**Section VIII**

**BIDDING FORMS**

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*Procuring Entity: City Government of Tabaco City*

*Contract ID No.: 011-07-2019-GOODS*

*Name of the Project: Supply & Delivery of Drugs and Medicines*

*Location of the Project: CHU, SMLIK, FWK and MCK, Tabaco City*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Statement of all Ongoing Government & Private Contracts including contracts awarded but not yet started, whether similar or not similar in nature and complexity to the contract to be bid | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Business Name | | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Business Address | | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Name of Contract andAmount of Contract | | | | Owner’s Name  1. **Address** 2. **Telephone Nos.** | **Nature of Work / Kinds of Goods** | | Bidder’s Role | | Date Awarded  1. **Date of the Contract** 2. **Date of Completion** | **% of Accomplishment** | | | Value of Outstanding Works / UndeliveredPortion |
| Description | **%** | Planned | Actual | |
| Government | | | |  |  | |  |  |  |  |  | |  |
|  | | | |  |  | |  |  |  |  |  | |  |
|  | | | |  |  | |  |  |  |  |  | |  |
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| Private | | | |  |  | |  |  |  |  |  | |  |
|  | | | |  |  | |  |  |  |  |  | |  |
|  | | | |  |  | |  |  |  |  |  | |  |
|  | | | |  |  | |  |  |  |  |  | |  |
| Note: This statement shall be supported with: | | | | | | | |  |  | Total Cost | | |  |
| 1 | Notice of Award and/or Contract | | | | | | | |  |  | | |  |
| 2 | Notice to Proceed issued by the owner | | | | | | | |  |  | | |  |
| 3 | Certificate of Accomplishments signed by the owner or authorized representative | | | | | | | |  |  | | |  |
|  |  | | | | | | | |  |  | | |  |
|  |  | | | | | | | |  |  | | |  |
| Submitted by | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
|  | |  | (Printed Name & Signature) | | |  | | | | | | | |
| Designation | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Date | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |

*Procuring Entity: City Government of Tabaco City*

*Contract ID No.: 011-07-2019-GOODS*

*Name of the Project: Supply & Delivery of Drugs and Medicines*

*Location of the Project: CHU, SMLIK, FWK and MCK, Tabaco City*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Statement of SINGLE LARGEST COMPLETED CONTRACT (SLCC) similar to the Contract to be Bid** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Business Name | | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| Business Address | | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| Name of Contract | | | | Owner’s Name  1. Address 2. Telephone Nos. | Nature of Work/Kinds of Goods | | Bidder’s Role | | | | Amount at AwardAmount at Completion  1. Duration | | | Date Awarded  1. Contract Effectivity 2. Date Completed | |
| Description | | % | |
|  | | | |  |  | |  | |  | |  | | |  | |
| Note: This statement shall be supported with: | | | | | | | | |  | |  |  | | |  | | |
| 1 | Contract | | | | | | |  | |  | | |  | | | |
| 2 | End-User’s Certificate of Completion and Acceptance | | | | | | |  | |  | | |  | | | |
| 3 | Official Receipts or Sales Invoice | | | | | | |  | |  | | |  | | | |
|  |  | | | | | | |  | |  | | |  | | | |
|  |  | | | | | | |  | |  | | |  | | | |
| Submitted by | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
|  | |  | (Printed Name & Signature) | | |  | | | | | | | | | | |
| Designation | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| Date | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |

*Procuring Entity: City Government of Tabaco City*

*Contract ID No.: 011-07-2019-GOODS*

*Name of the Project: Supply & Delivery of Drugs and Medicines*

*Location of the Project: CHU, SMLIK, FWK and MCK, Tabaco City*

**Net Financial Contracting Capacity (NFCC)**

1. 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) |  |

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

NFCC = 15 (current asset – current liabilities) minus value of all outstanding works under ongoing contracts including awarded contracts yet to be started

NFCC = P \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or

Commitment from a licensed bank to extend to it a credit line if awarded the contract or a cash deposit certificate in the amount of at least 10% of the proposed project to bid.

Name of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Herewith attached are certified true copies of the income tax return and audited financial statement: stamped “RECEIVED” by the BIR or BIR authorized collecting agent for the immediately preceding year and the cash deposit certificate or certificate of commitment from a licensed bank to extend a credit line.

Submitted by:

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

Name of Supplier / Distributor / Manufacturer

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

Signature of Authorized Representative

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

*NOTE:*

1. If Partnership or Joint Venture, each Partner or Member Firm of Joint Venture shall submit the above requirements.

**BID SECURING DECLARATION FORM**

REPUBLIC OF THE PHILIPPINES)

CITY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) S.S.

x------------------------------------------------------x

**BID SECURING DECLARATION**

**Invitation to Bid**: ***Supply & Delivery of Drugs and Medicines***

***Contract ID No. 011-07-2019-GOODS***

To: ***The City Government of Tabaco***

***City Hall, Tabaco City***

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.

2. I/We accept that: (a) I/we will be automatically disqualified from bidding for any contract with any procuring entity for a period of two (2) years upon receipt of your Blacklisting order; and, (b) I/we will pay the applicable fine provided under Section 6 of 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 23.1(b), 34.2, 40.1 and 69.1, except 69.1(f), of the IRR of RA 9184; 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:

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

(b) 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;

(c) I am/we are declared the bidder with the Lowest Calculated Responsive Bid, and I/we have furnished the performance security and signed the Contract.

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

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

Witness my hand and seal this \_\_\_ day of *[month] [year]*.

NAME OF NOTARY PUBLIC

Serial No. of Commission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doc. No. \_\_\_\_\_ Notary Public for \_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_

Page No. \_\_\_\_\_ Roll of Attorneys No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Book No. \_\_\_\_\_ PTR No. \_\_\_\_\_\_ *[date issued], [place issued]*

Series of \_\_\_\_\_ IBP No. \_\_\_\_\_\_ *[date issued], [place issued]*

**Omnibus Sworn Statement**

REPUBLIC OF THE PHILIPPINES )

CITY/MUNICIPALITY OF \_\_\_\_\_\_ ) S.S.

**AFFIDAVIT**

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

1. ***Select one, delete the other:***

*If a sole proprietorship:* I am the sole proprietor 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, or authorized representative of *[Name of Bidder]*, I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for *[Name of the Project]* of the *[Name of the Procuring Entity], as shown in the attached duly notarized Special Power of Attorney*;

*If a partnership, corporation, cooperative, or joint venture:* I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for *[Name of the Project]* of the *[Name of the Procuring Entity],* as shown in the attached *[state title of attached document showing proof of authorization (e.g., duly notarized Secretary’s Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable;)]*;

3. *[Name of Bidder]* is not “blacklisted” or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board;

4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;

5. *[Name of Bidder]* is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. ***Select one, delete the rest:***

*If a sole proprietorship:* The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

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

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

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

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, 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.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_ day of \_\_\_, 20\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_, Philippines.

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

*[Bidder’s Representative/Authorized Signatory]*

*[JURAT]*

##### Bid Form

Date:

Invitation to Bid No:

*To:* ***The City Government of Tabaco***

***City Hall, Tabaco City***

Gentlemen and/or Ladies:

Having examined the Bidding Documents including Bid Bulletin Numbers *[insert numbers],* the receipt of which is hereby duly acknowledged, we, the undersigned, offer to ***Supply and Deliver Drugs and Medicines for CHU, SMLIK, FWK, and MCK, Tabaco City (Contract ID No. 011-07-2019-GOODS)*** in conformity with the said Bidding Documents for the sum of ***[total Bid amount in words and figures]*** or such other sums as may be ascertained in accordance with the Schedule of Prices attached herewith and made part of this Bid.

We undertake, if our Bid is accepted, to deliver the goods in accordance with the delivery schedule specified in the Schedule of Requirements.

If our Bid is accepted, we undertake to provide a performance security in the form, amounts, and within the times specified in the Bidding Documents.

We agree to abide by this Bid for the Bid Validity Period specified in [BDS](#bds21_2) provision for **ITB** Clause **17.1** and it shall remain binding upon us and may be accepted at any time before the expiration of that period.

Commissions or gratuities, if any, paid or to be paid by us to agents relating to this Bid, and to contract execution if we are awarded the contract, are listed below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of agent |  | Amount and Currency |  | Purpose of Commission or gratuity |
|  |  |  |  |  |
|  |  |  |  |  |
| (if none, state “None”) | | | | |

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 us.

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

We certify/confirm that we comply with the eligibility requirements as per **ITB** Clause 5 of the Bidding Documents.

We likewise certify/confirm that the undersigned, *[for sole proprietorships, insert:* as the owner and sole proprietor or authorized representative of *Name of Bidder*, has the full power and authority to participate, submit the bid, and to sign and execute the ensuing contract, on the latter’s behalf for the *Name of Project* of the *Name of the Procuring Entity][for partnerships, corporations, cooperatives, or joint ventures, insert:* is granted full power and authority by the *Name of Bidder*, to participate, submit the bid, and to sign and execute the ensuing contract on the latter’s behalf for *Name of Project* of the *Name of the Procuring Entity].*

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.

Dated this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_.

*[signature over printed name] [in the capacity of]*

Duly authorized to sign Bid for and on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Procuring Entity: City Government of Tabaco City*

*Contract ID No.: 011-07-2019-GOODS*

*Name of the Project: Supply & Delivery of Drugs and Medicines*

*Location of the Project: CHU, SMLIK, FWK and MCK, Tabaco City*

**Schedule of Prices**

Name of Bidder . Invitation to Bid Number . Page of .

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | | 5 | 6 | 7 | 8 | 9 | 10 |
| Item No | Description | Country of origin | Quantity | | Unit price exw per item | Transportation and Insurance 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) |
|  | Amlodipine 10mg scored tab, 100/box |  | 800 | box |  |  |  |  |  |  |
|  | Amoxicillin trihydrate 100mg/ml drops, 15ml/bottle |  | 2,170 | Bottle |  |  |  |  |  |  |
|  | Amoxicillin trihydrate 250mg/5ml susp., 60ml/bottle |  | 2,170 | Bottle |  |  |  |  |  |  |
|  | Amoxicillin trihydrate 500mg capsule,100/ box |  | 870 | Box |  |  |  |  |  |  |
|  | Antacid tablet, Aluminum Hydroxide+Magnesium Hydroxide 200mg + 100mg tablet, 100 tab/box |  | 92 | box |  |  |  |  |  |  |
|  | Ascorbic acid (Vitamin C) 100mg/5ml syrup, 60ml/bottle |  | 1,370 | Bottle |  |  |  |  |  |  |
|  | Ascorbic acid (Vitamin C) Drops 100mg/ml, 15ml |  | 350 | Bottle |  |  |  |  |  |  |
|  | Ascorbic acid (vitamin C) 500mg tablet,100/box |  | 600 | Box |  |  |  |  |  |  |
|  | Calcium carbonate 1.25g + 250 IU tablet, 100/box |  | 20 | box |  |  |  |  |  |  |
|  | Calcium Gluconate Injection, 10% sol./ 10ml |  | 86 | amp |  |  |  |  |  |  |
|  | Captopril tablet 25mg, 100/box |  | 50 | box |  |  |  |  |  |  |
|  | Cefalexin 100mg/ml, 10ml/bottle (drops) |  | 2,114 | Bottle |  |  |  |  |  |  |
|  | Cefalexin 250mg/5ml susp. 60ml/bottle |  | 2,360 | Bottle |  |  |  |  |  |  |
|  | Cefalexin 500mg capsule, 100/box |  | 364 | Box |  |  |  |  |  |  |
|  | Celecoxib 200mg capsule,100/box |  | 10 | Box |  |  |  |  |  |  |
|  | Cetirizine 1mg/ml syrup,60ml/bottle |  | 100 | Bottle |  |  |  |  |  |  |
|  | Cetirizine 5mg/5ml syrup,30ml/bottle |  | 455 | Bottle |  |  |  |  |  |  |
|  | Cetirizine 10mg tablet, 100/box |  | 1 | box |  |  |  |  |  |  |
|  | Cetirizine Oral Drops, 10mg/ml, 10ml/bottle |  | 100 | Bottle |  |  |  |  |  |  |
|  | Chloramphenicol 125/5ml susp.60ml/bottle |  | 1,188 | Bottle |  |  |  |  |  |  |
|  | Chloramphenicol 500mg capsule, 100/box |  | 434 | box |  |  |  |  |  |  |
|  | Cinnarizine 25mgtablet, 100/box |  | 10 | box |  |  |  |  |  |  |
|  | Ciprofloxacin 500mg tablet,100/box |  | 510 | Box |  |  |  |  |  |  |
|  | Cloxacillin 250mg/5ml susp. 60ml/bottle |  | 838 | Bottle |  |  |  |  |  |  |
|  | Cloxacillin 500mg capsule,100/box |  | 425 | box |  |  |  |  |  |  |
|  | Co-amoxiclav 500+125mg tablet, 10/box |  | 1,000 | Box |  |  |  |  |  |  |
|  | Co-amoxiclav 200mg + 28.5mg/5ml, 70ml susp |  | 100 | Bottle |  |  |  |  |  |  |
|  | Cotrimoxazole 400mg + 80mg/5ml susp, 60ml |  | 1,550 | Bottle |  |  |  |  |  |  |
|  | Cotrimoxazole 800mg/160 tablet, 100/box |  | 655 | Box |  |  |  |  |  |  |
|  | Dexamethasone 4mg/ml, 2ml ampule |  | 50 | pc |  |  |  |  |  |  |
|  | Diazepam 5mg tablet, 100/box |  | 18 | box |  |  |  |  |  |  |
|  | Diazepam ampule 5mg/ml, 2ml |  | 15 | pc |  |  |  |  |  |  |
|  | Dicycloverine 10mg tablet, 100/box |  | 550 | Box |  |  |  |  |  |  |
|  | Dicycloverine 10mg/5ml syrup,60ml/bottle |  | 1,406 | Bottle |  |  |  |  |  |  |
|  | Diphenhydramine 12.5mg/5ml syrup, 60ml/bottle |  | 388 | Bottle |  |  |  |  |  |  |
|  | Diphenhydramine 50mg capsule, 100/box |  | 10 | box |  |  |  |  |  |  |
|  | Diphenhydramine 25mg capsule, 100/box |  | 100 | box |  |  |  |  |  |  |
|  | Diphenhydramine Injection, 50mg/ml, 1ml |  | 40 | amp |  |  |  |  |  |  |
|  | Doxycycline capsule, 100mg, 100/box |  | 200 | box |  |  |  |  |  |  |
|  | Enalapril tablet, 5mg, 100/box |  | 50 | box |  |  |  |  |  |  |
|  | Epinephrine 1mg/ml, 1ml amp |  | 200 | pcs |  |  |  |  |  |  |
|  | Erythromycin 200mg/5ml susp.,60ml/bottle |  | 1,232 | bottle |  |  |  |  |  |  |
|  | Erythromycin 500mg tablet, 100/box |  | 300 | box |  |  |  |  |  |  |
|  | Erythromycin Ophthalmic Ointment, 0.5%, 3.5g/tube |  | 100 | tube |  |  |  |  |  |  |
|  | Erythromycin Ophthalmic Ointment, 0.5%, 5g/tube |  | 40 | tube |  |  |  |  |  |  |
|  | Ferrous Sulfate + Folic Acid, 60 mg elemental iron + 400 mcg folic acid Capsule 100 pcs/box |  | 60 | box |  |  |  |  |  |  |
|  | Ferrous Sulfate, 30 mg elemental iron/5 mL, 60ml Syrup |  | 200 | Bottle |  |  |  |  |  |  |
|  | Finasteride 5mg, 100 tab/box |  | 4 | box |  |  |  |  |  |  |
|  | Gliclazide 80mg, 100tab/box |  | 9 | box |  |  |  |  |  |  |
|  | Hydralazine 20 mg/mL, 1 mL Ampule |  | 5 | amp |  |  |  |  |  |  |
|  | Hydrogen Peroxide 3%, 120ml |  | 50 | Bottle |  |  |  |  |  |  |
|  | Hyoscine-N-Butylbromide 10mg tablet, 100/box |  | 10 | box |  |  |  |  |  |  |
|  | Ipratropium + Salbutamol 500 mcg + 2.5 mg x 2.5 mL (unit dose) Respiratory Solution |  | 300 | neb |  |  |  |  |  |  |
|  | Lagundi 300mg tablet , 100/box |  | 777 | box |  |  |  |  |  |  |
|  | Lagundi 300mg/5ml syrup, 60ml/bottle |  | 1,514 | Bottle |  |  |  |  |  |  |
|  | Lagundi 300mg/5ml syrup, 120ml/bottle |  | 240 | Bottle |  |  |  |  |  |  |
|  | Lagundi 600mg tablet, 100/box |  | 60 | box |  |  |  |  |  |  |
|  | Lidocaine 2% 50ml vial |  | 35 | vial |  |  |  |  |  |  |
|  | Loratadine 10mg tablet, 100/box |  | 50 | box |  |  |  |  |  |  |
|  | Losartan 50mg tablet, 100/box |  | 650 | box |  |  |  |  |  |  |
|  | Magnesium Sulfate 250 mg/mL, 20 mL Vial |  | 97 | vial |  |  |  |  |  |  |
|  | Medroxyprogesterone 150mg/ml, 1ml vial |  | 250 | vial |  |  |  |  |  |  |
|  | Mefenamic Acid 500mg Capsule, 100/box |  | 700 | Box |  |  |  |  |  |  |
|  | Metformin Hydrochloride 500mg, 100 tab/box |  | 50 | box |  |  |  |  |  |  |
|  | Methylgometrine 200 mcg/mL, 1 mL Ampule, 10/box |  | 51 | box |  |  |  |  |  |  |
|  | Metropolol (as Tartrate) 50mg tab, 100/box |  | 120 | box |  |  |  |  |  |  |
|  | Multivitamins per 1 mL ,15 mL Drops |  | 1,120 | Bottle |  |  |  |  |  |  |
|  | Multivitamins syrup, 60ml/bottle |  | 1,120 | Bottle |  |  |  |  |  |  |
|  | Multivitamins for adults capsule, 100/box |  | 482 | box |  |  |  |  |  |  |
|  | Multivitamins per 5ml syrup, 120 ml |  | 400 | Bottle |  |  |  |  |  |  |
|  | Omeprazole 40mg capsule, 100/box |  | 15 | box |  |  |  |  |  |  |
|  | Oral Rehydration Salts (ORS 75-replacement),5.125 g Sachet, 25/ box |  | 2 | box |  |  |  |  |  |  |
|  | Oral Rehydration Salts (ORS 75-replacement) 75 replacement 2.17 g Sachet, 25/ box |  | 300 | box |  |  |  |  |  |  |
|  | Oral Rehydration Salts (ORS 75-replacement) 75 replacement 20.5 g Sachet, 25/ box |  | 22 | box |  |  |  |  |  |  |
|  | Oxytocin 10 IU/mL, 1 mL Ampule, 10/box |  | 355 | box |  |  |  |  |  |  |
|  | Paracetamol 100mg/ml drops , 15 ml/bottle |  | 2,650 | Bottle |  |  |  |  |  |  |
|  | Paracetamol 250mg/5ml susp. 60ml/bottle |  | 4,072 | Bottle |  |  |  |  |  |  |
|  | Paracetamol 500mg tablet, 100/box |  | 1,210 | box |  |  |  |  |  |  |
|  | Paracetamol Ampules 150mg/ml, 2ml |  | 210 | amp |  |  |  |  |  |  |
|  | Phytomenadione 10mg/ml, 1ml ampule |  | 150 | amp |  |  |  |  |  |  |
|  | Prednisone 10mg tablet, 100/box |  | 10 | box |  |  |  |  |  |  |
|  | Ranitidine 300mg tablet, 100/box |  | 10 | box |  |  |  |  |  |  |
|  | Salbutamol 2mg/5ml syrup, 60ml/bottle |  | 933 | bottle |  |  |  |  |  |  |
|  | Salbutamol 2 mg/mL, 2.5 mL (unit dose) Nebule, 30/box |  | 20 | box |  |  |  |  |  |  |
|  | Salbutamol 1 mg/mL, 2.5 mL (unit dose) Nebule, 30/box |  | 132 | box |  |  |  |  |  |  |
|  | Simvastatin 20mg tablet, 100/box |  | 10 | box |  |  |  |  |  |  |
|  | Tamsulosin 200mcg capsule, 100/box |  | 1 | box |  |  |  |  |  |  |
|  | Tranexamic Acid 500mg capsule, 100/box |  | 65 | box |  |  |  |  |  |  |
|  | Tranexamic Acid ampule 100mg/ml, 5ml |  | 50 | pc |  |  |  |  |  |  |
|  | Vitamin B1 B6 B12 100 mg + 5 mg + 50 mcg Tablet, 100/box (B-Complex) |  | 420 | box |  |  |  |  |  |  |

*[signature over printed name] [in the capacity of]*

Duly authorized to sign Bid for and on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Contract Agreement Form

THIS AGREEMENT made the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ between ***City Government of Tabaco City,*** Philippines (hereinafter called “the Entity”) of the one part and ***[name of Supplier]*** of ***[city and country of Supplier]*** (hereinafter called “the Supplier”) of the other part:

WHEREAS the Entity invited Bids for certain goods and ancillary services, viz., ***Supply and Delivery of One Unit Brand New Hydraulic Excavator, CENRO, Tabaco City***and has accepted a Bid by the Supplier for the supply of those goods and services in the sum of ***[contract price in words and figures]*** (hereinafter called “the Contract Price”).

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.

2. The following documents shall be deemed to form and be read and construed as part of this Agreement, viz.:

(a) the Supplier’s Bid, including the Technical and Financial Proposals, and all other documents/statements submitted (*e.g.* bidder’s response to clarifications on the bid), including corrections to the bid resulting from the Procuring Entity’s bid evaluation;

(b) the Schedule of Requirements;

(c) the Technical Specifications;

(d) the General Conditions of Contract;

(e) the Special Conditions of Contract;

(f) the Performance Security; and

(g) the Entity’s Notice of Award.

3. In consideration of the payments to be made by the Entity to the Supplier as hereinafter mentioned, the Supplier hereby covenants with the Entity to provide the goods and services and to remedy defects therein in conformity in all respects with the provisions of the Contract

4. The Entity hereby covenants to pay the Supplier in consideration of the provision of the goods and services and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of the contract at the time and in the manner prescribed by the contract.

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with the laws of the Republic of the Philippines on the day and year first above written.

Signed, sealed, delivered by the (for the Entity)

Signed, sealed, delivered by the (for the Supplier).

***NAME OF THE CONTRACTOR***

***ADDRESS OF THE CONTRACTOR***

**ATTY. JOVITO BRON CODERIS, JR.**

**BAC CHAIRMAN**

**LGU-TABACO CITY**

**ORIGINAL - TECHNICAL COMPONENT**

**SUPPLY & DELIVERY OF DRUGS AND MEDICINES**

**CHU, SMLIK, FWK AND MCK, TABACO CITY**

**CONTRACT ID NO. 011-07-2019-GOODS**

**DO NOT OPEN BEFORE JULY 22, 2019, 9:30 AM**

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***ADDRESS OF THE CONTRACTOR***

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**BAC CHAIRMAN**

**LGU-TABACO CITY**

**ORIGINAL – FINANCIAL COMPONENT**

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**COPY NO. 2 - TECHNICAL COMPONENT**

**SUPPLY & DELIVERY OF DRUGS AND MEDICINES**

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**BAC CHAIRMAN**

**LGU-TABACO CITY**

**BID PROPOSAL**

**SUPPLY & DELIVERY OF DRUGS AND MEDICINES**

**CHU, SMLIK, FWK AND MCK, TABACO CITY**

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**BAC CHAIRMAN**

**LGU-TABACO CITY**

**COPY NO. 2 – FINANCIAL COMPONENT**

**SUPPLY & DELIVERY OF**

**BRAND NEW DIESEL GENERATOR**

**CITY ENGINEERING OFFICE, TABACO CITY**

**CONTRACT ID NO. 018-11-2017-GOODS**

**DO NOT OPEN BEFORE DECEMBER 11, 2017, 2:30 P.M.**

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**LGU-TABACO CITY**

**COPY NO. 2 - TECHNICAL COMPONENT**

**SUPPLY & DELIVERY OF**

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**SUPPLY & DELIVERY OF**

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**COPY NO. 1 - TECHNICAL COMPONENT**

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**ORIGINAL – FINANCIAL COMPONENT**

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**BID PROPOSAL**

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**LGU-TABACO CITY**

**ORIGINAL BID**

**SUPPLY & DELIVERY OF**

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**CITY ENGINEERING OFFICE, TABACO CITY**

**CONTRACT ID NO. 018-11-2017-GOODS**

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**GUIDELINES ON THE SEALING OF BIDS**