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**FIELD OFFICE VII**

**INVITATION TO BID FOR NEGOTIATED PROCUREMENT**

**ITB No. DSWD7-NP-2016-04**

1. In view of the two (2) failed public biddings of the project, **Provision of Amenities and Trainers for the Skills Training of SLP Beneficiaries on Pharmacy Services NC II**, the *Department of Social Welfare and Development, Field Office VII (DSWD-FO VII) Bids and Awards Committee (BAC)* invites suppliers to participate in the **negotiated procurement** in accordance with Section 53.1 of the Implementing Rules and Regulations (IRR) of Republic Act (R.A.) No. 9184, otherwise known as the “Government Procurement Reform Act”. The Approved Budget for the Contract (ABC) is **Eleven Million Three Hundred Forty Thousand Pesos (₱11,340,000.00)**.
2. Interested bidders are invited to attend the **negotiation conference** on **September 23, 2016, 10:30 AM** at the procuring entity’s conference room. **Bid** **opening** will be on **September 26, 2016, 10:30 AM**.
3. Participating bidders shall submit two (2) copies of the following eligibility, technical and financial documents properly sealed in an envelope during the opening of bids, viz:
4. SEC, DTI or CDA Registration
5. Mayor’s Permit or Business License
6. Tax Clearance (per Executive Order 398, Series of 2005, as finally reviewed and approved by the BIR)
7. Latest Annual Income Tax Return and Audited Financial Statement stamped “received” by the BIR
8. List of all Ongoing Government & Private Contracts including contracts awarded but not yet started, if any. (Please use the prescribed form hereto attached)
9. Statement of all Completed Government & Private Contracts which are similar in nature within three (3) years. (Please use the prescribed form hereto attached)
10. Compliance with the Schedule of Requirements. (Please use the prescribed form hereto attached)
11. Compliance with the Technical Specifications (Please use the prescribed form hereto attached)
12. Omnibus Sworn Statement (Please use the prescribed form hereto attached)
13. Financial Proposal Sheet (Please use the prescribed form hereto attached)
14. Certificate of PhilGEPS Registration
15. Interested bidders may obtain further information from the *BAC Secretariat* at telephone nos. (032) 412-9908; 233-0261; 233-8785; 232-9505; 232-9507 local 127 during office hours or you may e-mail to bacsec.fo7@gmail.com. You may also call Ms. Josephine C. Belotindos, BAC Secretariat Head, at Tel. Nos. (032) 412-9908; 233-8785 local 127.
16. The *DSWD-FO VII* reserves the right to accept or reject any bid, to annul the bidding process, and to reject all bids at any time prior to contract award, without thereby incurring any liability to the affected bidder or bidders.

**GRACE Q. SUBONG**

*Chairperson, Bids & Awards Committee*

***List of all Ongoing Government & Private Contracts including***

***Contracts awarded but not yet started***

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Contract | Date of the Contract | Kind of Goods/Services | Value of Outstanding Contracts | Date of Delivery |
| Government |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Private |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Submitted by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Printed Name & Signature)

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

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

Instructions:

State all ongoing contracts including those awarded but not yet started.

If there is no ongoing contract including contract awarded but not yet started, state **none** or equivalent term.

The total amount of the ongoing and awarded but not yet started contracts should be consistent with those used in the Net Financial Contracting Capacity (NFCC).

***Statement of all Completed Government & Private Contracts which are similar in nature***

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Client | Date of Contract/PO | Kind of Goods/Services | Amount of Contract/PO | Date of Delivery |
| Government |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Private |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

NOTE: This statement shall be supported with:

Contract or Purchase Order;

Certificate of Acceptance or Official Receipt/Sales Invoice

Submitted by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Printed Name & Signature)

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

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

# *Schedule of Requirements*

|  |  |  |  |
| --- | --- | --- | --- |
| **Item No.** | **Particulars** | **Qty.** | **Delivery Schedule/Period** |
| 1. | Skills Training on Pharmacy Services NC II | 630 pax | Training duration of 271 hours or 34 days which shall start within seven (7) calendar days from the receipt of Notice to Proceed |
| 2. | Inclusions: |  |  |
|  | * Tuition Fee, including insurance, ID, graduation fee, chest x-ray and heap test
* 2 sets of uniform (polo shirt) with logo
 | 630 sets | Before 1st day of training |
| 3. | Other Inclusions: |  |  |
|  | * Food and Lodging
 | 630 pax | At the duration of training |
|  | * Travel allowance from lodging house to training center and vice-versa
 | 630 pax | At the duration of training |
|  | * Assessment Fee for NC II
 | 630 pax | Upon graduation |

I hereby certify to comply the requirements and provide the needed goods and services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Name of Company/Bidder

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bidder’s Signature over Printed Name

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

# *Technical Specifications*

|  |  |  |
| --- | --- | --- |
| **Item No.** | **Items/Descriptions** | **Statement of Compliance** |
| 1. | Location/Venue: **Metro Cebu** |  |
| 2. | A Training Institution and an Assessment Center duly registered by Technical Education and Skills Development Authority (TESDA). |  |
| 3. | Screen applicants for the training program based on the minimum requirements set by TESDA. |  |
| 4. | Has a course duration of 271 hours or 34 days based on the minimum requirements set by TESDA regulations. |  |
| 5. | Can provide mobile training within the provinces of Region 7. |  |
| 6. | Has the capacity to provide 8-10 classes at 25 pax per class. |  |
| 7. | For those students who drop classes after the seven (7) days, full payment of the bid price will be required except food and lodging (proportionate) of the actual number of days, and for those less than seven (7) days, will have to pay the actual cost/expenses.  |  |
| 8. | Designate a staff in-charge in monitoring the progress of the project and the beneficiaries. |  |
| 9. | Provide 80-90% guaranteed employment through their partner industries duly registered and accredited by FDA and DOH. |  |
| 10. | Maintain feedback mechanism and coordination with DSWD. |  |
| 11. | Issue a Certificate of Training to the participants who completed the training. |  |
| 12. | Furnish DSWD two (2) Quarterly Narrative Reports and Progress Reports on the company where the program participants are employed. |  |
| 13. | It is understood that all requirements/provisions specified in Section VI. Schedule of Requirements will be provided. |  |

Note: Bidders must state either **“Comply” or “Not Comply”** or any equivalent term in the column “Statement of Compliance” against each of the individual parameters of each “Specification”.

I hereby commit to comply with all the above requirements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name of Company/Bidder

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bidder’s Signature over Printed Name

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

**Omnibus Sworn Statement**

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 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]*;

1. ***Select one, delete the other:***

*If a sole proprietorship:* As the owner and sole proprietor of *[Name of Bidder]*, I have full power and authority to do, execute and perform any and all acts necessary to represent it in the bidding for *[Name of the Project]* of the *[Name of the Procuring Entity]*;

*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 and/or to represent the *[Name of Bidder]* in the bidding as shown in the attached *[state title of attached document showing proof of authorization (e.g., duly notarized Secretary’s Certificate issued by the corporation or the members of the joint venture)]*;

1. *[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;
2. 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;
3. *[Name of Bidder]* is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;
4. ***Select one, delete the rest:***

*If a sole proprietorship:* I am 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;

1. *[Name of Bidder]* complies with existing labor laws and standards; and
2. *[Name of Bidder]* is aware of and has undertaken the following responsibilities as a Bidder:
	1. Carefully examine all of the Bidding Documents;
	2. Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
	3. Made an estimate of the facilities available and needed for the contract to be bid, if any; and
	4. Inquire or secure Supplemental/Bid Bulletin(s) issued for the *[Name of the Project]*.
3. *[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.

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Bidder’s Representative/Authorized Signatory

**SUBSCRIBED AND SWORN TO BEFORE ME**, this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 2016 in the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Affiant exhibiting to me his/her Valid Identification \_\_\_\_\_\_\_\_, Number \_\_\_\_\_\_\_\_\_\_\_\_\_.

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# *Financial Proposal Sheet*

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

**The Bids and Awards Committee**

DSWD-Field Office VII

M.J. Cuenco Ave., Cebu City

Sir/Madam:

After having carefully read and accepted the terms and conditions in your Bidding Documents, hereunder is our bid for the **Provision of Amenities and Trainers for the Skills Training of SLP Beneficiaries on Pharmacy Services NC II:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item No.** | **Items/Descriptions** | **Qty.** | **Unit** | **Unit Price** | **Amount** |
| **1.** | **Provision of Amenities and Trainers for the Skills Training of SLP Beneficiaries on Pharmacy Services NC II** | **630** | **pax** |  |  |

***TOTAL BID PRICE (In Figures)......................................................*****P** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**(Amount in Words)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: The above quoted prices are VAT Inclusive and all inclusions/requirements specified in the Schedule of Requirements and in the Technical Specifications.**

Very truly yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Company / Bidder

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Signature of Authorized Representative