

REQUEST FOR QUOTATION

Promotional materials for the Webinar Online Attendees on TISP Webinar
TECHNICAL SPECIFICATIONS

Unit	Item Description	Quantity
box	Copper Face Mask version 2.0	100
pcs	Personalized Face Mask (DOT IVA Design)	1200
pcs	Face Shield with Eye Frame	100
pcs	Alcohol 500ml.	80

Approved Budget for the Contract (ABC): PhP 272,000.00

Eligibility Requirements

1. 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 Zone Area,

In cases of recently expired Mayor's/Business permits, it shall be accepted together with the official receipt as proof that the bidder has applied for renewal within period prescribed by the local government unit.

2. PhilGEPS Registration Number
3. Latest Income/Business Tax Return (For ABC above PhP500, 000.00)
4. Original or Certified True Copy of Duly Notarized Omnibus Sworn Statement

Partial bids are allowed. All goods are grouped in lots listed above. Bidders shall have the option of submitting a quotation on any or all lots and evaluation and contract award will be undertaken on a per lot basis. Lots shall not be divided further into sub-lots for the purpose of bidding evaluation, and contract award.

Note: Kindly submit your quotations together with your eligibility requirements thru your preferred courier with details as follows:

BAC SECRETARIAT

*Department of Tourism - CALABARZON
G/F Dencris Business Bldg.
National Highway, Halang, Calamba City*

Deadline of submission is on or before **17 December 2020 at 8:00 am**. Late and unsigned quotations shall not be accepted.

Omnibus Sworn Statement

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

A F F I D A V I T

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 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 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 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;
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: 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 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;

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]*; and

9. *[Name of Bidder]* did not give or pay directly or indirectly, and 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.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 20 at _____,

*[Insert NAME OF BIDDER'S
AUTHORIZED REPRESENTATIVE]*

[Insert signatory's legal capacity]
Affiant

SUBSCRIBED AND SWORN to before me this day of *[month]* *[year]* at *[place of execution]*,
Affiant/ sis / are personally known to me and was/ were identified by me through competent
evidence of identity. 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 _____