List of Similar Completed Projects of the FIRM

Using the format below, provide information on each completed 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 within the period of **15 September 2017 to present.**

Project Name / Name of Contract	Name of client	Location of the Contract / Client Location	Date of award of the contract	Start Date (Month / Year)	Comple tion Date (Month / Year)	Type and Brief Descripti on of Actual Consulti ng Services	Consultant 's Role (whether main consultant, subcontrac tor, or partner in JV)	Amount of Contract (in PhP)	Contract Duration	Document presented to validate completion or award to the proponent
1.							,			
2.										
3.										
4.										
5.										

Note:

- 1. Provide extra rows/extra sheets if needed.
- 2. The Statement of all ongoing and completed government and private contracts (referred to as Annex A) shall include all such contracts within the period ______ to present.
- 3. Attach supporting documents. These can be copy of Certificate of Completion or Proof of Final Payment. The Proof of Final Payment should have a Certification from the bidder that the receipt is the final payment for the contract. The Certification should be duly signed by the authorized representative on the following:
 - a. That the copy of the Official Receipt is proof of final payment
 - b. The name of the project for which the payment was made
 - c. Total amount of contract

Technical Proposal 1

List of Similar Ongoing Projects of the FIRM

Using the format below, provide information on each ongoing 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 within the period of **15 September 2017 to present.**

Project Name / Name of Contract	Name of client	Location of the Contract / Client Location	Date of award of the contract	Start Date (Month / Year)	Comple tion Date (Month / Year)	Type and Brief Descripti on of Actual Consulti ng Services	Consultant 's Role (whether main consultant, subcontrac tor, or partner in JV)	Amount of Contract (in PhP)	Contract Duration	Document presented to validate completion or award to the proponent
1.							,			
2.										
3.										
4.										
5.										

Note:

- 1. Provide extra rows/extra sheets if needed.
- 2. The Statement of all ongoing and completed government and private contracts (referred to as Annex A) shall include all such contracts within the period 15 September 2017 to present.
- 3. Attach supporting documents. These can be copy of the contract, proof of engagement or its equivalent.

Date Attended

CURRICULUM VITAE (CV) AND DETAILED QUALIFICATIONS OF THE CONSULTANT'S KEY ASSIGNED TEAM MEMBERS

Proposed Position: i.e. <u>F</u>	PROJECT MAN	AGER							
Name of Firm:		.							
Name of the Team Member:									
Profession:									
Date of Birth:									
Years with Firm/Entity:		Nation	ality:						
Membership in Professio	onal Societies:								
Detailed Tasks Assigned	:								
Education: [Summarize college/university schools, dates attended, and									
School	Date attend	ed	Degree obtained						
*Provide Extra rows if ne	eded								
Employment Record: [The identified members must research as related to his/her			perience in con	nmunications					
Starting with present position, held by staff member to show (2) years—giving dates, name description of projects. (*Cont	the length of expe	rience and pr ganizations, ti	ojects handled tles of position	l in the past two					
Name of Company	From	То	Posi	ition Held					
1.									
2.									
3.									
Trainings: [Summarize the trainings, sen giving course, title, dates atterned to the course of the									
necessary.)	-	- '	-	-					

Training

La	nø	ua	øе	s:
	5	uu	<u> </u>	•

[For each language, indicate]	proficiency: excelle	ent, good, fair	, or poor in s	speaking, red	ading, and	writing.]
(*continue on separate sheet	f necessary)					

Language	Proficiency

Major Accounts Handled:

The identified members of the proposed research team must have handled and completed at least three (3) research projects similar in nature to the requirement. List SIMILAR COMPLETED projects awarded on or after 15 September 2017 and completed on or before 15 September 2019.

Client Name	Name of Project	Period Covered / Inclusive Dates	Value of Contract	Nature of Services as Relevant to His Function in the Team

Accounts Presently Being Handled: (*Continue on separate sheet if necessary)

Client Name	Name of Project	Period Covered / Inclusive Dates	Nature of Services as Relevant to His Function in the Team

Certification:

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

the Project), I firmly commit to assume the post of (de	·
Full name and signature of Team Member:	Date:
Full name and signature of authorized representative:	Date: Day/Month/Year

CURRICULUM VITAE (CV) AND DETAILED QUALIFICATIONS OF THE CONSULTANT'S KEY ASSIGNED TEAM MEMBERS

Droposed Desitions is 1	DECEADOU EV	ECHTIVE	
Proposed Position: i.e. <u>I</u> Name of Firm:	RESEARCH EA	ECULIVE	
Name of the Team Mem	her:		
D ('			
Date of Birth:			
Years with Firm/Entity:		Nation	ality:
Membership in Profession			
Detailed Tasks Assigned	l:		
Education: [Summarize college/university schools, dates attended, and			n of Member, giving names of ne quarter of a page.]
School	Date attende	e d	Degree obtained
*Provide Extra rows if ne Employment Record: [The identified members must research as related to his/he	t have at least thre		perience in communications
	the length of expe	rience and pr ganizations, ti	
Name of Company	From	То	Position Held
1.			
2.			
3.			
Trainings: [Summarize the trainings, ser giving course, title, dates attenecessary.)			
Tr	aining		Date Attended

La	nø	ua	øе	s:
	5	uu	<u> </u>	•

[For each language,	indicate	proficiency:	excellent,	good,	fair,	or poor	in sp	oeaking,	reading,	and	writing.]
(*continue on separe	ate sheet	if necessarı	J)								

Language	Proficiency

Major Accounts Handled:

The identified members of the proposed research team must have handled and completed at least three (3) research projects similar in nature to the requirement.

List SIMILAR COMPLETED projects awarded on or after 15 September 2017 and completed on or before 15 September 2019.

Client Name	Name of Project	Period Covered /	Value of Contract	Nature of Services as
	Troject	Inclusive	Contract	Relevant to
		Dates		His Function
				in the Team

Accounts Presently Being Handled: (*Continue on separate sheet if necessary)

Client Name	Name of Project	Period Covered / Inclusive Dates	Nature of Services as Relevant to His Function in the Team

Certification:

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

the Project, I firmly commit to assume the post of (designation/position).					
Full name and signature of Team Member:	Date:				
Full name and signature of authorized representative:	Date: Day/Month/Year				

Technical Proposal 2c

CURRICULUM VITAE (CV) AND DETAILED QUALIFICATIONS OF THE CONSULTANT'S KEY ASSIGNED TEAM MEMBERS

Proposed Position: i.e. D	ATA PROCES	SING SUPE	RVISOR
Name of Firm: Name of the Team Member	er•		
Profession:			
Date of Birth:			
Years with Firm/Entity:		Nation	ality:
Membership in Profession	nal Societies:		
Detailed Tasks Assigned:			
Education:			
[Summarize college/university schools, dates attended, and d			
School	Date attende	ed	Degree obtained
*Provide Extra rows if nee	eded ed		
Employment Record: [The identified members must have research as related to his/her]			perience in communications
Starting with present position, held by staff member to show to (2) years—giving dates, named description of projects. (*Continuous description)	the length of expe s of employing or	rience and pro ganizations, ti	pjects handled in the past two tles of positions held, and
	nue on separate s		
Name of Company	From	То	Position Held
1.			
2.			
3.			
Trainings: [Summarize the trainings, semi giving course, title, dates attennecessary.)	0 1		, 3
Tra	ining		Date Attended

Language		Pr	Proficiency			
Major Accounts l	Handled:					
The identified membe least three (3) researc List SIMILAR COMPLE	h projects similar ii	n nature to the requi	rement.		-	
or before		, —			•	
Client Name	Name of Project	Period Covered / Inclusive Dates	Value of Contract		Nature of Services as Relevant to His Function in the Team	
Accounts Presen	tly Being Hand	lled: (*Continue on		1		
Client Name	Name of Project	Period Cover Inclusive Da	,	Releva	e of Services as nt to His on in the Tean	
Certification: I, the undersigned data correctly des In the event that (cribe me, my qu (Name of Bidder	ualifications, and	l my exp	erience.	(<u>(Name of</u>	
			Da			
Full name and sig	mature of Team	Member:	Dc	uu/Mont	h/Year	

Full name and signature of authorized representative: Day/Month/Year

Date: _

Technical Proposal 2d

CURRICULUM VITAE (CV) AND DETAILED QUALIFICATIONS OF THE CONSULTANT'S KEY ASSIGNED TEAM MEMBERS

Proposed Position: i.e. FIEL	D SUPERVIS	OR	
Name of Firm:			
Name of the Team Member:			
Profession:			
Date of Birth:			
Years with Firm/Entity:		Nationality:	
Membership in Professional	Societies:		
Detailed Tasks Assigned:			
Education:			
[Summarize college/university and			
schools, dates attended, and degre	es obtained. Us	se about one quar	ter of a page.]
School Da	te attended	Deg	ree obtained
*Provide Extra rows if needed	\overline{d}		
Employment Record: [The identified members must have research as related to his/her func	,	, 0	e in communications
Starting with present position, list is held by staff member to show the left (2) years—giving dates, names of description of projects. (*Continue of the continue of the cont	ength of experie employing orgar	nce and projects I nizations, titles of	nandled in the past two
Name of Company	From	То	Position Held
1.			

Trainings:

2. 3.

[Summarize the trainings, seminars and symposiums attended, facilitated or conducted, giving course, title, dates attended using the matrix below] (*continue on separate sheet if necessary.)

Training	Date Attended

Lan	gua	ges:

[For each language, indicate	? proficiency:	excellent,	good, fo	air, or poor	in speaking,	reading,	and	writing.]
(*continue on separate shee	t if necessarı	J)						

Language	Proficiency

Major Accounts Handled:

The identified members of the proposed research team must have handled and completed at least three (3) research projects similar in nature to the requirement.

List SIMILAR COMPLETED projects awarded on or after 15 September 2017 and completed on or before 15 September 2019.

Client Name	Name of Project	Period Covered /	Value of Contract	Nature of Services as
	Troject	Inclusive	Contract	Relevant to
		Dates		His Function
				in the Team

Accounts Presently Being Handled: (*Continue on separate sheet if necessary)

11000 till 1 1000 till y 20116 11 till till (Continue on Separate Siteet y recessary)				
Client Name	Name of Project	Period Covered / Inclusive Dates	Nature of Services as Relevant to His Function in the Team	

Certification:

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

the Project), I firmly commit to assume the post of (designation/position).				
Full name and signature of Team Member:	Date:			
Full name and signature of authorized representative:	Date: Day/Month/Year			

Technical Proposal Form 3

OMNIBUS SWORN STATEMENT

REPUBLIC OF THE PHILIPPINES	3)
CITY/MUNICIPALITY OF	S.S.

AFFIDAVIT

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

1. Select one, delete the other:

If a sole proprietorship: I am the sole proprietor of [Name of Consultant] with office address at [address of Consultant];

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

2. Select one, delete the other:

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

If a partnership, corporation, cooperative, or joint venture: I am granted full power and authority to do, execute and perform any and all acts necessary and/or to represent the [Name of Bidder] in the bidding as shown in the attached [state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate issued by the corporation or the members of the joint venture)];

- 3. [Name of Consultant] 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;
- 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 Consultant] 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: I am not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

If a partnership or cooperative: None of the officers and members of [Name of Bidder] is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

If a corporation or joint venture: None of the officers, directors, and controlling stockholders of [Name of Consultant] 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 Consultant] complies with existing labor laws and standards; and
- 8. [Name of Consultant] 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.

•	have hereunto set my hand this day of, 20
at, Philippines.	
-	
	[Bidder's Representative/Authorized Signatory]
(Note: Should be notarized)	
REPUBLIC OF THE PHILIPPINE	S 1
CITY OF) S.S.
	, 5.5.