****

****

**Bidding Forms and Templates**

***PROCUREMENT OF CONSULTING SERVICES   
FOR THE BCDA 2024 CLIENT SATISFACTION MEASUREMENT***

****

**BASES CONVERSION AND DEVELOPMENT AUTHORITY**

***PROCUREMENT OF CONSULTING SERVICES   
FOR THE 2024 BCDA CLIENT SATISFACTION MEASUREMENT***

**CONTENTS**

|  |
| --- |
| EF 1 - Eligibility Documents Submission Form |
| **TPF 1** - Statement of All Completed Government and Private Contracts |
| TPF 2 - Summary of Completed Services for the Past 2 Years (All completed government and private contracts) |
| TPF 3 - Summary of Curriculum Vitae |
| TPF 4 (A to D) - Curriculum Vitae (CV) for Proposed Professional Staff |
| TPF 5 - Format of Curriculum Vitae (CV) of the Firm/Entity |
| TPF 6 - Certificate of Availability of Key Personnel |
| TPF 7 - CSM Plan of Approach and Methodology |
| FPF 1 - Financial Proposal Submission Form |
| Omnibus Sworn Statement |
| Secretary’s Certificate Format (if applicable) |
| Special Power of Attorney Format (if applicable) |
| Checklist and Tabbing of Documentary Requirements |

**EF 1. Eligibility Documents Submission Form**

***PROCUREMENT OF CONSULTING SERVICES   
FOR THE 2024 BCDA CLIENT SATISFACTION MEASUREMENT***

**[Letterhead]**

**[Date]**

**Leilani Barlongay-Macasaet**

**Vice President, Public Affairs Department**

**Bases Conversion and Development Authority**

BCDA Corporate Center, 2/F Bonifacio Technology Center

31st Street corner 2nd Avenue, Bonifacio Global City, Taguig City.

Ladies/Gentlemen:

In connection with your Request for Proposal dated **(Date)** for the **Procurement of Consulting Services for the 2024 BCDA Client Satisfaction Measurement (CSM)**, **[Name of Consultant]** hereby expresses interest in participating in the bidding for the said consulting services and submits the attached Eligibility Documents.

In line with this submission, we certify that:

1. **[Name of Consultant]** is not blacklisted or barred from bidding by the GOP or any of its agencies, offices, corporations, or LGUs, including foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board; and
2. Each of the documents submitted herewith is an authentic copy of the original, complete, and all statements and information provided therein are true and correct. We acknowledge that any mis-representation or submission of fake or tampered documents by the **[Name of Consultant]**, its partner/s (in case of Joint Venture or partnership) or sub-contractor, or any of the key personnel nominated by the Consultant shall automatically result in disqualification of the Consultant from the consulting services and shall be grounds for blacklisting pursuant to Section 4.1 of Appendix 17 of the Revised IRR of RA 9184.

We acknowledge and accept BCDA’s right to inspect and audit all records relating to our submission irrespective of whether we are declared or not.

We further acknowledge that failure to sign this Eligibility Document Submission Form shall be a ground for our disqualification.

Yours sincerely,

**[Signature over printed name of Authorized Signatory of the Firm/JV/Consortium]**

[Title]

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

**TP****F 1. Statement of All Completed Government and Private Contracts, Including Contracts Awarded But Not Yet Started As Well As Contracts Where Works Have Been Completed But Not Yet Accepted For For The Past 2 Years**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***PROCUREMENT OF CONSULTING SERVICES   
FOR THE BCDA 2024 CLIENT SATISFACTION MEASUREMENT***

**[Letterhead]**

**[Date]**

**Leilani Barlongay-Macasaet**

**Vice President, Public Affairs Department**

**Bases Conversion and Development Authority**

BCDA Corporate Center, 2/F Bonifacio Technology Center

31st Street corner 2nd Avenue, Bonifacio Global City, Taguig City.

Ladies/Gentlemen:

In compliance with the eligibility requirements of the Bids and Awards Committee for Consulting Services of the Bases Conversion and Development Authority for the **Procurement of Consulting Services for the BCDA Client Satisfaction Measurement (CSM)**, we certify that **[Name of Consultant]**has **completed government and private contracts**, as enumerated in TPF 2. Summary of Consulting Services.

Sincerely,

**[Signature over printed name of Authorized Signatory of the Firm/JV/Consortium]**

[Title]

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

**TPF 2. Summary of Completed Projects for the Past 2 Years**

**(All completed government and private contracts)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***PROCUREMENT OF CONSULTING SERVICES  FOR THE BCDA 2024 CLIENT SATISFACTION MEASUREMENT*** List similar projects completed in the past two (2) years. This shall include projects awarded from 8 April 2022 and completed on or before the deadline of submission of technical proposals. | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| **No.1** | **Name & Location of Consulting Services** | **Description of Consulting Services** | **Client** | **Type of Consulting Service** | **Contract Amount ²** | **Date of Contract Award** | **Contract Period 3** | | **Proof of Undertaking 4** |
| **Start of Contract**  (mm/dd/yy) | **Contract Completion**  (mm/dd/yy) |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Certified by:  **[Signature over printed name of Authorized Representative of the Firm/JV/Consortium (in case of JV/Consortium)]**  [Title]  [Date] | | | | | | *¹ In Philippine Peso.*  *2 State the start and completion dates of the contract.*  *3 Certificate of Completion or Certificate of Acceptance or valid proof of final payment issued by the client should be submitted as supporting documents of completed consulting services.* | | | |
|
|
|

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TP****F 3. Summary of Curriculum Vitae**  ***PROCUREMENT OF CONSULTING SERVICES  FOR THE BCDA 2024 CLIENT SATISFACTION MEASUREMENT*** | | | | | | | | |
| **No.** | **Name of Key Staff** | **Nominated Position** | **Profession** | **Highest Educational Attainment1** | **No. of Trainings Relevant to Profession2** | | **Overall Work Experience3** | **Number of Undertakings  Related to Client Satisfaction Measurement** |
|
| **Local** | **Foreign** |
| 1 |  | Overall Project Manager |  |  |  |  |  |  |
| 2 |  | Research Executive/ Analyst |  |  |  |  |  |  |
| 3 |  | Data Processing Manager |  |  |  |  |  |  |
| 4 |  | Lead Statistician |  |  |  |  |  |  |
|  | | |  |  |  |  |  |  |
| Certified by:  **[Signature over printed name of Authorized Signatory of the Firm/JV/Consortium (in case of JV/Consortium)]**  [Title]  [Date] | | | | | *1 Provide proof of highest educational attainment*  *2 Provide proof of trainings undertaken*  *3 State number of years of relevant experience*  *4 List down services undertaken which are related to evaluative research, survey, stakeholder satisfaction/relations studies, etc)* | | | |

**TPF 4A. Curriculum Vitae (CV) for**

**Proposed Professional Staff**

***PROCUREMENT OF CONSULTING SERVICES   
FOR THE BCDA 2024 CLIENT SATISFACTION MEASUREMENT***

Proposed Position: **Overall Project Manager**

Name of Firm/Entity/JV/Consortium:

Name of Staff:

Profession:

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years with Firm/Entity: \_\_\_\_\_\_\_\_\_\_\_\_ years, from [mm/dd/yy] to [mm/dd/yy]

Current Position in the Firm:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership in Professional Societies:

Detailed Tasks Assigned:

**Education:**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **College/University** | **Degree/Title Obtained** | **Inclusive Dates** | |
| **From**  (MM/DD/YY) | **To**  (MM/DD/YY) |
|  |  |  |  |
|  |  |  |  |
| Attach the Applicable Supporting Documents: | | | |

\* Complete the details of the inclusive dates (month, day, and year)

**Trainings/Seminars**

[*Summarize the relevant trainings, seminars and workshops undertaken for the past eight (8 years), including those conducted by the nominated key staff, using the matrix below*]

| **Title/Description** | **Conducted by** | **Inclusive Dates\*** | | **No. of Hour/s** | **Venue** | **Involvement**  *(Such as participant, speaker or trainer)* |
| --- | --- | --- | --- | --- | --- | --- |
| **From**  (MM/DD/YY) | **To**  (MM/DD/YY) |
| **Trainings relevant to the nominated position** | | | | | | |
| (latest/most recent) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| (previous) |  |  |  |  |  |  |
| Attach the Applicable Supporting Documents: | | | | | | |

\* Complete the details of the inclusive dates (month, day, and year)

**Memberships in Professional Societies**

[*Give an outline of memberships in professional societies using the matrix below*]

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Professional Societies/Organization/ Affiliation** | **Date of Conferment/ Registration**  (MM/DD/YY) | **License/Professional/**  **Membership Number** | **Validity Date**  (MM/DD/YY) |
|  |  |  |  |
|  |  |  |  |

\* Complete the details of the inclusive dates (month, day, and year)

**Consulting Services Undertaken/Completed**

[*Provide outline of services undertaken/list of completed projects handled from 8 April 2022 until the deadline of submission of technical proposals using the matrix below*]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title/ Description** | **Type of Consulting Services/Contract**  *(e.g evaluative research, survey, stakeholder satisfaction/relations studies, etc)* | **Client** | **Position and**  **Description of the**  **Nature of**  **Work/ Engagement**  **in the consulting services**  *(whether full-time, part-time, principal/key team member, consultant, subcontractor, support staff, etc.)* | **Start Date** (MM/DD/YY) | **Completion Date**  (MM/DD/YY) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Other types of consulting service/contract** (please specify) | | | | | |
| (latest/most recent) |  |  |  |  |  |
|  |  |  |  |  |  |
| (previous) |  |  |  |  |  |

\* Rank from previous to latest/most recent service

\* Complete the details of the inclusive dates (month, day, and year)

**On-Going Services**

[*Provide outline of on-going consulting services using the matrix below*]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title/Description** | **Client** | **Consulting Services Contract Amount** | **Position** | **Start Date**  (MM/DD/YY) | **End Date**  (MM/DD/YY) |
| (latest/most recent) |  |  |  |  |  |
|  |  |  |  |  |  |
| (previous) |  |  |  |  |  |
| Attach supporting documents such as NOA, NTP, signed contract, bidding documents or etc. | | | | | |

\* Rank from previous to latest/most recent on-going project

\* Complete the details of the inclusive dates (month, day, and year)

**Languages**

[*Using the format below, indicate proficiency of languages familiar with proficiency whether excellent, good, fair, or poor in speaking, reading, and writing*]

|  |  |  |  |
| --- | --- | --- | --- |
| **Language** | **Proficiency** | | |
| **Speaking** | **Reading** | **Writing** |
|  |  |  |  |

**Employment Record:**

[*Starting with the present position, list in reverse order every employment held. List all positions held by staff member since graduation, giving dates, names of employing organizations, titles of positions held, and locations of projects. For experience in the last two (2) years, also give types of activities performed and client references, where appropriate. Use about two pages.*]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Inclusive Dates of Employment** | | **Name of Employing Organization** | **Office Address of the Employer/ Employing Organization** | **Position Held** *(whether full-time, part-time, principal/key team member, consultant, sub-contractor, support staff, etc.)* | **Location of Projects** | **Relevant Work Experience/ Types of Activities Performed** |
| **From**  (MM/DD/YY) | **To**  (MM/DD/YY) |
| (latest/most recent) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| (previous) |  |  |  |  |  |  |

\* Rank from previous to latest/most recent employment

\* Complete the details of the inclusive dates (month, day, and year)

**Certification:**

I, **[full name of proposed professional staff]***,* certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

**Commitment:**

I also commit to work for the Consulting Services for the project in accordance with the time schedule as indicated in the contract once the firm is awarded the Consulting Services for the project.

Date:

**[Signature over printed name of nominated key staff] Day/Month/Year**

Date:

**[Signature over printed name of authorized representative of the firm/ Day/Month/Year**

**entity/Joint Venture/Consortium in case of JV/Consortium)]**

**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. \_\_\_\_\_\_.

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 2024**

**TPF 4B. Curriculum Vitae (CV) for**

**Proposed Professional Staff**

***PROCUREMENT OF CONSULTING SERVICES   
FOR THE 2024 BCDA CLIENT SATISFACTION MEASUREMENT***

Proposed Position: **Research Executive/Analyst**

Name of Firm/Entity/JV/Consortium:

Name of Staff:

Profession:

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years with Firm/Entity: \_\_\_\_\_\_\_\_\_\_\_\_ years, from [mm/dd/yy] to [mm/dd/yy]

Current Position in the Firm:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership in Professional Societies:

Detailed Tasks Assigned:

**Education:**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **College/University** | **Degree/Title Obtained** | **Inclusive Dates** | |
| **From**  (MM/DD/YY) | **To**  (MM/DD/YY) |
|  |  |  |  |
|  |  |  |  |
| Attach the Applicable Supporting Documents: | | | |

\* Complete the details of the inclusive dates (month, day, and year)

**Trainings/Seminars**

[*Summarize the relevant trainings, seminars and workshops undertaken for the past eight (8 years), including those conducted by the nominated key staff, using the matrix below*]

| **Title/Description** | **Conducted by** | **Inclusive Dates\*** | | **No. of Hour/s** | **Venue** | **Involvement**  *(Such as participant, speaker or trainer)* |
| --- | --- | --- | --- | --- | --- | --- |
| **From**  (MM/DD/YY) | **To**  (MM/DD/YY) |
| **Trainings relevant to the nominated position** | | | | | | |
| (latest/most recent) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| (previous) |  |  |  |  |  |  |
| Attach the Applicable Supporting Documents: | | | | | | |

\* Complete the details of the inclusive dates (month, day, and year)

**Memberships in Professional Societies**

[*Give an outline of memberships in professional societies using the matrix below*]

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Professional Societies/Organization/ Affiliation** | **Date of Conferment/ Registration**  (MM/DD/YY) | **License/Professional/**  **Membership Number** | **Validity Date**  (MM/DD/YY) |
|  |  |  |  |
|  |  |  |  |

\* Complete the details of the inclusive dates (month, day, and year)

**Consulting Services Undertaken/Completed**

[*Provide outline of services undertaken/list of completed projects handled from 8 April 2022 until the deadline of submission of technical proposals using the matrix below*]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title/ Description** | **Type of Consulting Services/Contract**  *(e.g evaluative research, survey, stakeholder satisfaction/relations studies, etc)* | **Client** | **Position and**  **Description of the**  **Nature of**  **Work/ Engagement**  **in the consulting services**  *(whether full-time, part-time, principal/key team member, consultant, subcontractor, support staff, etc.)* | **Start Date** (MM/DD/YY) | **Completion Date**  (MM/DD/YY) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Other types of consulting service/contract** (please specify) | | | | | |
| (latest/most recent) |  |  |  |  |  |
|  |  |  |  |  |  |
| (previous) |  |  |  |  |  |

\* Rank from previous to latest/most recent service

\* Complete the details of the inclusive dates (month, day, and year)

**On-Going Services**

[*Provide outline of on-going consulting services using the matrix below*]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title/Description** | **Client** | **Consulting Services Contract Amount** | **Position** | **Start Date**  (MM/DD/YY) | **End Date**  (MM/DD/YY) |
| (latest/most recent) |  |  |  |  |  |
|  |  |  |  |  |  |
| (previous) |  |  |  |  |  |
| Attach supporting documents such as NOA, NTP, signed contract, bidding documents or etc. | | | | | |

\* Rank from previous to latest/most recent on-going project

\* Complete the details of the inclusive dates (month, day, and year)

**Languages**

[*Using the format below, indicate proficiency of languages familiar with proficiency whether excellent, good, fair, or poor in speaking, reading, and writing*]

|  |  |  |  |
| --- | --- | --- | --- |
| **Language** | **Proficiency** | | |
| **Speaking** | **Reading** | **Writing** |
|  |  |  |  |

**Employment Record:**

[*Starting with the present position, list in reverse order every employment held. List all positions held by staff member since graduation, giving dates, names of employing organizations, titles of positions held, and locations of projects. For experience in the last two (2) years, also give types of activities performed and client references, where appropriate. Use about two pages.*]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Inclusive Dates of Employment** | | **Name of Employing Organization** | **Office Address of the Employer/ Employing Organization** | **Position Held** *(whether full-time, part-time, principal/key team member, consultant, sub-contractor, support staff, etc.)* | **Location of Projects** | **Relevant Work Experience/ Types of Activities Performed** |
| **From**  (MM/DD/YY) | **To**  (MM/DD/YY) |
| (latest/most recent) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| (previous) |  |  |  |  |  |  |

\* Rank from previous to latest/most recent employment

\* Complete the details of the inclusive dates (month, day, and year)

**Certification:**

I, **[full name of proposed professional staff]***,* certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

**Commitment:**

I also commit to work for the Consulting Services for the project in accordance with the time schedule as indicated in the contract once the firm is awarded the Consulting Services for the project.

Date:

**[Signature over printed name of nominated key staff] Day/Month/Year**

Date:

**[Signature over printed name of authorized representative of the firm/ Day/Month/Year**

**entity/Joint Venture/Consortium in case of JV/Consortium)]**

**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. \_\_\_\_\_\_.

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 2024**

**TPF 4C. Curriculum Vitae (CV) for**

**Proposed Professional Staff**

***PROCUREMENT OF CONSULTING SERVICES   
FOR THE 2024 BCDA CLIENT SATISFACTION MEASUREMENT***

Proposed Position: **Data Processing Manager**

Name of Firm/Entity/JV/Consortium:

Name of Staff:

Profession:

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years with Firm/Entity: \_\_\_\_\_\_\_\_\_\_\_\_ years, from [mm/dd/yy] to [mm/dd/yy]

Current Position in the Firm:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership in Professional Societies:

Detailed Tasks Assigned:

**Education:**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **College/University** | **Degree/Title Obtained** | **Inclusive Dates** | |
| **From**  (MM/DD/YY) | **To**  (MM/DD/YY) |
|  |  |  |  |
|  |  |  |  |
| Attach the Applicable Supporting Documents: | | | |

\* Complete the details of the inclusive dates (month, day, and year)

**Trainings/Seminars**

[*Summarize the relevant trainings, seminars and workshops undertaken for* ***the past eight (8 years)****, including those conducted by the nominated key staff, using the matrix below*]

| **Title/Description** | **Conducted by** | **Inclusive Dates\*** | | **No. of Hour/s** | **Venue** | **Involvement**  *(Such as participant, speaker or trainer)* |
| --- | --- | --- | --- | --- | --- | --- |
| **From**  (MM/DD/YY) | **To**  (MM/DD/YY) |
| **Trainings relevant to the nominated position** | | | | | | |
| (latest/most recent) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| (previous) |  |  |  |  |  |  |
| Attach the Applicable Supporting Documents: | | | | | | |

\* Complete the details of the inclusive dates (month, day, and year)

**Memberships in Professional Societies**

[*Give an outline of memberships in professional societies using the matrix below*]

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Professional Societies/Organization/ Affiliation** | **Date of Conferment/ Registration**  (MM/DD/YY) | **License/Professional/**  **Membership Number** | **Validity Date**  (MM/DD/YY) |
|  |  |  |  |
|  |  |  |  |

\* Complete the details of the inclusive dates (month, day, and year)

**Consulting Services Undertaken/Completed**

[*Provide outline of services undertaken/list of completed projects handled from 8 April 2022 until the deadline of submission of technical proposals using the matrix below*]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title/ Description** | **Type of Consulting Services/Contract**  *(e.g evaluative research, survey, stakeholder satisfaction/relations studies, etc)* | **Client** | **Position and**  **Description of the**  **Nature of**  **Work/ Engagement**  **in the consulting services**  *(whether full-time, part-time, principal/key team member, consultant, subcontractor, support staff, etc.)* | **Start Date** (MM/DD/YY) | **Completion Date**  (MM/DD/YY) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Other types of consulting service/contract** (please specify) | | | | | |
| (latest/most recent) |  |  |  |  |  |
|  |  |  |  |  |  |
| (previous) |  |  |  |  |  |

\* Rank from previous to latest/most recent service

\* Complete the details of the inclusive dates (month, day, and year)

**On-Going Services**

[*Provide outline of on-going consulting services using the matrix below*]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title/Description** | **Client** | **Consulting Services Contract Amount** | **Position** | **Start Date**  (MM/DD/YY) | **End Date**  (MM/DD/YY) |
| (latest/most recent) |  |  |  |  |  |
|  |  |  |  |  |  |
| (previous) |  |  |  |  |  |
| Attach supporting documents such as NOA, NTP, signed contract, bidding documents or etc. | | | | | |

\* Rank from previous to latest/most recent on-going project

\* Complete the details of the inclusive dates (month, day, and year)

**Languages**

[*Using the format below, indicate proficiency of languages familiar with proficiency whether excellent, good, fair, or poor in speaking, reading, and writing*]

|  |  |  |  |
| --- | --- | --- | --- |
| **Language** | **Proficiency** | | |
| **Speaking** | **Reading** | **Writing** |
|  |  |  |  |

**Employment Record:**

[*Starting with the present position, list in reverse order every employment held. List all positions held by staff member since graduation, giving dates, names of employing organizations, titles of positions held, and locations of projects. For experience in the last two (2) years, also give types of activities performed and client references, where appropriate. Use about two pages.*]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Inclusive Dates of Employment** | | **Name of Employing Organization** | **Office Address of the Employer/ Employing Organization** | **Position Held** *(whether full-time, part-time, principal/key team member, consultant, sub-contractor, support staff, etc.)* | **Location of Projects** | **Relevant Work Experience/ Types of Activities Performed** |
| **From**  (MM/DD/YY) | **To**  (MM/DD/YY) |
| (latest/most recent) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| (previous) |  |  |  |  |  |  |

\* Rank from previous to latest/most recent employment

\* Complete the details of the inclusive dates (month, day, and year)

**Certification:**

I, **[full name of proposed professional staff]***,* certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

**Commitment:**

I also commit to work for the Consulting Services for the project in accordance with the time schedule as indicated in the contract once the firm is awarded the Consulting Services for the project.

Date:

**[Signature over printed name of nominated key staff] Day/Month/Year**

Date:

**[Signature over printed name of authorized representative of the firm/ Day/Month/Year**

**entity/Joint Venture/Consortium in case of JV/Consortium)]**

**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. \_\_\_\_\_\_.

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 2024**

**TPF 4D. Curriculum Vitae (CV) for**

**Proposed Professional Staff**

***PROCUREMENT OF CONSULTING SERVICES   
FOR THE 2024 BCDA CLIENT SATISFACTION MEASUREMENT***

Proposed Position: **Lead Statistician**

Name of Firm/Entity/JV/Consortium:

Name of Staff:

Profession:

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years with Firm/Entity: \_\_\_\_\_\_\_\_\_\_\_\_ years, from [mm/dd/yy] to [mm/dd/yy]

Current Position in the Firm:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership in Professional Societies:

Detailed Tasks Assigned:

**Education:**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **College/University** | **Degree/Title Obtained** | **Inclusive Dates** | |
| **From**  (MM/DD/YY) | **To**  (MM/DD/YY) |
|  |  |  |  |
|  |  |  |  |
| Attach the Applicable Supporting Documents: | | | |

\* Complete the details of the inclusive dates (month, day, and year)

**Trainings/Seminars**

[*Summarize the relevant trainings, seminars and workshops undertaken* ***for the past eight (8 years)****, including those conducted by the nominated key staff, using the matrix below*]

| **Title/Description** | **Conducted by** | **Inclusive Dates\*** | | **No. of Hour/s** | **Venue** | **Involvement**  *(Such as participant, speaker or trainer)* |
| --- | --- | --- | --- | --- | --- | --- |
| **From**  (MM/DD/YY) | **To**  (MM/DD/YY) |
| **Trainings relevant to the nominated position** | | | | | | |
| (latest/most recent) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| (previous) |  |  |  |  |  |  |
| Attach the Applicable Supporting Documents: | | | | | | |

\* Complete the details of the inclusive dates (month, day, and year)

**Memberships in Professional Societies**

[*Give an outline of memberships in professional societies using the matrix below*]

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Professional Societies/Organization/ Affiliation** | **Date of Conferment/ Registration**  (MM/DD/YY) | **License/Professional/**  **Membership Number** | **Validity Date**  (MM/DD/YY) |
|  |  |  |  |
|  |  |  |  |

\* Complete the details of the inclusive dates (month, day, and year)

**Consulting Services Undertaken/Completed**

[*Provide outline of services undertaken/list of completed projects handled* ***8 April 2022*** *until the deadline of submission of technical proposals using the matrix below*]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title/ Description** | **Type of Consulting Services/Contract**  *(e.g evaluative research, survey, stakeholder satisfaction/relations studies, etc)* | **Client** | **Position and**  **Description of the**  **Nature of**  **Work/ Engagement**  **in the consulting services**  *(whether full-time, part-time, principal/key team member, consultant, subcontractor, support staff, etc.)* | **Start Date** (MM/DD/YY) | **Completion Date**  (MM/DD/YY) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Other types of consulting service/contract** (please specify) | | | | | |
| (latest/most recent) |  |  |  |  |  |
|  |  |  |  |  |  |
| (previous) |  |  |  |  |  |

\* Rank from previous to latest/most recent service

\* Complete the details of the inclusive dates (month, day, and year)

**On-Going Services**

[*Provide outline of on-going consulting services using the matrix below*]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title/Description** | **Client** | **Consulting Services Contract Amount** | **Position** | **Start Date**  (MM/DD/YY) | **End Date**  (MM/DD/YY) |
| (latest/most recent) |  |  |  |  |  |
|  |  |  |  |  |  |
| (previous) |  |  |  |  |  |
| Attach supporting documents such as NOA, NTP, signed contract, bidding documents or etc. | | | | | |

\* Rank from previous to latest/most recent on-going project

\* Complete the details of the inclusive dates (month, day, and year)

**Languages**

[*Using the format below, indicate proficiency of languages familiar with proficiency whether excellent, good, fair, or poor in speaking, reading, and writing*]

|  |  |  |  |
| --- | --- | --- | --- |
| **Language** | **Proficiency** | | |
| **Speaking** | **Reading** | **Writing** |
|  |  |  |  |

**Employment Record:**

[*Starting with the present position, list in reverse order every employment held. List all positions held by staff member since graduation, giving dates, names of employing organizations, titles of positions held, and locations of projects. For experience in the last two (2) years, also give types of activities performed and client references, where appropriate. Use about two pages.*]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Inclusive Dates of Employment** | | **Name of Employing Organization** | **Office Address of the Employer/ Employing Organization** | **Position Held** *(whether full-time, part-time, principal/key team member, consultant, sub-contractor, support staff, etc.)* | **Location of Projects** | **Relevant Work Experience/ Types of Activities Performed** |
| **From**  (MM/DD/YY) | **To**  (MM/DD/YY) |
| (latest/most recent) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| (previous) |  |  |  |  |  |  |

\* Rank from previous to latest/most recent employment

\* Complete the details of the inclusive dates (month, day, and year)

**Certification:**

I, **[full name of proposed professional staff]***,* certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

**Commitment:**

I also commit to work for the Consulting Services for the project in accordance with the time schedule as indicated in the contract once the firm is awarded the Consulting Services for the project.

Date:

**[Signature over printed name of nominated key staff] Day/Month/Year**

Date:

**[Signature over printed name of authorized representative of the firm/ Day/Month/Year**

**entity/Joint Venture/Consortium in case of JV/Consortium)]**

**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. \_\_\_\_\_\_.

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 2024**

**TP****F 5. Format of Curriculum Vitae (CV) of the Firm/Entity**

***PROCUREMENT OF CONSULTING SERVICES   
FOR THE 2024 BCDA CLIENT SATISFACTION MEASUREMENT***

Name of Firm/Entity:

Address:

No. of Years of Operation: \_\_\_\_\_\_\_\_\_ years, from [mm/dd/yy] to [mm/dd/yy]

Years of Professional Experience: \_\_\_\_\_\_\_\_\_ years, from [mm/dd/yy] to [mm/dd/yy]

Membership in Professional Organizations:

|  |  |
| --- | --- |
| **Year** | **Professional Society** |
|  |  |
|  |  |
|  |  |
|  |  |

**Certification**

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe the firm/entity, its qualification and experiences.

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

**[Signature over Printed Name of Authorized Signatory of the Firm/Entity/**

**Joint Venture or Consortium (in case of JV/ Consortium)]**

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

**TP****F 6. Certificate of Availability of Key Personnel**

***PROCUREMENT OF CONSULTING SERVICES   
FOR THE 2024 BCDA CLIENT SATISFACTION MEASUREMENT***

[Date]

To: **The Bids and Awards Committee for Consulting Services**

**Bases Conversion and Development Authority**

Dear Ladies/Gentlemen:

In compliance with the requirements of BCDA Bids and Awards Committee for Consulting Services for the **Procurement of Consulting Services for the BCDA 2024 Client Satisfaction Measurement (CSM),** (“Consulting Services”), we certify that we understand and agree with all the manning requirements set upon by Section 5 of the Terms of Reference for this consulting service.

We further certify that the following nominated Key Personnel shall be fully engaged, on-call and committed to the duration of their engagement with this project:

|  |
| --- |
| 1. Overall Project Manager |
| 1. Research Executive/Analyst |
| 1. Data Processing Manager |
| 1. Lead Statistician |

Very truly yours,

**[Signature over printed name of Authorized Signatory of the Firm/Entity/Joint Venture or Consortium (in case of Joint Venture/Consortium)]**

[Title]

[Name of Bidder]

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

###### TPF 7. CSM Plan of Approach and Methodology

***PROCUREMENT OF CONSULTING SERVICES   
FOR THE 2024 BCDA CLIENT SATISFACTION MEASUREMENT***

I. Research Context (Understanding of the Requirements of the Project)

II. Research Team Roles (Describe roles of each of the four key personnel)

III. Implementation of Methodology

IV. Sampling Strategy

V. Data Processing and Analysis

VI. Report Preparation

VII. Timeline

**[Signature over printed name of Authorized Signatory of the Firm/Entity/Joint Venture/Consortium (in case of JV/Consortium)]**

[Title]

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

###### FPF 1. Financial Proposal Submission Form

***PROCUREMENT OF CONSULTING SERVICES   
FOR THE 2024 BCDA CLIENT SATISFACTION MEASUREMENT***

**[Date]**

Bases Conversion and Development Authority

2/F Bonifacio Technology Center

31st St., corner 2nd Avenue, Bonifacio Global City*.*

Ladies/Gentlemen:

We, the undersigned, offer to provide the consulting services for **Procurement of Consulting Services for the 2024 BCDA Client Satisfaction Measurement (CSM)** in accordance with your Bidding Documents dated **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**and our Bid (Technical and Financial Proposals). Our attached Financial Proposal is for the sum of **[amount in words and figures]**. This amount is exclusive of the local taxes, which we have estimated at **[amount(s) in words and figures]**.

Our 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.,*120 *calendar days from the opening of the bids*.

In accordance with **GCC** Clause 51, we acknowledge and accept the Procuring Entity’s right to inspect and audit all records relating to our Bid irrespective of whether we enter into a contract with the Procuring Entity as a result of this Bid.

We confirm that we have read, understood and accept the contents of the Instructions to Bidders (ITB), the Bid Data Sheet (BDS), General Conditions of Contract (GCC), Special Conditions of Contract (SCC), Terms of Reference (TOR), the provisions relating to the eligibility of Consultant and the applicable guidelines for the procurement rules of the Funding Source, any and all Bid bulletins issued and other attachments and inclusions included in the Bidding Documents sent to us.

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

We remain,

Yours sincerely,

**Signature of the Authorized Representative of the Firm/JV/Consortium:**

Name and Title of Signatory:

Name of Firm/entity:

Address:

**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. \_\_\_\_\_\_.

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 2024**

**Omnibus Sworn Statement (Revised)**

***[shall be submitted with the Bid]***

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

***PROCUREMENT OF CONSULTING SERVICES   
FOR THE BCDA 2024 CLIENT SATISFACTION MEASUREMENT***

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];

1. *[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 the Procurement of **Consulting Services for the 2024 BCDA Client Satisfaction Measurement (CSM),** 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 the **Procurement of Consulting Services for the BCDA 2024 Client Satisfaction Measurement (CSM),** 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;)];

1. [Name of Bidder] is not “blacklisted” or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, **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.**
2. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct. We acknowledge that any mis-representation or submission of fake or tampered documents by the [Name of Consultant], its partner/s (in case of Joint Venture or partnership) or sub-contractor, or any of the key personnel nominated by the Consultant shall automatically result in disqualification of the Consultant from the project and shall be grounds for blacklisting pursuant to Section 4.1 of the Appendix 17 of the Revised IRR of RA9184.
3. [Name of Bidder] is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;
4. *[Select one, delete the rest:]*

*[If a sole proprietorship:]* 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;

1. *[Name of Bidder]* complies with existing labor laws and standards; and

1. *[Name of Bidder]* is aware of and has undertaken the responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:
   1. Carefully examining all of the Bidding Documents;
   2. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
   3. Making an estimate of the facilities available and needed for the contract to be bid, if any; and
   4. Inquiring or securing Supplemental/Bid Bulletin(s) issued for the **Consulting Services for the BCDA 2024 Client Satisfaction Measurement (CSM).**

1. *[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.
2. **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 \_\_\_, 2024 at \_\_\_\_\_\_\_\_\_\_\_\_, Philippines.

**[Insert NAME OF BIDDER OR ITS AUTHORIZED REPRESENTATIVE]**

**[Insert signatory’s legal capacity]**

Affiant

**SUBSCRIBED AND SWORN** to before me this \_\_ day of *[month] [year]* at *[place of execution]*, Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her *[insert type of government identification card used]*, with his/her photograph and signature appearing thereon, with no. \_\_\_\_\_\_.

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 2024**

***SECRETARY’S CERTIFICATE FORMAT***

**(where applicable)**

Republic of the Philippines )

Taguig City ) SS.

**I**, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of legal age, being the Corporate Secretary of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with office address at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby certify that on the occasion of the Board Meeting held on \_\_\_\_\_\_\_\_\_, with a quorum being present, the Board of Directors, upon motion duly seconded, unanimously approved the following resolution:

**A. Resolution No. \_\_\_\_\_\_\_\_\_**

Resolved, as it is hereby resolved, that the corporation shall enter into a Joint Venture with \_\_\_\_\_\_\_\_\_\_\_\_\_\_ , the purpose of which is to participate in the **Procurement of Consulting Services for the BCDA 2024 Client Satisfaction Measurement (CSM)**, being conducted by Bases Conversion and Development Authority.

Resolved, further, that for this purpose, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorizes \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_ to represent the corporation on the said Joint Venture and to sign on all agreements in relation thereto, cause the submission of documents in support thereof, and to sign for and in behalf of the Corporation, such as authority/authorities/Power of Attorney in favor of whoever may be designated by the joint venture as the latter’s official representative/Attorney-in-fact for purposes of the said bidding.

IN WITNESS WHEREOF, I have hereunto affixed my signature this \_\_\_\_\_\_\_\_\_

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Corporate Secretary***

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Philippines, by \_\_\_\_\_\_\_\_\_\_ who exhibited to me her \_\_\_\_\_\_\_\_\_\_, issued at the \_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_ and valid until \_\_\_\_\_\_\_\_\_.

**Doc. No**. \_\_\_\_\_\_

**Page No. \_\_\_\_\_\_**

**Book No**. \_\_\_\_\_\_

**Series of 2024**

***SPECIAL POWER OF ATTORNEY FORMAT***

**(where applicable)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of legal age, (civil status), (citizenship), and residing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ after having duly sworn in accordance with law, do hereby depose and state that:

1. I am the sole proprietor/owner/authorized representative of firm/entity/partnership of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , with office address at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, having full power and authority to appoint a representative who will sign the joint venture agreement with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the purpose of which is to participate in the ***Procurement of Consulting Services for the 2024 Client Satisfaction Measurement*** being conducted by the Bases Conversion and Development Authority.
2. I hereby make, constitute and appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as the true and lawful attorney, for it and its name, place and stead, to represent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the said Joint Venture and to sign on all agreements in relation thereto, cause the submission of documents in support thereof, and to sign for and in behalf of\_\_\_\_\_\_\_\_\_\_\_\_\_, such as authority/authorities/Power of Attorney in favor of whoever may be designated by the joint venture as the latter’s official representative/Attorney-in-fact for purposes of the said bidding.

IN WITNESS WHEREOF, I have hereunto affixed my signature this \_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and signature of Owner/Authorized Representative** **Name and signature of**

**of Owner/Firm/Entity/Partnership** **Authorized Representative**

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Philippines, by \_\_\_\_\_\_\_\_\_\_ who exhibited to me her \_\_\_\_\_\_\_\_\_\_, issued at the \_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_ and valid until \_\_\_\_\_\_\_\_\_.

Doc. No. \_\_\_\_\_\_

Page No. \_\_\_\_\_\_

Book No. \_\_\_\_\_\_

Series of 2024

**BASES CONVERSION AND DEVELOPMENT AUTHORITY**

***PROCUREMENT OF CONSULTING SERVICES   
FOR THE BCDA 2024 CLIENT SATISFACTION MEASUREMENT***

**CHECKLIST AND TABBING OF BIDDING REQUIREMENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Tab No.** | **Form No.** | **Description** | **Duly Signed by the Authorized Representative** | **Duly**  **Notarized** |
| 1 | EF 1 | Eligibility Documents Submission Form | **🗸** | **🗸** |
| 2 | - | * PhilGEPS Certification of Registration under Platinum Membership or Red Membership (all pages) pursuant to Section 8.5.2 of the 2016 revised IRR. * Mayor’s/Business Permit or recently expired Mayor’s permit, the official receipt for renewal within the period prescribed by the concerned local government unit and the recently expired Mayor’s permit shall be submitted, in case of PhilGEPS Certification of Registration under Red Membership is submitted. * Latest Income/Business Tax Return, in case of PhilGEPS Certification of Registration under Red Membership is submitted. |  |  |
| 3 | TPF 1 | Statement of All Completed Government and Private Contracts,For The Past 2 Years | **🗸** |  |
| 4 | TPF 2 | Summary of Completed Projects for the Past 2 Years (All completed government and private contracts) | **🗸** |  |
| 5 | TPF 3 | Summary of Curriculum Vitae | **🗸** | **🗸** |
| 6 | TPF4 | Curriculum Vitae (CV) for Proposed Professional Staff |  |  |
| 6.1 | TPF 4A | Over-all Project Manager | **🗸** | **🗸** |
| 6.2 | TPF 4B | Research Executive/Analyst | **🗸** | **🗸** |
|  | TPF 4C | Data Processing Manager |  |  |
| 6.3 | TPF 4D | Lead Statistician | **🗸** | **🗸** |
| 7 | TPF 5 | Format of Curriculum Vitae (CV) of the Firm/Entity | **🗸** |  |
| 8 | TPF 6 | Certificate of Availability of Key Personnel | **🗸** |  |
| 9 | TPF 7 | Plan of Approach and Methodology | **🗸** |  |
| 10 | FPF 1 | Financial Proposal Submission Form | **🗸** | **🗸** |
| 11 |  | Omnibus Sworn Statement | **🗸** | **🗸** |
| 12 | - | Class “B” Document (if the bid is a joint venture)An executed Joint Venture Agreement (JVA) between parties, for joint venture. In the absence of a JVA, duly notarized statements from all the potential joint venture partners stating that they will enter into and abide by the provisions of the JVA in the instance that the bid is successful, shall be included in the bid.Failure to enter into a joint venture in the event of a contract award shall be ground for the forfeiture of the bid security. Each partner of the joint venture shall submit the PhilGEPS Certificate of Registration in accordance with Section 8.5.2 of this IRR. The submission of technical and financial documents by any of the joint venture partners constitutes compliance. |  |  |
| 13 |  | Secretary’s Certificate (where applicable) |  |  |
| 14 |  | Special Power of Attorney (where applicable) |  |  |
| ***Note:*** *BCDA shall not assume any responsibility regarding erroneous interpretations or conclusions by the Bidder out of the data furnished by BCDA in relation to this bidding. The Bidder shall take the responsibility to ensure the completeness of its submission after taking the steps to carefully examine all the Bidding Documents and its amendments*. | | | | |



