall be based on the latest Rules on Notarial Practice]

## Annex G

### Bid-Securing Declaration

(REPUBLIC OF THE PHILIPPINES)

CITY OF \_\_\_\_\_ ) S.S.

x-----x

**Project Identification No.:** [Insert number]

To: [Insert name and address of the Procuring Entity]

I/We, the undersigned, declare that:

1. I/We understand that, according to your conditions, bids must be supported by a Bid Security, which may be in the form of a Bid Securing Declaration.
2. I/We accept that: (a) I/we will be automatically disqualified from bidding for any procurement contract with any procuring entity for a period of two (2) years upon receipt of your Blacklisting Order; and, (b) I/we will pay the applicable fine provided under Section 6 of the Guidelines on the Use of Bid Securing Declaration, within fifteen (15) days from receipt of the written demand by the procuring entity for the commission of acts resulting to the enforcement of the bid securing declaration under Sections 23.1(b), 34.2, 40.1 and 69.1, except 69.1(f), of the IRR of RA No. 9184; without prejudice to other legal action the government may undertake.
3. I/We understand that this Bid Securing Declaration shall cease to be valid on the following circumstances:
  - a. Upon expiration of the bid validity period, or any extension thereof pursuant to your request;
  - b. I am/we are declared ineligible or post-disqualified upon receipt of your notice to such effect, and (i) I/we failed to timely file a request for reconsideration or (ii) I/we filed a waiver to avail of said right; and
  - c. I am/we are declared the bidder with the Lowest Calculated Responsive Bid, and I/we have furnished the performance security and signed the Contract.

IN WITNESS WHEREOF, I/We have hereunto set my/our hand/s this \_\_\_\_ day of [month]  
[year] at [place of execution].

[Insert NAME OF BIDDER OR ITS AUTHORIZED REPRESENTATIVE]

[Insert signatory's legal capacity] Affiant

**SUBSCRIBED AND SWORN** to before me this \_\_\_ day of *[month]* *[year]* at *[place of execution]*, Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her *[insert type of government identification card used]*, with his/her photograph and signature appearing thereon, with no. \_\_\_\_\_.

Witness my hand and seal this \_\_\_ day of *[month]* *[year]*.

**NAME OF NOTARY PUBLIC**

Serial No. of Commission \_\_\_\_\_

Notary Public for \_\_\_\_\_ until \_\_\_\_\_

Roll of Attorneys No. \_\_\_\_\_

PTR No. \_\_, *[date issued]*, *[place issued]*

IBP No. \_\_, *[date issued]*, *[place issued]*

Doc. No. \_\_\_\_

Page No. \_\_\_\_ Book

No. \_\_\_\_

Series of \_\_\_\_.

# PRICE PROPOSAL FORM

Project No: NPTFB 2024-DSWDCAR-03

Date: \_\_\_\_\_

Item No.	Qty	Unit of Measure	Description	Unit Price	Subtotal
<b>I. FOR HUMAN RESOURCE WELFARE SECTION (Subtotal shall not exceed (PhP 1,523,861.00))</b>					
1	120	box	Amlodipine tablet 10 mg, 100 pcs/box		
2	122	box	Amlodipine tablet 5 mg, 100 pcs/box		
3	112	box	Aluminum Hydroxide Magnesium Hydroxide 200 mg, tablet, 100 pcs/box		
4	112	box	Carbocisteine, 500mg, Capsule, 100 pcs/box		
5	114	box	Cetirizine dihydrochloride 10 mg, tablet, 100 pcs/box		
6	12	box	Clonidine Hydrochloride 75 mcg Tablet, 100pcs/box		
7	130	pack	Dichlorobenzyl Alcohol Amylmetacresol, 8 Lozenges/pack		
8	1	box	Domperidone 10 mg, tablet, 100 pcs /box		
9	2	box	Hyoscine Butylbromide, <b>10 mg</b> , Tablet, 100 pcs/box		
10	104	box	Ibuprofen, 400 mg, tablet, 100 pcs/box		
11	111	box	Loperamide Hydrochloride 2 mg, capsule, 100pcs/box		
12	111	box	Meclizine hydrochloride 25 mg, chewable tablet, 100 pcs/box		
13	126	box	Mefenamic Acid , 500mg, Capsule, 100pcs/box		
14	15	box	Metformin Hydrochloride 500mg ,tablet (100 tablet/ box)		
15	35	carton	Methyl Salicylate 1-menthol (Salonpas patch), <b>20 boxes/carton with 10 patches /box</b>		
16	97	tube	Mupirucin 2% x 5mg		

Item No.	Qty	Unit of Measure	Description	Unit Price	Subtotal
17	200	piece	Omeprazole 40 mg, capsule		
18	327	box	Paracetamol, 500mg, Tablet, 100 pcs/box		
19	124	box	<b><u>Phenylephrine HCL Paracetamol 10mg/500mg, 100 tablets/box, Non-drowsy</u></b>		
20	8	box	Vitamin B-Complex 100mg/5mg/50mcg tablet, 100 pcs/box		
21	7	box	Multivitamins + Iron (dl-Alpha Tocopheryl Acetate (Vit E) 30 IU, Ascorbic Acid 500mg, Niacinamide Vit B3 100mg, Iron 27mg, Pantothenic Acid Vit B5 20mg, Thiamine Hcl Vit B1 15mg, Riboflavin Vit B2 10mg, Pyridoxine Vit B6 5mg, Folic Acid Vit B9 400mcg, Biotin Vit B7 45mcg, Cyanocobalamin Vit B12 12mcg, 100 pcs/box		
22	49	box	Losartan Tablet 50 mg, 100 pcs/box		
23	1,100	piece	Sterile Gauze Pads (4"x 4")		
24	5	tube	Terramycin (Antibiotic) Ointment 5g		
25	102	tube	Burn Ointment at least 30g		
26	450	tube	Bacillus clausii 2 billion / 5ml Oral Suspension		
27	104	bottle	Irrigating Solution (PNSS) at least 1L		
28	110	bottle	Povidone Iodine, at least 120 ml		
29	12	box	Adhesive Tape 1 inch x 10 yards (12 rolls/box)		
30	20	piece	Elastic Bandage 4"x 5 yards		
31	110	box	Disposable Vinyl Gloves (100 pcs/box) at least XL		
32	1	cannister	Blood Uric Test Strips for Easy Touch GCU monitoring system, 25 strips /canister		
33	1	cannister	Blood Cholesterol Test Strips for Easy Touch GCU monitoring system, 25 strips /canister		
34	190	cannister	Blood Glucose Test Strips for Easy Touch GCU monitoring system , 25 strips /canister		
35	105	set	Aneroid Sphygmomanometer with Stethoscope		
36	116	piece	Hot Water Bag at least 500 ml		
37	15	piece	<b><u>Hot and Cold Pack Gel, reusable, at least 13cmx14cmx3cm</u></b>		
38	112	piece	Ice Bag size: at least 6"		

Item No.	Qty	Unit of Measure	Description	Unit Price	Subtotal
<b>II. FOR REGIONAL REHABILITATION CENTER FOR THE YOUTH (Subtotal shall not exceed PhP 90, 060.00)</b>					
39	30	bottle	Alcohol, 70% Solution, Isopropyl , FDA Approved		
40	4	box	Disposable Vinyl Gloves , 100 pcs/box , at least Medium Size		
41	50	pieces	Elastic Bandage, brown, 4" x 5 yards		
42	3	box	Sterile Gloves, size 7.5 , 50 pairs/box		
43	5	box	Sterile Gauze pads, 4" x 4" 8 ply, 100 pcs/box		
44	16	box	Durapore Medical Tape, 1 inch x 10 yards, 12pcs/box		
45	25	box	Adhesive Bandage/Strips, Water Resistant, plastic , 50 strips/box		
46	20	pieces	Elastic Bandage, brown, 2" x 5 yards		
47	2	pieces	Infrared non-contact thermometer		
48	2	pieces	Aneroid Sphygmomanometer		
49	10	box	Hydrocolloid Dressing, 4"x4" , 5pcs/box		
50	10	pieces	Hot and Cold Pack Gel, reusable, at least 13cmx14cmx3cm		
51	1	set	3 in 1 Glucometer , cholesterol and uric acid monitor. With Free strips of 10 pcs for uric acid and glucose . 2pcs for cholesterol and 25 pcs lancets.		
52	150	container	Cotton Buds, Plastic Stem, 400 tips/container		
53	250	pieces	Disposable Razor Blade Shaver, at least 2 blades		
54	4	box	Paracetamol Ibuprofen <b>325 mg/200 mg</b> , 100pc/box		
55	2	box	<b><u>Phenylpropanolamine Hcl,</u></b> <b><u>Chlorpheniramine Maleate,</u></b> <b><u>Paracetamol</u></b> 25mg/2mg/325 mg 100 pcs/box		
56	8	box	Cetirizine Hcl film coated, 100 pcs / box		
57	8	pieces	Hydrocortisone Ointment , at least 15g		
58	10	pieces	Mupirocin Ointment, at least 5g		
59	6	pieces	Silver Sulfadiazine Ointment, at least 20g		
60	15	pieces	Clotrimazole Ointment at least 20g		
61	5	box	Loperamide Capsule, at least 2 mg		
62	7	pieces	Carbenoxolone Sodium Ointment at least 5g , 2% gel		



Item No.	Qty	Unit of Measure	Description	Unit Price	Subtotal
63	2	box	Guaifenesin Softgel Capsule , 100 pcs/box		
<b>III. FOR RECEPTION AND STUDY CENTER FOR CHILDREN (Subtotal shall not exceed PhP 439, 205.00)</b>					
64	50	Bottle	Cefixime drops at least 10 ml		
65	15	Bottle	Cefixime syrup at least 60 ml		
66	100	Bottle	Phenylephrine drops at least 10 ml		
67	100	Bottle	Phenylephrine syrup at least 120ml		
68	100	Bottle	Cetirizine drops at least 15ml		
69	100	Bottle	Cetirizine syrup at least 60ml		
70	30	Bottle	Paracetamol drops at least 15ml		
71	48	Bottle	Valproic Acid at least 120ml		
72	24	Bottle	Levetiracetam, at least 300ml		
73	30	Bottle	Amoxicillin drops at least 10 ml		
74	30	Bottle	Amoxicillin syrup at least 60ml		
75	15	Bottle	Electrolyte solution for pedia, fruit flavor at least 500ml		
76	10	Tube	Miconazole oral gel at least 3.5g		
77	20	tube	Benzalkonium chloride Cetrime at least 55g		
78	20	Bottle	Co Amoxiclav 70ml (457mg/5ml)		
79	20	Bottle	Cefaclor at least 20ml		
80	10	Tube	Momethasone at least 5g		
81	12	Tube	Mupirocin at least 5 mg		
82	200	Nebule	Salbutamol Ipratropium		
83	10	Tube	Clotrimazole at least 5g		
84	75	Bottle	Ascorbic Acid at least 250 ml		
85	150	Nebule	Probiotics (5ml, Nebule,Liquid)		
86	24	Bottle	RISPERIDONE at least 30ml		
87	10	Bottle	Inosine Acedoben Dimepranol at least 60ml		

Item No.	Qty	Unit of Measure	Description	Unit Price	Subtotal
88	30	Bottle	Salbutamol Guaifenesin Syrup at least 60ml		
89	50	Bottle	Ambroxol HCL drops at least 15ml		
90	50	Bottle	Ambroxol HCL syrup at least 60ml		
91	50	Bottle	Carbocisteine syrup at least 60ml		
92	25	Bottle	Carbocisteine drops at least 15ml		
93	10	bottle	Povidone - iodine, antiseptic wound solution, at least 60 ml per bottle		
94	20	piece	Hydrocolloid CGF dressing, extra thin wound dressing, approx. 4 x 4 inches per piece		
95	1	piece	Oxygen concentrator, at least 5 liters  Price should not exceed to PhP 38,000.00		
96	15	piece	NGT silicone tube, F12 size		
97	12	rolls	Micropore Surgical Plastic tape, hypoallergenic, at least 1" x 5 yards		
<b>IV. FOR REGIONAL HAVEN FOR WOMEN AND GIRLS (Subtotal shall not exceed PhP 9, 977.50)</b>					
98	2	box	Aluminum Magnesium 200mg, tablet , 100pcs/box		
99	1	box	Analgesic/antipyretic/expectorant/nasal decongestant/ antitussive/ antihistamine 325 mg/50mg/12.5mg (100 tabs/capsule/box)		
100	2	box	Cetirizine, 10mg/tablet , 100 pcs/box)		
101	1	box	Diphenhydramine <b>50 mg</b> /tablet 100 tablet per box)		
102	1	box	Loperamide Hydrochloride 2mg, tablet , 100 pcs/box)		
103	1	box	Mefenamic Acid 500 mg/cap (100 capsules per box)		
104	1	box	Meclizine chewable /anti-emetic 25 mg , 100 tab/box		
105	3	bottle	Calamine+Diphenhydramine Hydrochloride 1g Lotion , at least 30 ml		
106	2	bottle	Cetirizine syrup ,5mg/5ml bottle , at least 60 ml		
107	1	box	<b><u>Phenylephrine HCL Paracetamol 10mg/500mg, 100 tablets/box, Non-drowsy</u></b>		
108	50	sachet	Acetylcysteine , at least 100 mg per sachet		
109	2	Bottle	Vitex negundo lagundi Syrup for kids , 300 mg/5ml, at least 120ml		
110	2	tube	Hydrocortisone cream , 100mg/g per tube		
111	2	bottle	Hexetidine, 0.1% solution oral antiseptic, at least 250ml		

Item No.	Qty	Unit of Measure	Description	Unit Price	Subtotal
112	50	tablet	Paracetamol Chewable at least 120mg		
113	22	bottle	Tawas Foot Powder, at least 50 grams		
114	4	bottle	Permethrin Shampoo, 10 mg/ml, 10ml/bottle		

**Total Quotation in Words:**

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Name of Bidder: \_\_\_\_\_

Name & Signature of Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_

# **Bid Form**

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Date: \_\_\_\_\_

Project Identification No. : \_\_\_\_\_

**To: [name and address of Procuring Entity]**

Having examined the Philippine Bidding Documents (PBDs) including the Supplemental or Bid Bulletin Numbers *[insert numbers]*, the receipt of which is hereby duly acknowledged, we, the undersigned, offer to *[supply/deliver/perform]* *[description of the Goods]* in conformity with the said PBDs for the sum of *[total Bid amount in words and figures]* or the total calculated bid price, as evaluated and corrected for computational errors, and other bid modifications in accordance with the Price Schedules attached herewith and made part of this Bid. The total bid price includes the cost of all taxes, such as, but not limited to: *[specify the applicable taxes, e.g. (i) value added tax (VAT), (ii) income tax, (iii) local taxes, and (iv) other fiscal levies and duties]*, which are itemized herein or in the Price Schedules,

If our Bid is accepted, we undertake:

- a. to deliver the goods in accordance with the delivery schedule specified in the Schedule of Requirements of the Philippine Bidding Documents (PBDs);
- b. to provide a performance security in the form, amounts, and within the times prescribed in the PBDs;
- c. to abide by the Bid Validity Period specified in the PBDs and it shall remain binding upon us at any time before the expiration of that period.

*[Insert this paragraph if Foreign-Assisted Project with the Development Partner:*

Commissions or gratuities, if any, paid or to be paid by us to agents relating to this Bid, and to contract execution if we are awarded the contract, are listed below:

Name and address of agent	Amount and Purpose of Commission or gratuity
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_____	_____
_____	_____
_____	_____

(if none, state "None") ]

Until a formal Contract is prepared and executed, this Bid, together with your written acceptance thereof and your Notice of Award, shall be binding upon us.

We understand that you are not bound to accept the Lowest Calculated Bid or any Bid you may receive.

We certify/confirm that we comply with the eligibility requirements pursuant to the PBDs.

The undersigned is authorized to submit the bid on behalf of *[name of the bidder]* as evidenced by the attached *[state the written authority]*.

We acknowledge that failure to sign each and every page of this Bid Form, including the attached Schedule of Prices, shall be a ground for the rejection of our bid.

Name: \_\_\_\_\_

Legal capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Duly authorized to sign the Bid for and behalf of: \_\_\_\_\_

Date: \_\_\_\_\_

## MARKING AND SEALING OF ENVELOPE:

