Republic of the Philippines
Department of Health

CENTRAL OFFICE BIDS AND AWARDS COMMITTEE

Name of the Procuring Entity: Department of Health
Name of the Project: Procurement of Povidone Iodine Solution
Delivery Site: DOH Warehouse in Metro Manila
SVP No. 2021-022

_____
Name of Company

_____
Address

Please submit your lowest price quotation on the item listed below duly signed by your representative not later **29 March 2021; 9:00 A.M.** at Ground Floor, Building 6, Department of Health, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila**:**

Item No.	Particular	Qty.	Unit	Total ABC (PhP)
1	Povidone Iodine Solution	4,000	Bottle	133,560.00

Your quotation is subject to the following General Conditions:

1. **Price validity shall be for a period of Ninety (90) calendar days.**

2. **Delivery Period should be Forty Five (45) calendar days upon receipt of approved Notice to Proceed (NTP).**

3. **DELIVERY SITE: DOH Warehouse in Metro Manila**

4. **Terms of Payment/billing shall be made upon complete delivery and acceptance upon presentation of signed Invoice Receipts and submission of relevant documents as stipulated in the contract.**

5. **Bidders are entitled to one (1) bid only, otherwise, all bids made shall automatically be rejected.**

6. **For one-time delivery: Terms of Payment /billing shall be made for the completed delivery and acceptance upon presentation of signed Invoice Receipt and submission of relevant documents as stipulated in the contract.**

7. **The prospective bidder shall submit three (3) sets of true copies of the original certified as such by the bidder or his duly authorized signatory each of the following requirements in one envelope:**

   a. Duly accomplished and signed Price Quotation inclusive of all taxes;

b. Duly accomplished and signed Technical Specifications;
NOTE: *In case of award, kindly send a soft copy of technical specifications being offered (word &pdf format) to this e-mail address:* ***cobacasecretariat@doh.gov.ph***;

c. Duly signed Schedule of Requirements;

d. Mayor's / Business Permit issued by the city or municipality where the principal place of business of the prospective bidder is located or the equivalent document for Executive Economic zones or are as together with the corresponding copy of the receipt of payment for the said permit;

In consideration of the limited access to financial institutions, regulatory and other offices, as well as the implementation of government restrictions on transport and travel, Acceptability of the recently expired Mayor's or Business permits and the Official Receipt as proof that the Bidder has applied and paid for the renewal of the permit; Provided that, the current and valid Mayor's or Business Permit as renewed, will be submitted by the bidder with the LRCB after the award of contract but before payment (GPPB Circular 09-2020)

e. PhilGEPS Registration Number;

f. Latest Annual Income Tax / Business Tax Return also refers to Value Added Tax or Percentage Tax Return covering the previous six (6) months (per Revenue Regulation 3-2015), if applicable;

g. Omnibus Sworn Statement; and

h. Duly notarized authority of the signatory:

1. Secretary's Certificate (i.e. corporation; joint venture agreement); or
2. Special Power of Attorney (i.e. sole proprietor, partnership); or
3. In case the signatory is the sole proprietor, copy of the DTI Registration Certificate.

Acceptability of ***Unnotarized Omnibus Sworn Statement and Authority of the Signatory subject to compliance therewith after award of contract but before payment, for procurement activities during a State of Calamity, or implementation of community quarantine or similar restrictions declared or being implemented either in the locality of the PE or of the Bidder. (GPPB Resolution 09-2020)***

Other requirements for payment (for Drugs & Medicines):

1. Within a period of thirty (30) days from receipt of delivery, a one hundred percent (100%) payment arrangement shall be made to the company upon receipt of satisfactory results of analysis from FDA.
2. If, however, by thirty (30) days from receipt of delivery, FDA cannot release the results of laboratory analysis, the company shall be paid fifty (50%) of the due amount. The remaining fifty percent (50%) balance is to be paid after obtaining a satisfactory FDA report of analysis.

3. The supplier shall be charged of the laboratory testing fee for the test analysis of the delivered drugs and medicines. The payment shall be made directly by the supplier to the Food and Drugs and Administration (FDA) Cashier's Office. Otherwise, the Laboratory Test result will not be released to the Supply Chain Management Service (SCMS).

NOTE: Refer to the Process of Food and Drug Administration (FDA) Testing/Analysis for DOH procured products.

The inspections and tests that will be conducted are:

1) Upon delivery, the Goods shall undergo preliminary physical inspection by the Inspection Team of the PROCURING ENTITY to ascertain the physical condition and acceptability of the Goods.

2) The supplier shall promptly replace the equivalent quantity of Goods taken as samples without cost to the PROCURING ENTITY.

3) Pending FDA analysis, said products should *not* be distributed to end-users nor shall it be used until such time it is cleared by FDA laboratory testing.

4) If FDA inspection or results of laboratory analysis show major violations, the entire product line of the drug is temporarily suspended from accreditation, regardless of the batch or lot in question.

5) All health commodities **with failed FDA Test Analysis shall immediately be pulled out by the suppliers from the DOH warehouse or from the warehouse of the DOH Service Provider within five (5) working days** upon receipt of FDA test results from SCMS of the DOH.

6) Failure to comply within the prescribed time shall compel the SCMO to have the subject commodities pulled out by the third party logistics service provider of the DOH with **the hauling and freight fees chargeable against the concerned supplier/company**. In observance of the above-mentioned timeline, coordinate with the SCMS of the DOH.

Other instructions for Receipt, Inspection, and Testing pursuant to AO 2019-0041, "Implementing Guidelines in Assuring the Efficacy, Quality and Safety of Pharmaceutical Products in Public Health Facilities"

1. For drugs requiring tests before distribution, sampling of products by the FDA shall be done at the DOH or supplier's warehouse. Delivery to the DOH warehouse or health facilities shall only be allowed after FDA has already released clearance on safety, efficacy, and quality of drugs;

2. Testing of samples shall be done through random batch testing, with samples collected by the trained pharmacist of the health facility or a member of the Inspection Committee for the DOH Central Office following the FDA protocols for laboratory testing; (**Minimum number of sample units required for each test analysis of delivered medicines shall be based on the PFDA Circular 2014-014 and succeeding approved amendment**.)

3. The following products shall be targeted for routine sampling and testing by the FDA or its accredited laboratories:

3.1. Antibiotics;

3.2. Are from new suppliers in the market with no history of supplying its host country or reference countries with stringent regulatory authorities (in accordance with FDA's latest policy);

3.3. Have been documented to have Reports of Product Failures and Violations by the FDA;

3.4. Drugs with narrow therapeutic index (refer to latest Philippine National Formulary list); and

3.5. All foreign donations of drugs/medicines (following the latest policy of the Bureau of International Health Cooperation).

The FDA shall disseminate the results of testing in its website and notify the requesting health facility **not more than thirty-five (35) calendar days** after the request has been made through the SCMS.

NOTE: Refer to the Process of Food and Drug Administration (FDA) Testing/Analysis for DOH procured products and DOH A.O. No. 2018-0020 on the issuance of Certificate of Compliance to the Electronic Drug Price Monitoring System (EDPMS) by the Pharmaceutical Division (PD).

A Warranty Security shall be required for a minimum period of three (3) months after acceptance by the Procuring Entity of the delivered supplies. The obligation for the warranty shall be covered by, at the Supplier's option, either retention money in an amount equivalent to at least one percent (1%) but not to exceed five percent (5%) of every progress payment, or a special bank guarantee equivalent to at least one percent (1%) but not to exceed five percent (5%) of the total contract price. The said amounts shall only be released after the lapse of the warranty period or, in the case of Expendable Supplies, after consumption thereof: Provided, however, that the supplies delivered are free from patent and latent defects and all the conditions imposed under the contract have been fully met (Section 62.1 Revised IRR of RA 9184).

NOTE: Bidders may submit their bid proposal on or before ***29 March 2021, 9:00 AM***. to the COBAC-A Secretariat through any of the following options:

1. In printed copy to be submitted at the *G/F, Bldg. 6, Department of Health, San Lazaro Compound*; or

2. In soft copy via e-mail to **cobacasecretariat@doh.gov.ph** provided that it complies with the following condition:

   i. It should be in a clear .PDF/.IMG/.JPG/.TIFF/.GIF/.PNG format, and shall be in password protected Bidding Documents in compressed archive folders *pursuant to GPPB Resolution No. 09-2020 and Section 25.1 of the 2016 IRR of RA 9184*;

   ii. A generated bid receipt page or email acknowledgement indicating the time of submission must be secured and printed as a reference;

iii. The documentary requirements are arranged accordingly based on the Eligibility Checklist using the standard file name indicated therein.

iv. *For electronic bid submission, the password for accessing the Bidding Documents will be disclosed by the Bidders only during the actual bid opening which may be done in person or face-to-face through videoconferencing, webcasting or similar technology.* (*GPPB Resolution No. 09-2020 and Section 29 of the 2016 IRR of RA 9184)*

The BAC shall open the bid envelopes using a non-discretionary "pass/fail" criterion. *In case of electronic bid submission, Bidding Documents not in compressed archive folders and are not password protected, shall be rejected. However, bid envelopes that are not properly sealed and marked or not properly compressed and password-protected, as required in the Request for Quotation, shall be accepted, provided that the bidder or its duly authorized representative shall acknowledge such condition of the bid as submitted. The BAC shall assume no responsibility for the misplacement of the contents of the improperly sealed or marked bid, or improperly compressed or password-protected folder, or for its premature opening.* (*GPPB Resolution No. 09-2020 and Section 25.9 of the 2016 IRR of RA 9184)*

Further, once the GCQ is lifted or the Bidder is determined as the Single/Lowest Calculated and Responsive Quotation, whichever comes first, the Bidder shall submit three (3) sets of printed copies of the eligibility documents, certified as such by the bidder or his duly authorized representative.

Please use the attached Price Quotation, Technical Specifications, Schedule of Requirements, Omnibus Sworn Statement and Authority of the Signatory Forms.

In case of award, kindly send a soft copy of the technical specifications being offered (word & PDF format) to this email address, **cobacasecretariat@doh.gov.ph**.

(SGD.)
NESTOR F. SANTIAGO, JR, MD, MPHC, MHSA, CESO II
Assistant Secretary of Health
COBAC-A Chairperson

ELIGIBILITY REQUIREMENTS CHECKLIST

PROCUREMENT OF POVIDONE IODINE SOLUTION
SVP NO. 2021-022

ITEM NO.	REQUIREMENTS
A.	Duly accomplished and signed Price Quotation inclusive of all taxes;
B.	Duly accomplished and signed Technical Specifications using the form as provided for in the Request for Quotation; **NOTE: The supplier shall indicate the page(s) where the specific technical data in each technical specification can be found and attach these documents referred to with this form**. (a) **Valid and current Certificate of Product Registration (CPR**) or Valid Extension issued by Philippine Food and Drugs Administration (PFDA); (b) Valid and current License to Operate (LTO) **for drug suppliers, distributors and traders** issued by Philippine Food and Drugs Administration (PFDA). ***Provided, that the application for renewal was made timely as per DOH AO No. 2016-003:*** **Note:** Existing Licenses to Operate (LTO) and Certificates of Product Registration/Notification (CPR/Ns) issued by the Food and Drugs Administration (FDA) that have a validity expiring on *01 January to 30 July 2021*, are automatically extended. An additional four (4) months validity from the original date of expiration of the market authorization shall be given. [FDA Circular No. 2020-024-A] (c) Product Insert/Product Information or downloaded from the internet and other manufacturer's un-amended sales literature, unconditional statements of specification and compliance issued by the manufacturer, samples, independent test data etc., as appropriate for cross-referencing statement of compliance to the technical specification in accordance to what is indicated in the Technical Specifications of this Request for Quotation; (d) The bidder shall submit any of the following whichever is applicable: a) If the bidder is the manufacturer, certify that the bidder manufactures the products/items; or b) If the bidder is an Exclusive/Authorized Distributor or Dealer of the products/items, Certificate or Contract from the manufacturer must be provided as proof that the bidder is an Exclusive/Authorized Distributor or Dealer of the products/items; or c) If the bidder is an agent of the exclusive distributor or dealer, the following must be provided: i. Certificate or Distributor/Dealership Agreement by the Manufacturer with the distributor or dealer; and ii. Contract between the distributor/dealer and the bidder

	(e) Certificate of Compliance to the Electronic Drug Price Monitoring System (EDPMS) issued by the Pharmaceutical Division (PD) of the DOH or DOH Regional Health Office/Centers for Health Development, pursuant to DOH Administrative Order No. 2018-2020; **In case of expired Certificate of Compliance to the EDPMS which expires on a quarterly basis, the following copies may be submitted:** i. Confirmation through e-mail using the official e-mail address of PD or concerned DOH Regional Health Office/Centers for Health Development; and, ii. Copy of print screen stating that the drug company is already compliant in the EDPMS pending the issuance of the Certificate.
C.	Duly signed Schedule of Requirements using the attached form;
D.	Mayor's / Business Permit issued by the city or municipality where the principal place of business of the prospective bidder is located or the equivalent document for Executive Economic zones or areas (2016 Revised IRR of RA9184) together with corresponding copy of the receipt of payment of the said permit; **NOTE**: *In consideration of the limited access to financial institutions, regulatory and other offices, as well as the implementation of government restrictions on transport and travel, Acceptability of the recently expired Mayor's or Business permits and the Official Receipt as proof that the Bidder has applied and paid for the renewal of the permit ; Provided that, the current and valid Mayor's or Business Permit as renewed, will be submitted by the bidder with the LCRB after the award of contract but before payment (GPPB Circular 09-2020)*
E.	PhilGEPS Registration Number;
F.	Latest Annual Income Tax / Business Tax Return also refers to Value Added Tax or Percentage Tax Return covering the previous six (6) months (if applicable);
G.	Omnibus Sworn Statement;
H.	Duly notarized authority of the signatory using the attached form, whichever is applicable: 1. Secretary's Certificate (i.e. corporation; joint venture agreement); or 2. Special Power of Attorney (i.e. sole proprietor, partnership); or 3. In case the signatory is the sole proprietor, copy of the DTI Registration Certificate

PRICE QUOTATION

PROCUREMENT OF POVIDONE IODINE SOLUTION
SVP NO. 2021-022

Item No.	Item Description	Qty.	Unit	Total Cost (PhP)
1	Povidone Iodine Solution	4,000	Bottle	
TOTAL (PhP)				

- **All price offered (price per item and total bid price) must be type or written in indelible ink.**
- **Price validity shall be for a period of Ninety (90) calendar days.**

After having carefully read and accepted your conditions, I / We quote you on the item/s at prices noted above.

_____
Signature over Printed Name
[date of signing]

In the capacity of :*[title or other appropriate designation]*
Duly authorized to sign bid for and on behalf of :*[Name of Company]*
[Complete office address]
[Contact No./ Fax No.]
[Email Address]

Technical Specifications

<table>
<tr><td colspan="4">Republic of the Philippines
Department of Health

TECHNICAL SPECIFICATIONS</td></tr>
<tr><td>Item No.</td><td></td><td>Quantity</td><td></td></tr>
<tr><td colspan="2">ABC:</td><td colspan="2"></td></tr>
<tr><td colspan="2">PURCHASER'S SPECIFICATION</td><td colspan="2">STATEMENT OF COMPLIANCE</td></tr>
<tr><td colspan="2"></td><td colspan="2">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. <u>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.</u> 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.</td></tr>
</table>

Technical Specifications

Republic of the Philippines Department of Health TECHNICAL SPECIFICATIONS			
Item No. 1	Povidone Iodine Solution	Qty./Unit	4,000 bottles
Name of Manufacturer:		Country of Origin:	
Brand:			
ABC: PhP133,560.00			
PURCHASER'S SPECIFICATION		**STATEMENT OF COMPLIANCE**	
A. <u>Technical Specifications</u> 1. **Route of Administration**: Topical 2. **Form and Strength**: a) Solution b) 10%, 60 mL bottle			

B. Additional Requirements to be attached with this form arranged, numbered and tabbed as enumerated below:

1. Valid and current Certificate of Product Registration (CPR) or Valid Extension issued by Philippine Food and Drugs Administration (PFDA);

2. Valid and current License to Operate (LTO) **for drug suppliers, distributors and traders** issued by Philippine Food and Drugs Administration (PFDA).

   Note: Existing Licenses to Operate (LTO) and Certificates of Product Registration/Notification (CPR/Ns) issued by the Food and Drugs Administration (FDA) that have a validity expiring on 01 January to 30 July 2021, are automatically extended. An additional four (4) months validity from the original date of expiration of the market authorization shall be given. [FDA Circular No. 2020-024-A]

3. Product Insert/Product Information or downloaded from the internet and other manufacturer's un-amended sales literature, unconditional statements of specification and compliance issued by the manufacturer, samples, independent test data etc., as appropriate for cross-referencing statement of compliance to the technical specification in accordance to what is indicated in the Technical Specifications of this Request for Quotation;

4. The bidder shall submit any of the following whichever is applicable:

   a) If the bidder is the manufacturer, certify that the bidder manufactures the products/items; or
   b) If the bidder is an Exclusive/Authorized Distributor or Dealer of the products/items, Certificate or Contract from the manufacturer must be provided as proof that the bidder is an Exclusive/Authorized Distributor or Dealer of the products/items; or
   c) If the bidder is an agent of the exclusive distributor or dealer, the following must be provided:
      i. Certificate or Distributor/Dealership Agreement by the Manufacturer with the distributor or dealer; and
      ii. Contract between the distributor/dealer and the bidder

5. Certificate of Compliance to the Electronic Drug Price Monitoring System (EDPMS) issued by either the Pharmaceutical Division (PD) of the DOH or DOH Regional Health Office/Centers

Republic of the Philippines Department of Health TECHNICAL SPECIFICATIONS			
Item No. 1	Povidone Iodine Solution	Qty./Unit	4,000 bottles
Name of Manufacturer:		Country of Origin:	
Brand:			
ABC: PhP133,560.00			
PURCHASER'S SPECIFICATION		**STATEMENT OF COMPLIANCE**	

for Health Development pursuant to DOH Administrative Order No. 2018-0020;

In case of expired Certificate of Compliance to the EDPMS which expires on a quarterly basis, the following copies may be submitted:

i. Confirmation through e-mail using the official e-mail address of PD or concerned DOH Regional Health Office/ Centers for Health Development; and,
ii. Copy of print screen stating that the drug company is already compliant in the EDPMS pending the issuance of the Certificate.

C. Upon delivery the following shall be complied with:

1. **Shelf Life:** Must be fresh commercial stock with a total shelf life of twenty-four (24) months from the date of manufacture but not less than eighteen (18) months from the date of delivery.
2. **Packaging Instructions:** Standard packaging as approved by PFDA.
3. **Labeling Instructions:**

a) On each bottle, the following should be imprinted or stickered with non-removable or permanent sticker/label that is binding and with residue and tearing, if removed:

Philippine Government Property-Department of Health
NOT FOR SALE

b) On each small and bigger box/carton, the following should be imprinted or stickered with non-removable or permanent sticker/label that is binding and with residue and tearing, if removed:

Philippine Government Property- Department of Health
NOT FOR SALE

Date of Manufacture: _____
Date of Expiry: _____
Batch/Lot No._____

D. Product Recall & Disposal:

1. In instances of product recall due to failures of the suppliers and manufacturers to comply with the standards of safety and quality, the cost associated with the proper disposal/destruction, handling or pull out from health facilities where these products have already been distributed shall be borne by the supplier (subject to FDA Circular No. 2016-012 or the latest policy for disposal);
2. In cases of expired drugs, the health facility shall bear the cost for disposal. The disposal of the expired goods shall be coordinated through a third-party accredited by the Department of Environment and Natural Resources (DENR), engaged by the Administrative Services (AS) of the DOH health facility, subject to applicable laws.

_____
Signature over Printed Name
[date of signing]
In the capacity of *[title or other appropriate designation]*
Duly authorized to sign bid for and on behalf of: *[Name of Company]*
[Complete office address]
[Telephone No/Fax No.]
[Email Address]

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.

Item No.	Particular	Qty./ Unit	Delivery Site	Delivery Schedule
1	Povidone Iodine Solution	4,000 bottles	DOH Warehouse in Metro Manila	Forty Five (45) Calendar Days, upon receipt of approved Notice to Proceed (NTP)

_____
Signature over Printed Name
[date of signing]

In the capacity of: *[title or other appropriate designation]*
Duly authorized to sign bid for and on behalf of :*[Name of Company]*
[Complete office address]
[Contact No./ Fax No]
[Email Address]

Omnibus Sworn Statement

[shall be submitted with the Bid]

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

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. _____ and his/her Community Tax Certificate No. _____ issued on ____ at _____.

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 _____

REPUBLIC OF THE PHILIPPINES)
CITY OF _____) S.S.
x----------x

SECRETARY'S CERTIFICATE

I, _____, a duly elected and qualified Corporate Secretary of _____, a corporation duly organized and existing under and by virtue of the laws of the Republic of the Philippines, with principal office and place of business at [*complete office address*], **DO HEREBY CERTIFY**, that:

I am familiar with the facts herein certified and duly authorized to certify the same;

At the Regular/Special meeting of the Board of Directors of the said Corporation duly convened and held on [*dd mm yy*] at which meeting a quorum was present and acted throughout, the following resolution was unanimously approved, and the same have not been annulled, revoked and amended in any way whatever and are in full force and effect on the date hereof:

(Resolution No._____)

RESOLVED, that _____be, as it hereby is, authorized to participate in the bidding of the [*Name of the Project and reference number*] by the **DEPARTMENT OF HEALTH (DOH)**; and that if awarded the project shall enter into a contract with the **DOH**; and in connection therewith hereby appoint _____, acting as duly authorized and designated representatives of _____, are granted full power and authority to do, execute and perform any and all acts necessary and/or to represent _____ in the bidding as fully and effectively as the _____ might do if personally present with full power of substitution and revocation and hereby satisfying and confirming all that my said representative shall lawfully do or cause to be done by virtue hereof;

IN WITNESS WHEREOF, I/We have hereunto set my/our hands this ____ day of [*month*] [*year*] at [*place of execution*].

_____
[Corporate Secretary]

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. _____ and his/her Community Tax Certificate No. _____ issued on _____ at _____.

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 ____.

REPUBLIC OF THE PHILIPPINES)
CITY OF _____) S.S.
x----------x

SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that the undersigned [*name*], [*title*] of [*name of Company*], is lawfully authorized to represent and act on behalf of the [*name of company*], a company registered under the laws of the Republic of the Philippines with its registered office at [complete office address], do hereby APPOINT, NAME and CONSTITUTE, [*name*], [*title*] of [*name of company*] as my true and lawful attorney-in-fact to act for and in my name and stead, to do, execute and perform any and all acts necessary and/or represent in the bidding and perform the following acts:

1. To participate and submit a bid to the **DEPARTMENT OF HEALTH** for the Procurement of [Name of Project and reference number].
2. To make, sign, execute, deliver and receive contracts, agreements and any and all documents pertinent thereto, as may be necessary to carry into effect the foregoing authority and to bind myself with the DOH.

HEREBY GIVING AND GRANTING unto my said attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite or necessary or proper to be done in and about the premises as fully to all intents and purposes as I might or could lawfully do if personally present, with power of substitution and revocation, and hereby ratifying and confirming all that my said attorney-in-fact shall lawfully do or cause to done under and by virtue of these presents.

IN WITNESS WHEREOF, I/We have hereunto set my/our hands this ____ day of *[month] [year]* at *[place of execution]*.

_____
[*Principal*]

_____
[*Legal Representative/s*]

Attorney-in-Fact SIGNED IN THE PRESENCE OF

_____ _____

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. _____ and his/her Community Tax Certificate No. _____ issued on _____ at _____.

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 ___