



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 ALCOHOL SWAB AND SPRAY**

SVP No. **2022-016**

Name of Company

Address

Please submit your lowest price quotation on the items listed below duly signed by your representative not later than **12 April 2022; 9:00 A.M.**, Ground Floor, Building No. 6, Department of Health, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila:

Item No.	Particular	Quantity	Unit	Total Approved Budget for the Contract (PhP)
1	Alcohol Swab	10,000	box	490,000.00
2	Alcohol Spray, 40 ml	5,000	bottle	200,000.00
TOTAL				690,000.00

Your quotation is subject to the following General Conditions:

- Price validity shall be for a period of Ninety (90) calendar days from the Opening of Bids.**
- Delivery Period: should be sixty (60) calendar days upon receipt of approved Notice to Proceed (NTP).**
- DELIVERY SITE: Department of Health (DOH) Warehouse(s)**
- 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.
- Bidders are entitled to one (1) bid only, otherwise, all bids made shall automatically be rejected.**
- Payment shall be made after full delivery and acceptance.**
- The prospective bidder shall submit three (3) sets of true copies of the original certified as such by the bidder or his authorized signatory of the following requirements arranged, numbered and tabbed in a sealed envelope:**
 - Duly accomplished and signed Price Quotation inclusive of all taxes;

- b. Duly accomplished and signed Technical Specifications using the attached form;

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.

NOTE: In case of award, kindly send a soft copy of technical specification being offered (Word & PDF format) to this email address: [**cobacc@doh.gov.ph**](mailto:cobacc@doh.gov.ph)

- 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;**

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 No. 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 using the attached form;
- 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

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 No. 09-2020)

NOTE: Bidders may submit their bid proposal on or before **12 April 2022, 9:00 AM.** to the COBAC-C Secretariat through any of the following options:

1. In printed copy to be submitted at the *G/F, Bldg. No. 6, Department of Health, San Lazaro Compound, Sta. Cruz, Manila*; or
2. In soft copy via e-mail to **cobacc@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 Request for Quotation in compressed archive folders *pursuant to GPPB Resolution No. 09-2020 and Section 25.1 of the 2016 Revised IRR of RA No. 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 Request for Quotation 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 Revised IRR of RA No. 9184)*

The BAC shall open the bid envelopes using a non-discretionary “pass/fail” criterion. *In case of electronic bid submission, Request for Quotation 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 Revised IRR of RA No. 9184)*

Further, once the Community Quarantine 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, Sworn Statement and Authority of the Signatory Forms.

ABDULLAH B. DUMAMA, JR., MD, MPA, CESO I
Undersecretary of Health
COBAC-C Chairperson

ELIGIBILITY REQUIREMENTS CHECKLIST

PROCUREMENT OF ALCOHOL SWAB AND SPRAY SVP No. 2022-016

ITEM NO.	REQUIREMENTS
1.	Duly accomplished and signed Price Quotation inclusive of all taxes;
2.	<p>Duly accomplished and signed Technical Specifications using the attached form</p> <p>B.1 Valid and current Certificate of Product Registration (CPR) or Certificate of Medical Device Registration (CMDR) or Certificate of Medical Device Notification (CMDN) issued by Philippine Food and Drugs Administration (PFDA);</p> <p>B.2 Valid and current License to Operate (LTO) for Medical Device Importer/Wholesaler issued by Philippine Food and Drugs Administration (PFDA).</p> <p>Note: Existing Licenses to Operate (LTO) and Certificates of Product Registration/Notification (CPR/Ns), and other existing authorizations issued by the Food and Drug Administration (FDA) that have a validity expiring on 01 January 2022 to 30 September 2022, are automatically extended. An additional four (4) months validity from the original date of expiration of the market authorization shall be given; provided, that a complete application for renewal of the said authorizations have been filed with the FDA within the given extension period [FDA Circular No. 2021-025]</p> <p>B.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</p> <p>B.4 The bidder shall submit any of the following whichever is applicable:</p> <ol style="list-style-type: none"> a. If the bidder is a manufacturer, certificate that the bidder manufactures the products/item; or b. If the bidder is an Exclusive/Authorized Distributor or Dealer of the products/items, Certificate or Contract from the manufacturer or importer 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: <ol style="list-style-type: none"> i. Certificate or Distributor/Dealership Agreement by the Manufacturer with the distributor or dealer; and ii. Contract between the distributor/dealer and the bidder.
3.	Duly signed Schedule of Requirements using the attached form;

4.	<p>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;</p> <p>NOTE: <i>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, <u>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 No. 09-2020)</u></i></p>
5.	PhilGEPS Registration Number;
6.	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);
7.	Omnibus Sworn Statement;
8.	<p>Duly notarized authority of the signatory using the attached form, whichever is applicable:</p> <ol style="list-style-type: none"> 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 ALCOHOL SWAB AND SPRAY SVP No. 2022-016

Item No.	Item Description	Quantity	Unit	Unit Cost (PhP)	Total Cost (PhP)
1	Alcohol swab	10,000	box		
2	Alcohol spray, 40 ml	5,000	bottle		
TOTAL					

Note: Price shall be valid for Ninety (90) calendar days from the Opening of Bids.

All price offered (unit price and total bid price) inclusive of all taxes must be type or written in indelible ink.

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

Signature over Printed Name
[date of signing]

In the capacity of:
Duly authorized to sign bid for and on behalf of:

[title or other appropriate designation]
[Name of Company]
[Complete office address]
[Telephone No.]
[Fax No.]
[Email Address]

Technical Specifications

Item	Specification	Statement of Compliance
		<p>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.</p>

Signature over Printed Name
[date of signing]

In the capacity of
 Duly authorized to sign bid for and on behalf of

:[title or other appropriate designation]
:[Name of Company]
[Complete office address]
[Contact No.]
[Fax No.]
[Email Address]

Technical Specifications

Republic of the Philippines
Department of Health
TECHNICAL SPECIFICATIONS

Item No. 1	Alcohol swab	Qty./Unit	10,000 boxes
Name of Manufacturer:		Country of Origin:	
Brand:			
ABC for Item No. 1: PhP490,000.00			
PURCHASER'S SPECIFICATION		STATEMENT OF COMPLIANCE	
A. Detailed Technical Specifications: a) 2 ply b) Saturated with 70% Isopropyl Alcohol c) 100s per box			
<u>B. Additional Requirements to be attached to Technical Specifications form arranged, numbered and tabbed as enumerated below:</u>			
<ol style="list-style-type: none"> 1. Valid and current Certificate of Product Registration (CPR) or Certificate of Medical Device Registration (CMDR) or Certificate of Medical Device Notification (CMDN) issued by Philippine Food and Drugs Administration (PFDA); 2. Valid and current License to Operate (LTO) for Medical Device Importer/ Wholesaler issued by Philippine Food and Drugs Administration (PFDA). <p>Note: Existing Licenses to Operate (LTO) and Certificates of Product Registration/Notification (CPR/Ns), and other existing authorizations issued by the Food and Drug Administration (FDA) that have a validity expiring on 01 January 2022 to 30 September 2022, are automatically extended. An additional four (4) months validity from the original date of expiration of the market authorization shall be given; provided, that a complete application for renewal of the said authorizations have been filed with the FDA within the given extension period [FDA Circular No. 2021-025]</p> <ol style="list-style-type: none"> 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 4. The bidder shall submit any of the following whichever is applicable: <ol style="list-style-type: none"> a. If the bidder is a manufacturer, certificate that the bidder manufactures the products/item; or b. If the bidder is an Exclusive/Authorized Distributor or Dealer of the products/items, Certificate or Contract from the manufacturer or importer 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: <ol style="list-style-type: none"> i. Certificate or Distributor/Dealership Agreement by the Manufacturer with the distributor or dealer; and ii. Contract between the distributor/dealer and the bidder. 			

Republic of the Philippines
Department of Health
TECHNICAL SPECIFICATIONS

Item No. 1	Alcohol swab	Qty./Unit	10,000 boxes
Name of Manufacturer:		Country of Origin:	
Brand:			
ABC for Item No. 1: PhP490,000.00			
PURCHASER'S SPECIFICATION		STATEMENT OF COMPLIANCE	

C. Upon delivery the following shall be complied with:

1. Shelf life:

- a) 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:

- a) Standard packaging of the Manufacturer

3. Labelling Instructions:

- a) Each small box the following shall be imprinted or stickered with non-removable or permanent sticker or 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.: _____

- b) Each carton the following shall be imprinted or stickered with non-removable or permanent sticker or 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 & Replacement:

1. The Supplier must ensure the quality of products and if there will be problems in the quality, the Supplier will recall and replace the products distributed in the regions/hospitals/treatment hubs/RHU/HC/BHSS based on Guidelines on Product Recall, FDA Circular No. 2016-012;
2. In instances of product recalls due to failures of suppliers and manufacturers to comply with standards of safety and quality, the cost associated with 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 the latest policy for disposal) (DOH Administrative Order (AO) No.2019-0041).

Republic of the Philippines
Department of Health
TECHNICAL SPECIFICATIONS

Item No. 1	Alcohol swab	Qty./Unit	10,000 boxes
Name of Manufacturer:		Country of Origin:	
Brand:			
ABC for Item No. 1: PhP490,000.00			
PURCHASER'S SPECIFICATION		STATEMENT OF COMPLIANCE	
3. If the item is with approved shorter shelf life, replacement for fresh stocks shall be issued when returned three (3) months before expiry date.			

Signature over Printed Name

[date of signing]

In the capacity of

Duly authorized to sign bid for and on behalf of

:[title or other appropriate designation]

:[Name of Company]

[Complete office address]

[Contact No.]

[Fax No.]

[Email Address]

Technical Specifications

Republic of the Philippines
Department of Health
TECHNICAL SPECIFICATIONS

Item No. 2	Alcohol Spray 40 ml	Qty./Unit	5,000 bottle
Name of Manufacturer:		Country of Origin:	
Brand:			
ABC for Item No.2: PhP200,000.00			
PURCHASER'S SPECIFICATION		STATEMENT OF COMPLIANCE	
A. <u>Detailed Technical Specifications:</u> a) Alcohol Spray 40 ml b) 70% Ethyl alcohol			
<u>B. Additional Requirements to be attached to Technical Specifications form arranged, numbered and tabbed as enumerated below:</u>			
<ol style="list-style-type: none"> 1. Valid and current Certificate of Product Registration (CPR) or Certificate of Medical Device Registration (CMDR) or Certificate of Medical Device Notification (CMDN) issued by Philippine Food and Drugs Administration (PFDA); 2. Valid and current License to Operate (LTO) for Medical Device Importer/ Wholesaler issued by Philippine Food and Drugs Administration (PFDA). <p>Note: Existing Licenses to Operate (LTO) and Certificates of Product Registration/Notification (CPR/Ns), and other existing authorizations issued by the Food and Drug Administration (FDA) that have a validity expiring on 01 January 2022 to 30 September 2022, are automatically extended. An additional four (4) months validity from the original date of expiration of the market authorization shall be given; provided, that a complete application for renewal of the said authorizations have been filed with the FDA within the given extension period [FDA Circular No. 2021-025]</p> <ol style="list-style-type: none"> 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 4. The bidder shall submit any of the following whichever is applicable: <ol style="list-style-type: none"> a. If the bidder is a manufacturer, certificate that the bidder manufactures the products/item; or b. If the bidder is an Exclusive/Authorized Distributor or Dealer of the products/items, Certificate or Contract from the manufacturer or importer 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: <ol style="list-style-type: none"> i. Certificate or Distributor/Dealership Agreement by the Manufacturer with the distributor or dealer; and ii. Contract between the distributor/dealer and the bidder. 			

Republic of the Philippines
Department of Health
TECHNICAL SPECIFICATIONS

Item No. 2	Alcohol Spray 40 ml	Qty./Unit	5,000 bottle
Name of Manufacturer:		Country of Origin:	
Brand:			
ABC for Item No.2: Php200,000.00			
PURCHASER'S SPECIFICATION		STATEMENT OF COMPLIANCE	

C. Upon delivery the following shall be complied:

1. Shelf Life:

- a) 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:

- a) Standard packaging of the manufacturer (carton/box)

3. Labelling Instructions:

- a) Each bottle the following shall be imprinted or stickered with non-removable or permanent sticker or 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.: _____

- b) Each carton the following shall be imprinted or stickered with non-removable or permanent sticker or 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 & Replacement:

1. The Supplier must ensure the quality of products and if there will be problems in the quality, the Supplier will recall and replace the products distributed in the regions/hospitals/treatment hubs/RHU/HC/BHSS based on Guidelines on Product Recall, FDA Circular No. 2016-012;
2. In instances of product recalls due to failures of suppliers and manufacturers to comply with standards of safety and quality, the cost associated with 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 the latest policy for disposal) (DOH Administrative Order (AO) No.2019-0041).

Republic of the Philippines
Department of Health
TECHNICAL SPECIFICATIONS

Item No. 2	Alcohol Spray 40 ml	Qty./Unit	5,000 bottle
Name of Manufacturer:		Country of Origin:	
Brand:			
ABC for Item No.2: PhP200,000.00			
PURCHASER'S SPECIFICATION		STATEMENT OF COMPLIANCE	

3. If the item is with approved shorter shelf life, replacement for fresh stocks shall be issued when returned three (3) months before expiry date.

Signature over Printed Name

[date of signing]

In the capacity of

Duly authorized to sign bid for and on behalf of

:[title or other appropriate designation]

:[Name of Company]

[Complete office address]

[Contact 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.	Description	Quantity/ Unit	Total ABC (PhP)	Delivery Site	Delivery period in Calendar Days
1	Alcohol swab	10,000 boxes	490,000.00	Department of Health (DOH) Warehouse(s)	Sixty (60) calendar days upon receipt of approved Notice to Proceed (NTP)
2	Alcohol Spray 40 ml	5,000 bottles	200,000.00		

Signature over Printed Name
[date of signing]

In the capacity of:

Duly authorized to sign bid for and on behalf of:

[title or other appropriate designation]

[Name of Company]

[Complete office address]

[Telephone No.]

[Fax No.]

[Email Address]

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 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 following responsibilities as a Bidder:
 - a) Carefully examine all of the Bidding Documents;
 - b) Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
 - c) Made an estimate of the facilities available and needed for the contract to be bid, if any; and
 - d) Inquire or secure 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.

Bidder's Representative/Authorized Signatory

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 ____

Manufacturer's Authorization

To: [name and address of Procurement Agent]

We [complete name of Manufacturer], who are official manufacturers of [type of goods manufactured], having factories at [full address of Manufacturer's factories], do hereby appoint [complete name of Bidder] as the authorized distributor of [Importer/Distributor and address] to participate in Government Bidding for the following Goods/Products [name and or brief description of the Goods], manufactured by us and to subsequently enter into a Contract with the **DEPARTMENT OF HEALTH**.

This authorization/certification is valid for [years] from the [date of issuance] and being issued to [Bidder] unless revoked for any justifiable reason(s) by either party.

Notes:

1. If the Main Importer/Distributor is also the bidder, the existing Distributorship Agreement/Certificate of Exclusive Distributorship with the Manufacturer (whichever is applicable), may be submitted in lieu of this form.
2. This letter of authority should be on the letterhead of the Manufacturer.
3. Bidders are highly encouraged to use the template provided to minimize errors or omissions in the form submitted. However, bidders may use their own template for as long as the essential portion/details of the said document are present.

Signature over Printed Name
[date of signing]

In the capacity of
Duly authorized to sign bid for and on behalf of

:[title or other appropriate designation]
:[Name of Company]
:[Complete office address]
:[Contact No.]
:[Fax No.]

Authorization from the Main Distributor of the Manufacturer

To: [name and address of Procurement Agent]

We [complete name of Main distributor], who are main/principal distributor of [type of goods distributed] manufactured/developed by [Manufacturer/Owner's Name], located at [full address of Main distributor], do hereby appoint/authorize [complete name of Bidder] a Value Added Reseller/Reseller to participate in Government Bidding for the following Goods/Products [name and or brief description of the Goods], distributed by our company and to subsequently enter into a Contract with the **DEPARTMENT OF HEALTH**.

This authorization/certification is valid for [years] from the [date of issuance] and being issued to [Bidder] unless revoked for any justifiable reason(s) by either party.

Notes:

1. If the Main Importer/Distributor is also the bidder, the existing Distributorship Agreement/Certificate of Exclusive Distributorship with the Manufacturer (whichever is applicable), may be submitted in lieu of this form.
2. This letter of authority should be on the letterhead of the Main distributor.
3. Bidders are highly encouraged to use the template provided to minimize errors or omissions in the form submitted. However, bidders may use their own template for as long as the essential portion/details of the said document are present.

Signature over Printed Name
[date of signing]

In the capacity of
Duly authorized to sign bid for and on behalf of

:[title or other appropriate designation]
:[Name of Company]
[Complete office address]
[Contact No.]
[Fax No.]