



Republic of the Philippines
Department of Health
Metro Manila Center for Health Development
VALENZUELA MEDICAL CENTER



MINUTES OF THE PRE-BID CONFERENCE

29 July 2025 @ 11:00 am

Public Bidding VMC No. 2025-069

Supply and Delivery of Various Disinfectants and Antiseptics for 4th Quarter of CY 2025

Present during the meeting were as follows:

BIDS & AWARDS COMMITTEE:

Ms. Shirlene V. Vianzon – Chairperson
Mr. Edsel S. Martin – Vice-Chairperson
Dr. Gene Rose B. Burgos – BAC Member
Ms. Cherryl Ann Toyocan – BAC Member
Mr. Juan B. Sapasa, Jr. - BAC Member
Ms. Liza B. Demition – Provisional Member
Ms. Catherine F. Sofia-Provisional Member

PROSPECTIVE BIDDER/S:

Ms. Mary Ann Lazaro – Medical Center Trdg. Corp.
Mr. Mark Joshua F. Cabillo – JDA Marketing, Inc.
Mr. Jetro Escoto – Zafire Distributors, Inc.
Ms. Rachelle Daphnne Tangalan – Alvez Comm. Inc.

OBSERVER/TWG/END-USER:

Ms. Rufina Vadil – Observer, Budget Section
Ms. Rose Francheska B. Nantes – TWG-Medical Supplies
Ms. Theresa Camille R. Gomez – TWG-Medical Supplies
Mr. John Vincent B. Santos – TWG-Medical Supplies
Ms. Maria Almira B. Bernardo – TWG-Medical Supplies

BAC SECRETARIAT:

Ms. Ligaya E. Ubalde – Head, BAC Secretariat
Ms. Kristine Joy R. Manuel
Ms. Angelita B. Dayego
Ms. Aileen Pacheco
Ms. Christallyne S. Castro
Ms. Kezia-Therese C. Medina
Ms. Aileen S. Cali- In-Charge
Ms. Diana C. Pulido

Ms. Daisy Cambay – Panamed Philippines, Inc.
Mr. Joel Mar M. Riva – Patient Care Corporation
Mr. Annie Alberto – Metro Drug, Inc.
Mr. David Rastrollo – GB Distributors, Inc.

Ms. Almira G. Satumba – Observer - FMO
Mr. Roderick R. Balagtas – Procurement Section
Mr. Paul Kenneth R. Calisang – EndUser-CSSU
Ms. Ma. Lourdes G. Bautista – TWG-Medical Supplies
Mr. Percival Mariano – EndUser – OR/DR Department

The conference started at 11:00am and was presided by **Ms. Shirlene V. Vianzon**, Chairperson of Bids & Awards Committee (BAC), held at the BAC Office, 2nd Floor, Annex Building, Valenzuela Medical Center, Padrigal St., Karuhatan, Valenzuela City. She acknowledged the presence of all representatives of each prospective bidder, the members of the BAC, BAC Secretariat, TWG as well as the invited observers. She reminded everyone that the Committee strictly adheres to Republic Act No. 12009 and its Implementing Rules and Regulations or the New Government Procurement Act.

BUSINESS MATTERS:

- In accomplishing the Technical Specifications and Schedule of Requirements, state only the item that will be bid. **Kindly include your OFFER (Technical Specs) in the "Statement of Compliance" column and state "Comply" or "Not Comply".**
- Bid Security will be forfeited if withdrawn during the validity period.
- CTC of documents by the bidder itself are acceptable provided that the bidder will submit the Omnibus Sworn Statement. (Note: State CTC based on original, photocopy, etc.)
- Any document or certification issued outside Philippines should be accompanied by the official red ribbon (authentication) by the Philippine Consular Office/Embassy where the subject document or certification is issued.
- Notice of Award will be emailed to winning bidders. The following day will be counted as 1st day of receipt.
- Modification of Bid is strictly prohibited. The description stated in the bid offer will be followed and cannot be amended

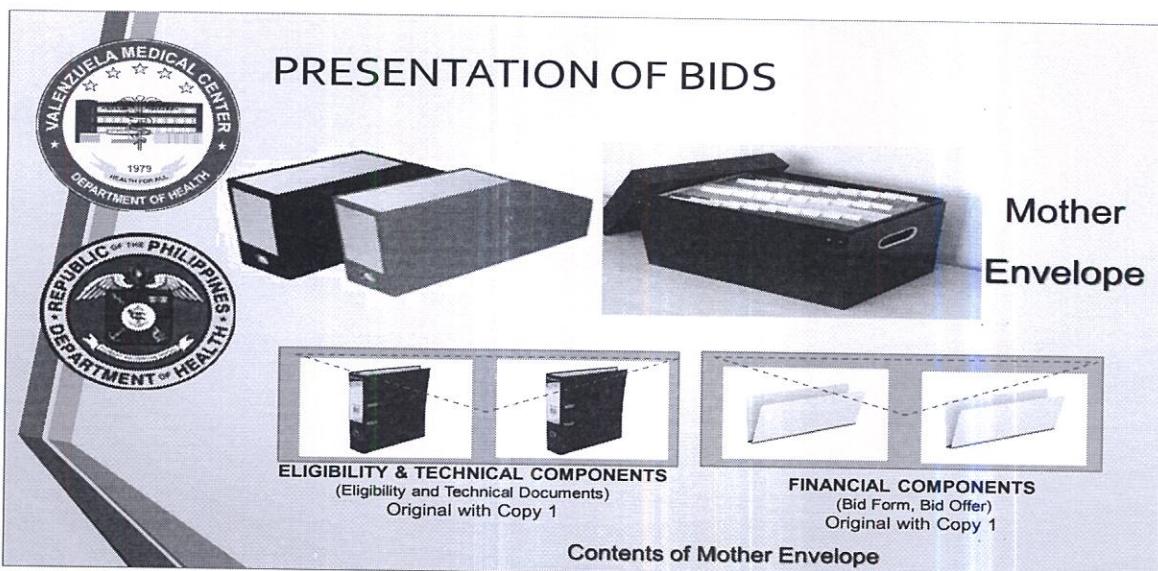
"PHIC Accredited Healthcare Provider"
"Valenzuela Medical Center...Where your health matters most"



Address: Padrigal St., Karuhatan, Valenzuela City, 1441
Telephone Nos: 8294-6711 to 17
Director's Office Direct Line: 8291-4259
Email Address: valgen_hosp@yahoo.com
Website: <https://vmc.doh.gov.ph/>

PRESENTATION OF BIDS:

- Bidders shall submit their bids through their duly authorized representatives using the forms specified in the Bidding Documents in two (2) separate sealed envelopes, which shall be submitted simultaneously.
- Bidders shall enclose the "Original" and "Copy 1" of their Eligibility and Technical Documents in a separate envelope marked ELIGIBILITY and TECHNICAL COMPONENTS. The "Original" and "Copy 1" of their Financial Documents (Bid Form, Bid Offer & others) shall be enclosed in a separate envelope marked FINANCIAL COMPONENTS.
- These 2 envelopes shall be enclosed in any sealed box (preferably Data File Box) with a cover.
- No color preference for the Folders and Boxes.
- **All documents to be submitted as part of the Bid should be arranged in chronological order based in the Checklist provided by the BAC. Further, all bid proposals should be ring bound and tabulated in words. Failure to follow instructions will mean disqualification.**



- **Documents Comprising the Bid: Eligibility and Technical Components – 1st Envelope**
- (A) **Eligibility Documents**
Class "A" Documents:

(i)

- a. Valid PhilGEPS Registration Certificate (Platinum Membership) (all pages).
- b. Statement of the prospective bidder of **ALL** its ongoing Government and Private Contracts including contracts awarded but not yet started, if any, whether similar or not similar in nature and complexity to the contract to be bid;
- c. Statement of the bidder's Single Largest Completed Contract (SLCC) similar to the contract to be bid, except under conditions provided for in Section 52.4.1.3. of the New IRR of RA No. 12009, within the relevant period as provided in the Bidding Documents:
 - Amount of the completed contract should be fifty percent (50%) of the ABC.
- d. Original copy of Bid Security. If in the form of a surety Bond, submit also a certification issued by the Insurance Commission or an Original copy of the Notarized Bid Securing Declaration
- e. Conformity with the Technical Specifications, which may include production/delivery schedule, manpower requirements, and/or after-sales/parts, if applicable; and
- f. Original duly signed Omnibus Sworn Statement (OSS);
Original Notarized Secretary's Certificate in case of a corporation, partnership, or cooperative; or Original Special Power of Attorney of all members of the joint venture giving full power and authority to its officer to sign the OSS and do acts to represent the Bidder.

Financial Documents

- g. The prospective bidder's computation of its Net Financial Contracting Capacity (NFCC); or a committed Line of Credit from a Universal or Commercial Bank in lieu of its NFCC computation.

Class "B" Documents

- h. If applicable, a duly signed joint venture agreement (JVA) in case the joint venture is already in existence or 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.

➤ **FINANCIAL COMPONENT ENVELOPE – 2nd Envelope**

The second envelope shall contain the financial information/documents as specified in the PBDs

- i. Original of duly signed and accomplished Financial Bid Form;
- j. Original of duly signed and accomplished Price Schedule(s).
- k. Certificate of Product Registration (CPR)
(CPR Manufacturer shall be visible)

Other documentary requirements under RA No. 12009 (as applicable)

- (l) [For foreign bidders claiming by reason of their country's extension of reciprocal rights to Filipinos] Certification from the relevant government office of their country stating that Filipinos are allowed to participate in government procurement activities for the same item or product.
- (m) Certification from the DTI if the Bidder claims preference as a Domestic Bidder or Domestic Entity.

ADDITIONAL REQUIRED DOCUMENTS (to be submitted during Post – Qualification Evaluation)

1. CTC copy of Official Receipt as proof of payment of bidding documents.
2. Registration certificate from Securities and Exchange Commission (SEC), Department of Trade and Industry (DTI) for sole proprietorship, or Cooperative Development Authority (CDA) for cooperatives or its equivalent document.
3. Mayor's or 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.
4. Tax clearance per E.O. No. 398, s. 2005, as finally reviewed and approved by the Bureau of Internal Revenue (BIR).
5. The Supplier's audited financial statements, showing, among others, the Supplier's total and current assets and liabilities, stamped "received" by the BIR
6. 2024 ITR or its duly accredited and authorized institutions, for online submission, an email confirmation from BIR for the preceding calendar year which should not be earlier than two (2) years from the date of bid submission
7. Certificate of **Good Performance** from at least one (1) Government or Private Hospital/Agency except from Valenzuela Medical Center (**with at least Satisfactory Rating**) - CY 2024 to present
8. Special Power of Attorney (SPA) for authorized representative if OSS is Sole Proprietorship
9. For SLCC - Proof of evidence for Single Largest Completed Contract (SLCC) – Purchase Order or Notice of Award or Contract Agreement.
 - Similar to Medical Supplies
10. Certificate from the manufacturer to distribute their products or Exclusive Distributorship or any equivalent document
11. License to Operate (LTO)
12. Certificate of Stocks Availability from Bidders (Notarized)

| ITEM NO. | UOM | ITEM DESCRIPTION | QTY. | UNIT COST | TOTAL COST |
|---|------------------|--|------|-----------------------|--------------|
| MEDICAL SUPPLIES (DISINFECTANT/ANTISEPTIC) | | | | | |
| 1 | bot | Antiseptic Hand Rub, surgical hand disinfection in min. 90 sec ,with 75% v/v Isopropanol or 80% v/v Ethanol, with Dexpanthenol for skin protection, no equats, no perfume & colorant, surgical grade, 1 Liter bottle | 162 | 1,650.00 | 267,300.00 |
| 2 | bot | Antiseptic Liquid Soap 1L w/ dispenser (Chlorhexidine Soap for surgical hand washing/Antiseptic, Skin Compatible effectivity approximately 1min. | 25 | 850.00 | 21,250.00 |
| 3 | canister / pouch | Disinfecting Pre-Saturated Towelettes Wipes for skin 2% chlorhexidine in 70% alcocohol, non-woven, Sheet Size: 6" x 6.75", 160 pull/ canister; 200 ply pack; FDA Approved/Certificate of Registration (CPR) with indicated date of manufacture and expiration; with Material Safety Data Sheet | 321 | 1,000.00 | 321,000.00 |
| 4 | gal | FORMALIN, (Formaldehyde 10% Neutralized and Buffered Solution) | 36 | 1,160.00 | 41,760.00 |
| 5 | bot | Hydrogen Peroxide 3% (10 volumes), topical solution, Antiseptic/Disinfectant, 500ml | 84 | 85.00 | 7,140.00 |
| 6 | bot | Irrigating solution 0.9% NaCl 1L, resealable cap, microwaveable, contoured shape bottle in over wrapped pouch | 1704 | 984.00 | 1,676,736.00 |
| 7 | bot | Lubricating Spray, 500ml for surgical instruments (compatible with surgical instruments and air exhausted medical/hospital grade materials, ready to use, with spray tip | 25 | 1,900.00 | 47,500.00 |
| 8 | gal | Liquid Hand Soap, concentrated, scented, anti-bacterial with moisturizer / gallon: at least 3.78 liters | 324 | 414.00 | 134,136.00 |
| 9 | gal | Povidone 10% Solution, non-residue, concentrated | 72 | 1,137.60 | 81,907.20 |
| | gal | Povidone 7.5%, Solution, non-residue, concentrated | 72 | 1,137.60 | 81,907.20 |
| 10 | bot | Skin Cleanser, sodium laureth, sodium chloride, sodium hydroxide, lauryl glucoside, mild and soap free, pH balance 5.0 skin cleanser, with organic moisturizer allantoin, Paraben free and Phthalate free, suitable for use in bath and shower, with built in spout, 1 liter per bottle | 112 | 1,125.00 | 126,000.00 |
| 11 | gal | Ultrasound Gel, clear water based, scent free | 25 | 1,200.00 | 30,000.00 |
| 12 | bot | Antiseptic Hand Rub, surgical hand disinfection in min. 90 sec ,with 75% v/v Isopropanol or 80% v/v Ethanol, with Dexpanthenol for skin protection, no equats, no perfume & colorant, surgical grade, 1 Liter bottle | 162 | 1,650.00 | 267,300.00 |
| TOTAL... | | | | ₱ 2,836,636.40 | |

| FUNCTIONAL SPECIFICATION / PERFORMANCE DESCRIPTION | |
|--|--|
| Adhesiveness | should be moisture and water-resistant - should not be easily peeled off when moisture or any liquid contaminates it. |
| Sharpness | should cut or penetrate the skin with one smooth stroke. sharpness shall remain after at least 3 strokes. |
| Hardness | resistance to plastic deformation. the material should not be deformed easily with slight to moderate pressure. |
| Clear / Transparent | capable of being seen through object can be seen through distinctly absence of cloudiness, haziness or muddiness. |
| Absorbent | should soak up liquid easily. |
| Non-pyrogenic | not causing or inducing febrile reaction. |
| Elasticity | the ability to resume its normal shape after being stretched should return to its normal form or configuration (length and width) |
| Garterized | with stretchable elastic ear loops |

Additional Requirements:

- Content higher than the requirement is acceptable – advantageous to the government

Other Concerns:

- All quantity should be served and no loose items will be cancelled even the packaging do not conform to the required quantity. All requests for cancellation will be reflected to the Performance Evaluation of the Supplier.
- All packaging is acceptable provided that they met the total quantity requirement (per pieces/ per box)
- Content higher than the requirement is acceptable if advantageous to the government

PRICE SCHEDULE

- Column 1 – Should be in accordance with VMC's item number.
- Column 2 - Indicate the **item description of your offer** with BRAND. If no BRAND, indicates **GENERIC OR NO BRAND. Please include your packaging for each item to be bid.**
- Column 3 – Country of Origin
- The Price Schedule should be filled completely or put zero if not applicable.
- The final unit price should be stated.
- In the Price Schedule, "*For Goods Offered from Abroad Form*" will be used if the origin of the item is from abroad, if manufactured in the Philippines, "*For Goods Offered from Within the Philippines Form*" shall be used. (Please use the attached Form/Template)
- Bid Bulletin will be posted, if any.
- Initial Product Registration from FDA is not allowed.
- For on-going contracts, please indicate total amount of all outstanding contracts.

BID Opening will be on August 12, 2025 at 10:00 AM

The pre-bidding conference was adjourned at 3:00 pm.

Prepared by:


Aileen S. Cali
BAC Secretariat

Noted by:


SHIRLENE V. VIANZON
Chairperson, BAC

FORMS

Bid Form for Procurement of Goods

[Note: The duly accomplished form shall be submitted with the Bid]

BID FORM
Project Identification No.: *[Insert number]*

To: *[Name of Procuring Entity]*

Having examined the Philippine Bidding Documents (PBD) including the Supplemental Bid Bulletin Numbers *[insert numbers]*, the receipt of which is hereby duly acknowledged, we, the undersigned, declare that:

- a) I/We have no reservation to the PBD, including the Supplemental Bid Bulletins, for the Procurement Project **[Project Title]**;
- b) Select one, delete the other
 - I/We undertake to deliver the Goods in accordance with the delivery schedule in the Schedule of Requirements;
 - I/We offer to execute the Works for this Contract in accordance with the PBD;
- c) The total price of our Bid in words and figures, excluding any discount offered below, is **[insert information]**;
- d) The discounts offered and the methodology for their application are: **[insert information]**;
- e) The total bid price includes the cost of all taxes, such as, but not limited to *[specify the applicable taxes, e.g. (i) value added tax (VAT), (ii) income tax, (iii) local taxes, and (iv) other fiscal levies and duties]*, which are itemized herein or in the **[Select one, delete the other]: the Price Schedules/ Detailed Estimates]**;
- f) This Bid shall remain valid within a period stated in the PBD, and it shall be binding upon me/us at any time before the expiration of that period;
- g) If our bid is accepted, I/We commit to provide a performance security in the form, amounts, and within the times prescribed in the PBD.

Until a formal Contract is prepared and executed, this Bid, together with your written acceptance thereof and your Notice of Award, shall be binding upon the Bidder.

I/We understand that you are not bound to accept the Lowest Calculated Bid or any Bid you may receive.

I/We certify/confirm that we comply with the eligibility requirements pursuant to the PBD.

The undersigned is authorized to submit the bid on behalf of **[Name of the Bidder]** as evidenced by the attached **[State the Written Authority]**.

I/We acknowledge that failure to sign each and every page of this Bid Form, including the attached Schedule of Prices, shall be a ground for the rejection of our bid.

Duly authorized to sign the Bid for and behalf of:

[Insert Bidder's Name]

**[Signature over Printed Name]
[Position/Designation]
[Date]**

Price Schedule for Goods

Name of Bidder _____ Project ID No. _____. Page ___ of _____.

Pricing Details for Goods Offered from Within the Philippines

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|------|-------------|---|----------|-------------------------|---|--|--|-------------------------------------|---|
| Item | Description | Source of Domestic Product, as certified by the Relevant Agency | Quantity | Unit price exw per item | Transportation and all other costs incidental to delivery, per item | Sales and other taxes payable if Contract is awarded, per item | Cost of Incidental Services, if applicable, per item | Total Price, per unit (col 5+6+7+8) | Total Price delivered Final Destination (col 9) x (col 4) |
| | | | | | | | | | |

Summary of Bid Prices

The Procuring Entity may modify the table below as necessary to comply with the requirements of the Procurement Project.

| 1 | 2 | 3 | 4 |
|----------|------|---------------------------|--------------|
| Item No. | Item | Particulars / Description | Total Amount |
| | | | |
| | | | |
| | | | |
| | | | |

Name: _____

Signature: _____

Duly authorized to sign the Bid for and behalf of: _____

Price Schedule for Goods

Name of Bidder _____ . Project ID No. _____. Page _ of _____

Pricing Details for Goods Offered from Abroad

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|------|-------------|-------------------|----------|---|--|--|--------------------------------------|---------------------------------------|
| Item | Description | Country of origin | Quantity | Unit price CIF port of entry (specify port) or CIP named place (specify border point or place of destination) | Total CIF or CIP price per item (col. 4 x 5) | Unit Price Delivered Duty Unpaid (DDU) | Unit price Delivered Duty Paid (DDP) | Total Price delivered DDP (col 4 x 8) |
| | | | | | | | | |

Summary of Bid Prices

The Procuring Entity may modify the table below as necessary to comply with the requirements of a specific Project.

| 1 | 2 | 3 | 4 |
|----------|------|---------------------------|--------------|
| Item No. | Item | Particulars / Description | Total Amount |
| | | | |
| | | | |
| | | | |
| | | | |

Name: _____

Signature: _____

Duly authorized to sign the Bid for and behalf of: _____

Omnibus Sworn Statement Form

[Note: The duly accomplished form shall be submitted with the Bid]

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

OMNIBUS SWORN STATEMENT

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

1) **Select one, delete the others:**

- If sole proprietorship: I am the sole proprietor or authorized representative of [Name of Bidder] with office address at [Address of Bidder];
- If 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];
- If individual consultant not registered under a sole proprietorship, in case of Consulting Services: I am the individual consultant or authorized representative of [Name of Bidder] with office address at [Address of Bidder];

2) **Select one, delete the others:**

- If 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 [Project Title] of the [Name of the Procuring Entity][insert "as supported by the attached duly notarized Special Power of Attorney" for authorized representative];
- If 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 [Project Title] of the [Name of the Procuring Entity], as supported by the attached duly notarized Special Power of Attorney, Board/Partnership Resolution, or Secretary's Certificate, whichever is applicable;
- If individual consultant not registered under a sole proprietorship, in case of Consulting Services: As the individual consultant 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 [Project Title] of the [Name of the Procuring Entity], as supported by the attached duly notarized Special Power of Attorney for authorized representative;

- 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;

"PHIC Accredited Healthcare Provider"
"Valenzuela Medical Center...Where your health matters most"



Address: Padrigal St., Karuhatan, Valenzuela City, 1441
Telephone Nos: 8294-6711 to 17
Director's Office Direct Line: 8291-4259
Email Address: valgen_hosp@yahoo.com
Website: https://vme.doh.gov.ph/

- 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 others:**
- *If sole proprietorship* : The **[Name of Bidder]** and its spouse are not related by consanguinity or affinity up to the third civil degree to the Head of the Procuring Entity, Procurement Agent (if engaged), End-User or Implementing Unit, project consultants, head of the Project Management Office, or the members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat;
 - *If partnership* : The partnership itself and the partners of **[Name of Bidder]** are not related by consanguinity or affinity up to the third civil degree to the Head of the Procuring Entity, Procurement Agent (if engaged), End-User or Implementing Unit, project consultants, head of the Project Management Office, or the members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat;
 - *If cooperative*: The cooperative itself and members of the board of directors, general manager, or chief executive officer of **[Name of Bidder]** are not related by consanguinity or affinity up to the third civil degree to the Head of the Procuring Entity, Procurement Agent (if engaged), End-User or Implementing Unit, project consultants, head of the Project Management Office, or the members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat;
 - *If corporation, or joint venture*: The corporation or joint venture itself, and officers, directors, and controlling stockholders of **[Name of Bidder]** are not related by consanguinity or affinity up to the third civil degree to the Head of the Procuring Entity, Procurement Agent (if engaged), End-User or Implementing Unit, project consultants, head of the Project Management Office, or the members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat;
 - *If individual consultant not registered under a sole proprietorship, in case of Consulting Services*: The individual consultant and its spouse are not related by consanguinity or affinity up to the third civil degree to the Head of the Procuring Entity, Procurement Agent (if engaged), End-User or Implementing Unit, project consultants, head of the Project Management Office, or the members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat;
- 7) It is understood that failure to faithfully disclose its relationship with the HoPE, members of the BAC, the TWG, and the BAC Secretariat, the head of the PMO or the end-user unit or implementing unit, and the project consultants of the Procuring Entity, or of the procurement agent by consanguinity or affinity up to the third civil degree, as well as its submission of beneficial ownership information containing false entries shall be subject to blacklisting under Section 100 of the IRR of RA No. 12009, without prejudice to criminal and civil liabilities under applicable laws, including their accessory penalties, if any.

[Select one, delete the rest:]

- *In case of corporations*: **[Name of Bidder]** declares its beneficial ownership consistent with its updated General Information Sheet or Beneficial Ownership Declaration Form or any other document duly submitted to the SEC in accordance with its annual reportorial requirements.

"PHIC Accredited Healthcare Provider"
"Valenzuela Medical Center...Where your health matters most"



Address: Padrigal St., Karuhatan, Valenzuela City, 1441
Telephone Nos: 8294-6711 to 17
Director's Office Direct Line: 8291-4259
Email Address: valgen_hosp@yahoo.com
Website: <https://vmc.doh.gov.ph/>

- In case of Foreign Bidders: **[Name of Bidder]** submitted an appropriate equivalent document in English issued by the country of the bidder concerned in accordance with Section 20.2.9.2 of the IRR of RA No. 12009.

- 8) **[Name of Bidder]** complies with existing labor laws and standards; and
- 9) **[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 **[Project Title]**.

- 10) **[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.
- 11) In case advance payment was made or given to **[Name of Bidder]**, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability under existing laws.

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

Duly authorized to sign the Bid for and behalf of:

[Insert Bidder's Name]

**[Affiant's Signature over Printed Name]
[Position/Designation]
[Date]**

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. _____.
WITNESS MY HAND AND SEAL this ____ day of **[month] [year]**.

NAME OF NOTARY PUBLIC

Notarial Commission No. _____

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 _____.

*"PHIC Accredited Healthcare Provider"
"Valenzuela Medical Center...Where your health matters most"*



Address: Padrigal St., Karuhatan, Valenzuela City, 1441
Telephone Nos: 8294-6711 to 17
Director's Office Direct Line: 8291-4259
Email Address: valgen_hosp@yahoo.com
Website: <https://vmc.doh.gov.ph>

Bid Securing Declaration Form

[The duly accomplished form shall be submitted with the Bid if bidder opts to provide this type of bid security]

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

BID SECURING DECLARATION Project Identification No.: [Number]

To: [Insert name of the Procuring Entity]

I/We, the undersigned, declare that:

- 1) I/We understand that, according to your conditions, bids must be supported by a Bid Security, which may be in the form of a Bid Securing Declaration;

[Insert paragraph for Unsolicited Offer with Bid Matching]

I/We understand that upon conferment of the original offeror status under Section 30.6 of the Implementing Rules and Regulations (IRR) of Republic Act (RA) No. 12009, the offeror shall submit a Bid Securing Declaration within ten (10) days from the receipt of the certificate of conferment;

- 2) Select one, delete the other:

- I/We accept that: (a) I/we will be automatically disqualified from bidding for any procurement contract with any Procuring Entity upon receipt of your Blacklisting Order; and, (b) I/we will pay the applicable fine provided under the Guidelines on the Use of Bid Securing Declaration, within fifteen (15) days from receipt of the written demand by the Procuring Entity for the commission of acts resulting to the enforcement of the Bid Securing Declaration under Sections 52.2 (a), 63.2, 69.1 and 100, except 100.3 (c), of the IRR of Republic Act No. 12009; without prejudice to other legal action the government may undertake; and

(For Unsolicited Offer with Bid Matching)

- I/We accept that: I/we will be automatically disqualified from any procurement opportunity of the Procuring Entity for a period of one (1) year on the first offense, two (2) years on the second offense, and perpetually on the third offense without prejudice to other legal action the government may undertake.

- 3) I/We understand that this Bid Securing Declaration shall cease to be valid on the following circumstances:

Upon expiration of the bid validity period, or any extension thereof pursuant to your request;

I am/we are declared ineligible or post-disqualified upon receipt of your notice to such effect, and (i) I/we failed to timely file a request for reconsideration or (ii) I/we filed a waiver to avail of said right;

[Insert this paragraph for Unsolicited Offer with Bid Matching]

Upon contract award and the LCCRB is not the original offeror; or

I am/we are declared the bidder with the [Insert Award Criterion¹] and I/we have furnished the performance security and signed the Contract.

"PHIC Accredited Healthcare Provider"

"Valenzuela Medical Center...Where your health matters most"



Address: Padrigal St., Karuhatan, Valenzuela City, 1441
Telephone Nos: 8294-6711 to 17
Director's Office Direct Line: 8291-4259
Email Address: valgen_hosp@yahoo.com
Website: https://vme.doh.gov.ph/

IN WITNESS WHEREOF, I/We have hereunto set my/our hand/s this _____ day of [month] [year] at [place of execution].

Duly authorized to sign the Bid for and behalf of:

[Insert Bidder's Name]

**[Signature over Printed Name]
[Position/Designation]
[Date]**

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. _____.

WITNESS MY HAND AND SEAL this _____ day of [month] [year].

NAME OF NOTARY PUBLIC

Notarial Commission No. _____

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 _____. _____

*"PHIC Accredited Healthcare Provider"
"Valenzuela Medical Center...Where your health matters most"*



Address: Padrigal St., Karuhatan, Valenzuela City, 1441
Telephone Nos: 8294-6711 to 17
Director's Office Direct Line: 8291-4259
Email Address: valgen_hosp@yahoo.com
Website: <https://vmc.doh.gov.ph/>

NFCC COMPUTATION FOR ELIGIBILITY CHECK

- A. Summary of the Applicant Supplier's/Distributor's/Manufacturer's assets and liabilities on the basis of the attached income tax return and audited financial statement, stamped "RECEIVED" by the Bureau of Internal Revenue or BIR authorized collecting agent, for the immediately preceding year and a certified copy of Schedule of Fixed Assets particularly the list of construction equipment.

| | | Year 20 _____ |
|----|--------------------------|---------------|
| 1. | Total Assets | |
| 2. | Current Assets | |
| 3. | Total Liabilities | |
| 4. | Current Liabilities | |
| 5. | Net Worth(1-3) | |
| 6. | Net Working Capital(2-4) | |

- B. The Net Financial Contracting Capacity (NFCC) based on the above data is computed as follows:

NFCC= [(Current assets minus current liabilities) (15)] minus the value of all outstanding or uncompleted portions of the projects under ongoing contracts, including awarded contracts yet to be started, coinciding with the contract to be bid.

The values of the domestic bidder's current assets and current liabilities shall be based on the latest Audited Financial Statements (AFS) submitted to the BIR.

The Bidder shall attach the AFS to the NFCC Computation for Eligibility Check Form.

NFCC=P_____

Submitted by:

Name of Supplier/Distributor/Manufacturer

Signature of Authorized Representative

Date: _____

"PHIC Accredited Healthcare Provider"

"Valenzuela Medical Center...Where your health matters most"



Address: Padrigal St., Karuhatan, Valenzuela City, 1441
 Telephone Nos: 8294-6711 to 17
 Director's Office Direct Line: 8291-4259
 Email Address: valgen_hosp@yahoo.com
 Website: <https://vmc.doh.gov.ph/>

STATEMENT OF SINGLE LARGEST COMPLETED CONTRACT SIMILAR TO THE CONTRACT TO BE BID

This is to certify that _____ (company) _____ has the following completed contracts within Ten (10) years from the date of submission and receipt of bids.

| Date of the Contract | Contracting Party | Name of Contract | Kind of Goods Sold | Amount of Contract | Date of Delivery/ End-user's Acceptance | Date of Official Receipt | Bidder is A) Manufacturer B) Supplier C) Distributor |
|----------------------|-------------------|------------------|--------------------|--------------------|---|--------------------------|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Name and Signature of
Authorized Representative

Date

***Instructions:**

- a) Cut-off date as of:
 - (i) Up to the day before the deadline of submission of bids.
- b) In the column under "Dates", indicate the dates of Delivery/ End-user's Acceptance and Official Receipt.
- c) "Name of Contract". Indicate here the Nature/ Scope of the Contract for the Procuring Entity to determine the relevance of the entry with the Procurement at hand. Example: "Supply and Delivery of _____ for Valenzuela Medical Center"

"PHIC Accredited Healthcare Provider"
"Valenzuela Medical Center...Where your health matters most"



Address: Padrigal St., Karuhatan, Valenzuela City, 1441
Telephone Nos: 8294-6711 to 17
Director's Office Direct Line: 8291-4259
Email Address: valgen_hosp@yahoo.com
Website: <https://vmc.doh.gov.ph/>

STATEMENT OF: (I) ONGOING CONTRACTS AND; (II) AWARDED BUT NOT YET STARTED CONTRACTS

This is to certify that _____ has the following ongoing and awarded but not yet started contracts:

| Date of the Contract | Contracting Party | Name of Contract | Kind of Goods Sold | Amount of Contract | Value of Outstanding Contracts | Bidder is A) Manufacturer B) Supplier C) Distributor |
|----------------------|-------------------|------------------|--------------------|--------------------|--------------------------------|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Name and Signature of
Authorized Representative

Date

***Instructions:**

- a) State all ongoing contracts including those awarded but not yet started (government and private contracts which may be similar or not similar to the project called for bidding) as of:
 - i. The day before the deadline of submission of bids.
 - b) If there is no ongoing contract including awarded but not yet started as of the aforementioned period, state none or equivalent term.
 - c) The total amount of the ongoing and awarded but not yet started contracts should be consistent with those used in the Net Financial Contracting Capacity (NFCC) in case an NFCC is submitted as an eligibility document.
 - d) "Name of Contract". Indicate here the Nature/ Scope of the Contract for easier tracking of the entries/ representations. Example: "Supply and Delivery of _____ for Valenzuela Medical Center"

*"PHIC Accredited Healthcare Provider"
"Valenzuela Medical Center...Where your health matters most"*



Address: Padrigal St., Karuhatan, Valenzuela City, 1441
Telephone Nos: 8294-6711 to 17
Director's Office Direct Line: 8291-4259
Email Address: valgen_hosp@yahoo.com
Website: <https://vmc.doh.gov.ph/>