



Republic of the Philippines
Department of Health
CENTRAL OFFICE BIDS AND AWARDS COMMITTEE

**REQUEST TO SUBMIT TECHNICAL AND FINANCIAL PROPOSALS FOR THE
NEGOTIATED PROCUREMENT THROUGH SMALL VALUE MODALITY FOR THE
PROCUREMENT OF CONSULTING SERVICES TO PROVIDE TECHNICAL ASSISTANCE
FOR THE ENHANCED IMPLEMENTATION OF THE DOH QUALITY MANAGEMENT
SYSTEM IN ACCORDANCE WITH THE ISO 9001:2015
SVP NO. 2022-026**

The Department of Health (DOH) has an urgent requirement for the Procurement of Consulting Services to Provide Technical Assistance for the Enhanced Implementation of the DOH Quality Management System in Accordance with the ISO 9001:2015 under SVP No. 2022-026 with a total Approved Budget for the Contract (ABC) of Six Hundred Thousand Philippine Pesos (PhP600,000.00). The project is recommended to be procured through Negotiated Procurement through Small Value Modality pursuant to Republic Act (RA) 9184 and its 2016 Revised Implementing Rules and Regulations (IRR).

The Central Office Bids and Awards Committee (COBAC)-B hereby requests the prospective Consulting Firm to submit their Technical and Financial Proposals based on the *attached Terms of Reference (TOR) and prescribed forms*. The prospective Consulting Firm shall submit **three (3) sets of proposals**, one (1) marked original and two (2) certified true copies of the original certified as such by the Individual Consultant of the following requirements arranged, numbered and tabbed in a sealed envelope:

1. Technical and Financial Proposals using the attached prescribed standard forms:
 - a) Technical Proposal Forms:
 - TPF1 Technical Proposal Submission Form
 - TPF2 Consultant's References
 - TPF3 Comments and Suggestions of Consultant on the Terms of Reference and on Data, Services, and Facilities to be Provided by the Procuring Entity
 - TPF4 Description of the Methodology and Work Plan for Performing the Project
 - TPF5 Curriculum Vitae (CV)
 - TPF6 Time Schedule
 - TPF7 Activity (Work Schedule)
 - b) Financial Proposal Forms:
 - FPF1 Financial Proposal Submission Form
 - FPF2 Summary of Costs
 - FPF3 Breakdown of Price per Activity
 - FPF4 Breakdown of Remuneration per Activity
 - FPF5 Reimbursable per Activity
 - FPF6 Miscellaneous Expenses
2. Duly signed Terms of Reference;
3. PhilGEPS Registration Number;
4. 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 Exclusive Economic Zones or Areas (2016 Revised IRR of RA No. 9184) together with the corresponding copy of receipt of payments 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)

5. Latest Annual Income Tax/Business Tax Return also refers to Value Added Tax (VAT) or Percentage Tax Return covering the previous six (6) months;
6. Omnibus Sworn Statement (Refer to the attached forms); and
7. Duly notarized authority of the signatory, whichever is applicable:
 - a. Secretary's Certificate (i.e. Corporation; Joint Venture Agreement); or
 - b. Special Power of Attorney (i.e Sole Proprietorship; Partnership); or
 - c. In case the signatory is the sole proprietor, copy of the DTI Certificate of Registration

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)

8. Non-Disclosure Agreement (Annex A)

The Quality-Cost Based Evaluation Procedure pursuant to Section 33.2.1.b of the 2016 Revised IRR of RA No. 9184 shall be used for this project. The corresponding weights for the technical proposal is 70% while financial proposal weight is 30%.

The Submission of Bids is set on **20 July 2022, 9:00 A.M.** Bids received after the deadline for submission and receipt of bids shall be declared "late" and shall not be accepted.

Further, pursuant to Section 54.5 of the 2016 Revised IRR of the R.A. 9184, should this procurement project be awarded in your favor, filing of performance security is required as prescribed in Section 39 revised IRR of R.A. 9184.

The Performance Security shall be limited to the following forms with corresponding amount:


Form of Performance Security	Amount of Performance Security (Not less than the required Percentage of the Total Contract Price)
1. Cash or cashier's/manager's check issued by a Universal or Commercial Bank.	Five percent (5%)
2. Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank.	

Form of Performance Security	Amount of Performance Security (Not less than the required Percentage of the Total Contract Price)
3. Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security.	Thirty percent (30%)

If the Performance Security is in the form of bank draft/guarantee or irrevocable letter of credit, the Performance Security shall be valid until the issuance of Certificate of Final Acceptance and Completion of the project by the FMS of the Department of Health which must form part of the terms and conditions of the Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank when opted to be used by the bidder. Otherwise, the award of contract shall be cancelled without prejudice of the institution of blacklisting proceeding or other administrative cases, civil or criminal cases with the forfeiture of the bid security.

Moreover, please be informed of the taxes to be withheld for this procurement project:

Particular	EVAT		NON-VAT	
	TAX Base	Withholding Tax	TAX Base	Withholding Tax
If the current year's gross income does not exceed PhP720,000.00	Gross Amount / 1.12	EWT – 10% EVAT – 5%	Gross Amount	EWT – 10% NON-VAT – 3%
If the current year's gross income exceeds PhP720,000.00	Gross Amount / 1.12	EWT – 15% EVAT – 5%	Gross Amount	EWT – 15% NON VAT – 3%
Consultancy (Partnership)	Gross Amount	EVAT – 5%	Gross Amount	NON VAT – 3%


MAYLENE M. BELTRAN, MPA, CESO III
Assistant Secretary of Health
COBAC-B Chairperson

TERMS OF REFERENCE

Title: Procurement of Consulting Services to Provide Technical Assistance for the Enhanced Implementation of the DOH Quality Management System in Accordance with the ISO 9001:2015

I. Introduction and Rationale

In compliance with Executive Order No. 605, institutionalizing the structure, mechanism and standards to implement the Government Quality Management Program, the Department of Health (DOH) continues to adopt the ISO 9001:2015 principles in its operation. The Department has established its Quality Management System (QMS) since 2008 and was the first government agency under the Executive branch to have a department-wide QMS certified to ISO 9001:2008. For thirteen years now, the Department was able to maintain this certification and reap the benefits of an ISO-certified agency. The DOH remains to be committed to the maintenance and further enhancement of DOH QMS to ensure the successful Surveillance Audit.

The DOH endeavors to leverage on its established QMS to drive optimum organizational performance. Conduct of the Internal Quality Audit (IQA) must be rationalized to better identify implementation gaps for the new scope of the DOH QMS which is performance management. Moreover, calibration of the auditing approach of the members of the IQA Committee and competency building of the newly appointed QMS secretariat are necessitated to further drive operational and quality effectiveness. As such, there is a need to engage the services of a Consultant/Consulting Firm who will provide expert knowledge throughout the continuous improvement of the DOH QMS. The consultancy firm will conduct a review of the implementation of the DOH QMS and provide analysis and recommendations to address implementation gaps. Likewise, coaching sessions for the DOH's IQA Committee and capacity building activities for the DOH QMS Secretariat and DOH Offices to ensure sustenance of the DOH QMS shall be provided.

II. Objectives

A. General Objective:

To provide technical assistance on the continual improvement of the implementation of the DOH QMS;

B. Specific Objectives:

1. To conduct an analysis on the implementation of the DOH QMS and generate recommendations for the overall improvement of the DOH QMS;
2. To provide coaching to the DOH IQA Committee members and standardize their approach to auditing;
3. Facilitate capacity building activities for the DOH QMS Secretariat and the DOH Offices and CHDs
4. Assist in all preparatory activities of the DOH for the 2nd ISO Surveillance Audit

III. Scope of Work

- A. The Consulting firm has to provide consultancy services, professional management skills, and technical expertise to DOH with regards to the following:
1. Review of the DOH QMS implementation and generate recommendations for its improvement;
 2. Review of existing DOH QMS documentation and assist in its revision if warranted;
 3. Conduct awareness and orientation course/s to enhance the understanding and appreciation of DOH offices and CHDs on the principles and requirements of ISO 9001:2015;
 4. Conduct training/workshops/capacity development activities that will address noted gaps or areas for update or improvement;
 5. Assist the DOH QMS Secretariat in performing its IQA Team Lead function such as but not limited to the development of the Annual Internal QMS Audit Program/Plan, review the IQA results and assist in correcting non-conformities and other inadequacies found during the audit and review the adequacy and completeness of corrective actions taken;
 6. Provide technical assistance to the DOH QMS Secretariat in performing its support function to the Overall QMR through preparation of reports such as but not limited to Top Management Review Report, Top Management Risks and Opportunities, etc.;
 7. Provide capacity building activities such as but not limited to completion of response action report for surveillance audit.

IV. Expected Deliverables/Outputs

Description of Activities	Tentative Timeline	Deliverables
1. Review of the DOH QMS and its documented information and identify the gaps and areas for update/improvement	15 days from the receipt of the Notice to Proceed (NTP)	<ul style="list-style-type: none"> ▪ Inception Report
2. Review of DOH QMS Implementation and suggest recommendation/s for improvement	30 days from the receipt of the Notice to Proceed (NTP)	<ul style="list-style-type: none"> ▪ Gap Analysis Report ▪ Coaching Plan ▪ Training Plan
3. Conduct of capability enhancement activities prior, during and after the surveillance audit	Within Q3-Q4	<ul style="list-style-type: none"> ▪ Capability enhancement activities conducted
4. Prepare and submit a final report to include recommendations and courses of action on how to improve the DOH QMS in preparation for the ISO re-certification next year	December 2022	<ul style="list-style-type: none"> ▪ Final Report

V. Estimated Duration

The Consulting firm will be engaged for six (6) months upon receipt of the approved Notice to Proceed (NTP), with minimum man-days of eighteen (18) days during the entire engagement.

VI. Project Site

The engagement shall cover the DOH-Central Office and the 16 Centers for Health Development.

VII. Implementation Arrangement, Responsibilities and Reporting and Communication Protocols

The Financial and Management Service-Office of the Director shall be responsible for this engagement. The point person shall be:

LORICA C. RABAGO, CPA, MM

Chief Administrative Officer

Financial and Management Services (FMS) - Management Division (MD)

G/F Building 2, San Lazaro Compound, Rizal Avenue, Sta. Cruz, 1003 Manila

dohmanagementdivision@doh.gov.ph

(02) 8651-7800 local 1223

A. Project Arrangement/Contract Management

1. The Technical Office assigned to this project is the FMS-MD.
2. The engagement will be handled by FMS-MD under the supervision of the Office of the Director of FMS.
3. The Consulting Firm shall submit the deliverables and other reports to the FMS-MD. The FMS-MD shall evaluate the deliverables and recommend approval by the head of the office. In case there are revisions or changes that should be incorporated into the submitted deliverables, the FMS-MD shall notify the Firm.
4. The FMS-MD shall issue a Certificate of Acceptance on the report submitted by the Consultant and facilitate the release of payment.

B. Reporting Scheme

The Consultant shall coordinate closely with the Office of the FMS Director through the FMS-MD to ensure the smooth implementation of the consultancy service.

C. Responsibilities of the Consultant

1. The Consultant shall closely work with the FMS-MD for the accomplishment of the deliverables.
2. The Consultant shall submit the deliverables on the specified schedule in the inception report.
3. Any changes to the terms of reference due to justifiable reasons must be agreed upon by both parties in writing.

4. The Consultant shall treat with utmost confidentiality all information and materials gathered and used relating to this engagement.
5. In case of travel to the Centers for Health Development, the Consultant is entitled to traveling/transportation, meal and accommodation expenses charged to the government funds.

D. Responsibilities of the DOH

1. The Office of the FMS Director through FMS-MD shall coordinate with the Consultant in the accomplishment of the deliverables stated in this term of reference.
2. FMS-MD shall closely monitor and evaluate the deliverables submitted by the Consultant and recommend to the FMS Director for approval. Once approved, FMS-MD shall facilitate the issuance of Certificate of Acceptance and payment to the Consultant.
3. The DOH shall bear all audit-related expenses including plane fare, terminal fees, meals, and hotel accommodations of the Consultant, if applicable. Expenses incurred shall be chargeable against the funds of the DOH.
4. FMS-MD shall coordinate with the concerned offices for the conduct of the activities related to this engagement ensuring their availability and attendance.

VIII. Required Qualification of Consultant

The Consultancy Firm must be experienced and must assign key personnel who will serve as the "Consultant". Further, the firm and the Consultant should have the following qualifications:

A. Firm

1. More than fifteen (15) years' extensive experience as consultancy firm on quality management system, productivity improvement and ISO certification;
2. Must have been engaged and have successfully led at least fifteen (15) government agencies (at least ten from the public health sector) to the establishment of their QMS and ISO 9001:2015 Certification, some of which were accomplished within the last three (3) years;
3. Must have more than ten (10) years' work experience in local and or international companies engaged in consulting, training, and establishing QMS for ISO 9001 certification standards.

B. Qualifications of the Consultant

1. Educational attainment in public management, public administration, business administration, engineering or related field; at least Bachelor of Science/Bachelor of Arts degree holder, Master in Science/Arts, an advantage;
2. Must have at least ten (10) years' work experience as lead consultant and/or trainer engaged in consulting, training and establishing a QMS for certification under ISO 9001 standard;
3. Must have been engaged and have successfully led at least fifteen (15) government agencies (at least ten from the public health sector) to the establishment of their QMS and ISO 9001:2015 Certification, some of which were accomplished within the last three (3) years;
4. Must have been engaged as a Lead Auditor for a third-party ISO Certification.

IX. Technical Evaluation Criteria

1. Qualification of Key Personnel to be Assigned to the Job – 40%

a.	Education		10%
	Graduate Degree	10%	
	Bachelor's Degree	8%	
b.	Experience		20%
	≥15 years	20%	
	10-14 years	15%	
	<10 years	10%	
c.	Training		10%
	Registered/Authorized as a Third Party (Certifying Body) Auditor	10%	
Total Grade			40%

2. Experience and Capability of Consulting Firm - 40%

a.	Experience Similar to the Project		20%
	10 projects	20%	
	6-9 projects	15%	
	5 or less projects	10%	
b.	Experience Related to the Project		20%
	15 projects	20%	
	<15 projects	15%	
Total Grade			40%

3. Plan of Approach and Methodology - 20%

a.	Clarity, Simplicity and Innovativeness	5%	
b.	Quality and interpretation of project requirement, problem and risks	5%	
c.	Sustainability	5%	
d.	Work plan adequacy, completeness, viability, workability and sustainability	5%	
Total Grade			20%

*** The minimum score required to pass the technical evaluation is 70% points.

X. ABC

The approved estimated cost of the project is Six Hundred Thousand Philippine Pesos (Php600,000.00) inclusive of taxes. Payment shall be made based on the submission of the deliverables stipulated in Section IV.

XI. Proposed Terms of Payment

Payment to the Consulting Firm shall be based on the satisfactory accomplishment of the following deliverables duly accepted and approved by the FMS Director, chargeable against the FMS funds, subject to the usual accounting and auditing rules and regulations:

Description of Activities	Tentative Timeline	Deliverables	%
1. Review of the DOH QMS and its documented information and identify the gaps and areas for update/improvement	15 days from the receipt of the Notice to Proceed (NTP)	<ul style="list-style-type: none"> ▪ Inception Report 	<ul style="list-style-type: none"> • 15%
2. Review of DOH QMS Implementation and suggest recommendation/s for improvement	30 days from the receipt of the Notice to Proceed (NTP)	<ul style="list-style-type: none"> ▪ Gap Analysis Report ▪ Coaching Plan ▪ Training Plan 	<ul style="list-style-type: none"> • 25%
3. Conduct of capability enhancement activities prior, during and after the surveillance audit	Within Q3-Q4	<ul style="list-style-type: none"> ▪ Capability enhancement activities conducted 	<ul style="list-style-type: none"> • 40%
4. Prepare and submit a final report to include recommendations and courses of action on how to improve the DOH QMS in preparation for the ISO re-certification next year	December 2022	<ul style="list-style-type: none"> ▪ Final Report 	<ul style="list-style-type: none"> • 20%

XII. Proposed Mode of Procurement and Evaluation Procedure

Quality Cost Based Evaluation, Technical: 70%; Financial: 30%
Minimum Technical score is 70%

XIII. Propriety Rights and Ownership

All materials, papers, and documents prepared in connection with the services shall be owned by the FMS, DOH, and may not be used, copied, or published by the Consultant without the express approval of the FMS.

XIV. Data Privacy Act of 2012 Compliance and Non-Disclosure Agreement

The winning bidder must sign the Data Protection & Non-Disclosure Agreement (See Annex A) and comply with the data privacy principles and guidelines as prescribed in the Data Privacy Act (DPA) of 2012. In case of data breach or non-compliance to DPA, the service provider due to its own doing or responsibility shall render the DOH free of the penalties under the Act.

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./Facsimile No.]
[Official Email Address]

TPF 1. Technical Proposal Submission Form

[Date]

[Name and address of the Procuring Entity]

Ladies/Gentlemen:

I, the undersigned, offer to provide the consulting services for [Title of Project/Ref. Code]. I am hereby submitting my Bid, which includes this Technical Proposal, and a Financial Proposal sealed under a separate envelope.

My Bid is binding upon us and subject to the modifications resulting from contract negotiations.

I acknowledge and accept the PROCURING ENTITY's right to inspect and audit all records relating to my Bid irrespective of whether I enter into a contract with the Procuring Entity as a result of this Bid or not.

I understand you are not bound to accept any Bid received for the selection of a consultant for the Project.

I remain,

Yours sincerely,
Authorized Signature:
Name and Title of Signatory:
Address:
Email Address:
Tel. No./Fax No.:

TPF 2. Consultant's References

Relevant Services Carried Out in the Last Fifteen (15) Years That Best Illustrate Qualifications

Using the format below, provide information on each project for which your firm/entity, either individually, as a corporate entity, or as one of the major companies within an association, was legally contracted.

Project Name:		Country:
Location within Country:		
Name of Client:		
Address:		Duration of Project:
Start Date (Month/Year):	Completion Date (Month/Year):	Approx. Value of Services (in Current US\$):
Name of Associated Consultants, if any:		N ^o of Months of Professional Staff Provided by Associated Consultants:
Name of Senior Staff (Project Director/Coordinator, Team Leader) Involved and Functions Performed:		
Narrative Description of Project:		
Description of Actual Services:		

Consultant's Name: _____

Instructions on how to fill up the Consultant's References

Project Name	Complete name or title of the project. Example: System Development of Drug Test Operation and Management Information System
Country	Name of country where the project was developed. Example: Philippines
Location within Country	Complete name of municipality/city/district/province where the project was developed in that country. Example: Manila
Professional Staff Provided by Your Firm/Entity (profiles)	Write the number and positions of all staff provided by the firm/entity to the project. Example: 1 Project Manager, 2 Systems Analysts, 4 Programmers
Name of Client	Write the name, company name, firm or institution name of the client. Example: Department of Health
No. of Staff	Write the total number of staff assigned to the project. Example: 15 Staff
Address	Write the complete address of the client. Include Name of Contact Person and telephone number. Example: Department of Health, San Lazaro Compound, Sta. Cruz, Manila 1006. Contact Person=Coney Liberan Tel # 7438301 loc 1932
No. of Staff-Months; Duration of Project	Write the total staff-months and duration of the project. Example: 60 man-months; 3 months
Start Date (Month/Year)	Write the start date in month and year. Do not use number to represent the month. Example: January, 2005
Completion Date (Month/Year)	Write the end date in month and year. Do not use number to represent the month. Example: December, 2005
Approx. Value of Services (in Current US\$):	Write the amount of the contracted project in dollar and peso equivalent (i.e. \$1 = ₱ 55.00). Example: \$ 1,000.00 (₱ 55,000.00)
Name of Associated Consultants, if any:	Write the name of other consultants associated to the project, if applicable. Example: ABC Consultants Philippines.
No. of Months of Professional Staff Provided by Associated Consultants:	Write the number of months of professional staff provided by the associated consultants to the project. Example: three (3) months
Name of Senior and Junior Technical Staff (Project Director/Coordinator, Team Leader) Involved and Functions Performed:	Write the names, positions and functions performed by the senior and junior technical staff assigned to the project. Example: Juan Dela Cruz, Systems Analyst: Conduct user requirements analysis, Develop functional and technical design, others ...
Narrative Description of Project:	Provide a concise description on the following: 1. What the project is 2. Objectives of the project 3. Limitations of the project 4. Systems or Functions involved in the development of the project 5. Short description of each system or function 6. Technology solutions adapted (Programming Language, database management system, network environment, others) and innovations incorporated.

TPF 3. Comments and Suggestions of Consultant on the Terms of Reference and on Data, Services, and Facilities to be Provided by the Procuring Entity

On the Terms of Reference:

- 1.
- 2.
- 3.
- 4.
- 5.

On the data, services, and facilities to be provided by the Procuring Entity:

- 1.
- 2.
- 3.
- 4.
- 5.

Name and Title of Signatory:
Address:
Email Address:
Tel. No./Fax No.:

TPF 4. Description of the Methodology and Work Plan for Performing the Project

TPF 5. Format of Curriculum Vitae (CV)

Proposed Position: _____

Name of Consultant: _____

Profession: _____

Date of Birth: _____

Nationality: _____

Membership in Professional Societies: _____

Detailed Tasks Assigned: _____

Key Qualifications:

[Give an outline of your experience and training most pertinent to tasks on project. Describe degree of responsibility you've held on relevant previous projects and give dates and locations. Use about half a page.]

Education:

[Summarize college/university and other specialized education of, giving names of schools, dates attended, and degrees obtained. Use about one quarter of a page.]

Employment Record:

[Starting with present position, list in reverse order every employment held. List all positions you've held since graduation, giving dates, names of employing organizations, titles of positions held, and locations of projects. For experience in last ten years, also give types of activities performed and client references, where appropriate. Use about two pages.]

Languages:

[For each language, indicate proficiency: excellent, good, fair, or poor in speaking, reading, and writing.]

Certification:

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

[Signature of Consultant] Date: _____
Day/Month/Year

Instructions for filling up the Curriculum Vitae (CV)

Proposed Position	Complete position title to be assigned for this NHDD project. Example: Quality Assurance Manager
Name of Firm	Complete name of the firm/company/institution. Example: ABC Incorporated
Name of Staff	Complete name of the staff/personnel to be assigned to the project, i.e. Last name, First name Middle name. Example: Capistrano, Gloria Cruz
Profession	Current job and/or line of work. Example: Civil Engineer
Date of Birth	Date of birth using the format <month><day>, <year>. Example: May 6, 1965
Years with Firm/Entity	Compute the number of years and/or months of employment with the firm. Example: 1) February 1, 2005 to present (ABC Incorporated) = 5 months 2) February 1, 2005 to present (ABC Incorporated) = 1 year 5 months
Nationality	Nationality of the personnel. Example: Filipino
Membership in Professional Societies:	Name of Organization/Professional Societies.
Detailed Tasks Assigned:	Activities/Tasks to be assigned to the personnel for this project. Use the following for activities/tasks: Systems/Process Reengineering = review of current processes, procedures, activities; identification of gaps, improvements and implementing changes. User Requirements = gathering of requirements from end-users. Systems Analysis = study, review, analysis and recommendations to improve existing systems Systems Design = formulation/development of functional and technical design of the system including database, network and others. Systems Development = coding/writing and testing of programs to turn the user requirements into a workable or running software. Systems Implementation = includes training, data conversion activities, migration, deployment and other activities required to put the system into operation.
Key Qualifications	
Experience: Position Head Company/Organization Location Major Tasks Dates (month and year)	Complete position title. Example: Systems Analyst Complete Name of Company Example: ABC Incorporate Location of Assignment/Project Example: Surigao Del Norte <Use activities in Detailed Tasks Assigned> Example: User Requirements Dates From to To Example: Jan 1, 2004 to Dec 31, 2004 OR Jan 2004 to Dec 2004

Relevant Training:	<Include only training equal to or greater than 40 hours>
Course Description Training Institution Venue Dates of Training No. of Training Days	Complete title of the course or training. Example: Java Programming Name of School or Training Institution/Company/Organization Example: FGH Computer Training Institute Place of Training. Example: Makati City Training Date <u>From</u> to <u>To</u> Compute/Add total number of days
Education	
School Degree/Honors Received Dates	Name of School. Example: University of Santo Tomas Degree/Honors. Example: BS Computer Science Month/Year <u>From</u> to <u>To</u> Example: June 1977 to March 1982
Employment Record	
Dates Position Held Company/Organization Location Major Tasks	Exact Date <u>From</u> to <u>To</u> Example: January 1, 2004 to December 31, 2004 Complete position title. Example: Quality Assurance Manager Complete name of company/organization. Example: ABC Incorporated Location or area of assignment. Example: Norala District, South Cotabato <Use activities in Detailed Tasks Assigned> Example: User Requirements
Languages	Name of Language, proficiency level in speaking, reading and writing. Example: English, S=Excellent, R=Excellent,
Certification	Personnel and authorized representative of the firm must sign the curriculum vitae. Write the date in day/month/year format. Write the complete name of the personnel/staff. Write the complete name of the authorized representative.

TPF 6. Time Schedule

Reports Due/Activities	Months (in the Form of a Bar Chart)												Number of Months	
	1	2	3	4	5	6	7	8	9	10	11	12		
Subtotal (1)														
Subtotal (2)														
Subtotal (3)														
Subtotal (4)														

Full-time: _____

Reports Due: _____

Activities Duration: _____

Location _____

Part-time: _____

Signature: _____
(Authorized representative)

Full Name: _____

Title: _____

Address: _____

TPF 7. Activity (Work) Schedule

A. Field Investigation and Study Items

	<i>[1st, 2nd, etc. are months from the start of project.]</i>											
	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
Activity (Work)												

B. Completion and Submission of Reports

Reports	Date
1. Inception Report	
2. Interim Progress Report (a) First Status Report (b) Second Status Report	
3. Draft Report	
4. Final Report	

Name and Title of Signatory:

Address:

Email Address:

Tel. No./Fax No.:

FPF 1. Financial Proposal Submission Form

[Date]

[Name and address of the Procuring Entity]

Ladies/Gentlemen:

I, the undersigned, offer to provide the consulting services for [Title of Project/Re. Code]. My attached Financial Proposal is for the sum of [amount in words and figures]. This amount is exclusive of the local taxes, which I have estimated at [amount(s) in words and figures].

My Financial Proposal shall be binding upon us subject to the modifications resulting from Contract negotiations, up to expiration of the bid validity period, *i.e.*, [Date].

I acknowledge and accept the Procuring Entity's right to inspect and audit all records relating to my Bid irrespective of whether we enter into a contract with the Procuring Entity as a result of this Bid.

I understand you are not bound to accept any Bid you receive.

I remain,

Yours sincerely,
Name and Title of Signatory:
Address:
Email Address:
Tel. No./Fax No.:

FPF 2. Summary of Costs

Costs	Currency(ies) ¹	Amount in Philippine Pesos
Subtotal		
Local Taxes		
Total Amount of Financial Proposal		

Name and Title of Signatory:
 Address:
 Email Address:
 Tel. No./Fax No.:

¹ In cases of contracts involving foreign consultants, indicate the exchange rate used.

FPF 3. Breakdown of Price per Activity

Activity No.:	Activity No	Description:
Price Component	Currency(ies) ²	Amount in Philippine Peso
Remuneration		
Reimbursable		
Miscellaneous Expenses		
Subtotal		

Name and Title of Signatory:
 Address:
 Email Address:
 Tel. No./Fax No.:

² In cases of contracts involving foreign consultants, indicate the exchange rate used.

FPF 4. Breakdown of Remuneration per Activity

Activity No. _____		Name: _____		
Names	Position	Input ³	Remuneration Currency(ies) Rate	Amount
Local staff				
Consultants				
Grand Total				

Name and Title of Signatory:
 Address:
 Email Address:
 Tel. No./Fax No.:

³ Staff months, days, or hours as appropriate.

FPF 5. Reimbursable per Activity

Activity No: _____ Name: _____

No.	Description	Unit	Quantity	Unit Price In	Total Amount In
1.	International flights _____	Trip			
2.	Miscellaneous travel expenses	Trip			
3.	Subsistence allowance	Day			
4.	Local transportation costs ⁴				
5.	Office rent/accommodation/ clerical assistance				
	Grand Total				

Name and Title of Signatory:
 Address:
 Email Address:
 Tel. No./Fax No.:

⁴ Local transportation costs are not included if local transportation is being made available by the Entity. Similarly, in the project site, office rent/accommodations/clerical assistance costs are not to be included if being made available by the Entity.

FPF 6. Miscellaneous Expenses

Activity No. _____

Activity Name: _____

No.	Description	Unit	Quantity	Unit Price	Total Amount
1.	Communication costs between _____ and _____ (telephone, telegram, telex)				
2.	Drafting, reproduction of reports				
3.	Equipment: vehicles, computers, etc. Software				
4.	Grand Total				

Name and Title of Signatory:

Address:

Email Address:

Tel. No./Fax No.

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 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 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
[JURAT]

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 _____

CHECKLIST FOR CONSULTING SERVICES
(To be submitted by the bidder in the following orders & tabbed by numbers)

**PROCUREMENT OF CONSULTING SERVICES TO PROVIDE TECHNICAL ASSISTANCE
FOR THE ENHANCED IMPLEMENTATION OF THE DOH QUALITY MANAGEMENT
SYSTEM IN ACCORDNACE WITH THE ISO 9001:2015
SVP NO. 2022-026**

NO.	
1. REQUIREMENT	
A. TECHNICAL PROPOSAL	
TPF 1	Technical Proposal Submission Form
TPF 2	Consultant's References
TPF 3	Comments and Suggestions of Consultant on the Terms of Reference and on Data, Services, and Facilities to be Provided by the Procuring Entity
TPF 4	Description of the Methodology and Work Plan for Performing the Project
TPF 5	Curriculum Vitae (CV)
TPF 6	Time Schedule
TPF 7	Activity (Work Schedule)
B. FINANCIAL PROPOSAL	
FPF 1	Financial Proposal Submission Form
FPF 2	Summary of Costs
FPF 3	Breakdown of Price per Activity
FPF 4	Breakdown of Remuneration per Activity
FPF 5	Reimbursable per Activity
FPF 6	Miscellaneous Expenses
LEGAL DOCUMENTS	
2.	Duly signed Terms of Reference;
3.	PhilGEPS Registration Number;
4.	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 Exclusive Economic Zones or Areas (2016 Revised IRR of RA No. 9184) together with the corresponding copy of receipt of payments of the said permit. <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>
5.	Latest Annual Income Tax/Business Tax Return also refers to Value Added Tax (VAT) or Percentage Tax Return covering the previous six (6) months;
6.	Omnibus Sworn Statement (Refer to the attached forms); and
7.	Duly notarized authority of the signatory, whichever is applicable: a) Secretary's Certificate (i.e. Corporation; Joint Venture Agreement); or b) Special Power of Attorney (i.e Sole Proprietorship; Partnership); or c) In case the signatory is the sole proprietor, copy of the DTI Certificate of Registration <i><u>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</u></i>

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)

8. Non-Disclosure Agreement (Annex A)



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

ANNEX A

NON-DISCLOSURE AGREEMENT

I, *[Name of Individual]*, an *[employee/consultant/subcontractor]* of *[company name]*, and assigned as the *[Project Position/Role]* for the Hiring of Service Provider for the ISO 9001:2015 Certification of the DOH Quality Management System, is hereby legally bound, consents, and accepts the following obligations, terms and conditions as set forth in this Agreement, for the purpose of ensuring protection of personal data being processed in the project, in accordance with the Data Privacy Act and related laws and regulations.

For purposes of this agreement, I understand that "Proprietary and Strictly Confidential Information" refers to:

1. Proprietary information and/or data so defined under the Data Privacy Act of 2012 and its IRR provided by the Department of Health to the Service Provider during the disclosure of confidential information; and,
2. Information disclosed through oral presentation and/or through power point presentation and/or other means that was identified also as strictly confidential during and after the time/period of disclosure.

I agree to keep the information confidential and shall not publish or otherwise disclose such information except during/in the following situations wherein the information:

1. Was already known to the Service Provider, other than under an obligation of confidentiality, at the time of disclosure and/or presentation;
2. Was generally available to the public or otherwise part of the public domain at the time of its disclosure to the Service Provider; and
3. Became generally available to the public or otherwise part of the public domain after its disclosure and other than through any act or omission of the Service Provider.

I am obliged by law to adhere to data privacy principles, and to maintain the confidentiality, integrity and availability of personal data that I have access to, or that I process as part of my duties. I understand that by working in the Performance Governance System Institutionalization Certification, and having access to protected information, I am obligated to comply with the following:

1. To strictly comply with all orders and guidelines issued by the National Privacy Commission intended for privacy and data security, including policies and procedures for data protection intended to protect against any accidental or unlawful destruction, alteration and disclosure, as well as against any other unlawful processing;
2. To be responsible for personal data I process and to exert reasonable efforts to protect them from any harm, including accidental or unlawful loss or destruction, unauthorized and unlawful access, modification, interference or contamination, negligent handling and any other misuse or misappropriation;
3. To hold and maintain the protected information in strictest confidence, and to never disclose protected information, take photographs or any other type of recording nor make changes or modifications to documents and records, unless under approved circumstances, in accordance with law;

4. To never use protected information for my own benefit or to the unwarranted detriment of the project, such as providing access, giving, selling, copying, disposing or permitting use by others, bringing documents or copies of files containing protected information outside the institution/project without authority, or any form of tampering of records;
5. To keep my user account such as username and password secret, and to only access information that I need in the performance of my assigned tasks and duties;
6. To report to the DPO any unauthorized use or disclosure, loss, theft, misuse, misplacement of protected information, or any other incident that could lead to a privacy violation or security breach in the project, upon knowledge or reasonable belief of their occurrence, whether or not I am personally involved.
7. To turn over all documents and files, whether paper-based or electronic, which I have access or which are in my possession, to the responsible officer upon termination of contract or separation from service, to the end that I will not have in my possession or control any of this protected information, or any documentation or other records from the project;
8. To know the importance of protecting personal data, and to commit in my personal capacity to comply with the provisions of the Data Privacy Act, and relevant laws and regulations.

I acknowledge that I will be accountable for my access and use of protected information, including when I process the information unlawfully or without authority. I have the obligation to maintain the confidentiality of all protected information that comes into my knowledge even if I am no longer connected with the project. I will be solely responsible for any claims from third parties if such claims result from my own fault or negligence, or failure to abide by the privacy policies and procedures of the DOH. If any provision of this Agreement is held to be invalid or unenforceable, all other provisions shall remain in full force and effect. I also know and agree that my failure to fulfill any of the conditions set forth in this Agreement and/or my violation of any terms of this Agreement shall result in my being subject to appropriate disciplinary and/or legal actions including termination of employment and claim for damages.

IN WITNESS WHEREOF, I hereto set my hand this _____ day of _____ in the City of _____, Philippines.


ROWENA C. LORA, CPA, MA

 NAME AND SIGNATURE
Financial and Management Services

 WITNESS

SUBSCRIBED AND SWORN to before me this _____ day of _____ 2022, in the City of _____, Philippines.

Doc. No. _____;
 Page No. _____;
 Book No. _____;
 Series of 2022