

Form 1

EXPRESSION OF INTEREST

[Date]

The Bids and Awards Committee

Bicol University

Legazpi City

Ladies/Gentlemen:

In connection with your Request for Expression of Interest dated, _____, 2021 for the services under the contract ***Provision of Consultancy Services for the Reassessment and ISO 9001:2015 Certification of Bicol University***, [Name of Consultant] hereby expresses interest in participating in the procurement and submits our Technical Proposal and Financial Proposal in compliance with the requirements as provided for in the Terms of Reference.

In line with this submission, we certify that:

- a) [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
- b) 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 and accept the Procuring Entity's right to inspect and audit all records relating to our submission.

We understand that you are not bound to accept any proposal received for the selection of a consultant for the Project.

We remain,

Yours sincerely,

Signature

Name and Title of Authorized Signatory

Name of Consultant

Address

THIS FORM MAY BE RE-ENCODED. PLEASE USE ADDITIONAL SHEET/S IF NECESSARY.

**Relevant Services Carried Out
That Best Illustrate Qualifications**

1. Company Profile

Please submit Company Profile highlighting qualifications on ISO 9001 auditing experience and good track record of certifying government agencies for quality management.

THIS FORM MAY BE RE-ENCODED. PLEASE USE ADDITIONAL SHEET/S IF NECESSARY.

Form 3**2. Statement of Ongoing and Completed Projects**

In addition, using the format below, please provide information on **each similar project (ISO 9001)** for which your firm/entity, either individually, as a corporate entity, or as one of the major companies within an association, was legally contracted.

Project Name:		Country:
Name of Client:		Professional Staff Provided by Your Firm/Entity(profiles):
Address:		Nº of Staff:
		Nº of Staff-Months; Duration of Project:
Start Date (Month/Year):	Completion Date (Month/Year):	Approx. Value of Services (in Philippine Pesos):
Name of Associated Consultants, if any:		Nº of Months of Professional Staff Provided by Associated Consultants:
Name of Senior Staff Involved and Functions Performed:		
Narrative Description of Project:		
Description of Actual Services Provided by Your Staff:		

Consultant's Name: _____

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Form 4

SUMMARY OF ONGOING PROJECTS

Please provide a summary of all ongoing projects using the format below.

ISO 9001 Projects in the Government Sector

Name of Government Agency/GFI/GOCC	Address	Scope of QMS	Indicate Inclusive Period

ISO 9001 Projects in the Private Sector

Name of Company	Address	Scope of QMS	Indicate Inclusive Period

THIS FORM MAY BE RE-ENCODED. PLEASE USE ADDITIONAL SHEET/S IF NECESSARY.

FORM 5

SUMMARY OF COMPLETED PROJECTS

Please provide a summary of all completed projects using the format below. Please attach Certificate of Completion for each completed project.

ISO 9001 Projects in the Government Sector

Name of Government Agency/GFI/GOCC	Address	Scope of QMS	Indicate Inclusive Period

ISO 9001 Projects in the Private Sector

Name of Company	Address	Scope of QMS	Indicate Inclusive Period

THIS FORM MAY BE RE-ENCODED. PLEASE USE ADDITIONAL SHEET/S IF NECESSARY.

Form 6

**List of Auditors who will Conduct the Initial Audit, Surveillance Audit and
Re-surveillance Audit**

List of Auditors who will Conduct the Initial Audit, Surveillance Audit and Re-surveillance Audit		
Name	Position	Task
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Please attach the Curriculum Vitae for each of the auditors.

THIS FORM MAY BE RE-ENCODED. PLEASE USE ADDITIONAL SHEET/S IF NECESSARY.

Form 7

FORMAT OF CURRICULUM VITAE (CV) FOR PROPOSED PROFESSIONAL STAFF

Name of Firm: _____

Name of Staff: _____

Profession: _____

Date of Birth: _____

Years of ISO 9001:2008 auditing experience: _____

Years with Firm/Entity: _____ Nationality: _____

Membership in Professional Societies: _____

Detailed Tasks Assigned: _____

Key Qualifications:

1. Education:

[Summarize college/university and other specialized education of staff members, giving names of schools, dates attended, and degrees obtained.]

2. Employment Record:

[Starting with 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 work experience, give types of activities performed and client references, where appropriate.]

3. Previous ISO 9001 Projects Handled in the Government Sector

Name of Government Agency/GFI/GOCC	Address	Scope of QMS	Indicate Inclusive Period

4. Previous ISO 9001 Projects Handled in the Private Sector

Name of Company	Address	Scope of QMS	Indicate Inclusive Period

Certification:

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

_____ Date: _____
[Signature of staff member and authorized representative of the firm] Day/Month/Year

Full name of staff member: _____

Full name of authorized representative: _____

THIS FORM MAY BE RE-ENCODED. PLEASE USE ADDITIONAL SHEET/S IF NECESSARY.

FORM 8

NARRATIVE DESCRIPTION OF THE PROPOSED APPROACH AND METHODOLOGY FOR PERFORMING THE PROJECT

Please include in the timing of activities the schedule of completion and submission of reports.

THIS FORM MAY BE RE-ENCODED. PLEASE USE ADDITIONAL SHEET/S IF NECESSARY.

FINANCIAL PROPOSAL SUBMISSION FORM

[Date]

The Bids and Awards Committee

Bicol University

Legazpi

Ladies/Gentlemen:

We, the undersigned, offer to provide the services for the contract: *Provision of Consultancy Services for the Reassessment and ISO 9001:2015 Certification of Bicol University* in accordance with your Request for Expression of Interest and Terms of Reference dated _____, 2021 and our Technical and Financial Proposals. Our attached Financial Proposal is for the sum of *[amount in words and figures]*. This amount is inclusive of all taxes, duties, fees, levies and other charges imposed under applicable laws.

Our Financial Proposal shall be binding upon us subject to the modifications resulting from Contract negotiations.

We acknowledge and accept the Procuring Entity's right to inspect and audit all records relating to our Proposal irrespective of whether we enter into a contract with the Procuring Entity as a result of this Proposal.

We confirm that we have read, understood and accept the contents of the Terms of Reference.

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

We remain,

Yours sincerely,

Authorized Signature:

Name and Title of Signatory:

Name of Firm:

Address:

THIS FORM MAY BE RE-ENCODED. PLEASE USE ADDITIONAL SHEET/S IF NECESSARY.

FORM 10**SUMMARY OF COSTS**

Costs		Amount in Philippine Peso
Cost Per Activity		
1.		
2.		
3.		
4.		
5.		
Administrative Cost		
Taxes		
Total Amount of Financial Proposals		
In Words		In Figures

Please note that BU will be providing the transportation and accommodation (room and meals) of the auditors, hence, these items should not be included in the computation of the financial proposal.

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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 Consultant]* with office address at *[address of Consultant]*;

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

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

If a sole proprietorship: As the owner and sole proprietor of *[Name of Consultant]*, I have full power and authority to do, execute and perform any and all acts necessary to represent it in the procurement of the contract: ***Provision of Consultancy Services for the Reassessment and ISO 9001:2015 Certification of Bicol University.***

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 procurement as shown in the attached *[state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate issued by the corporation or the members of the joint venture)]*;

3. *[Name of Consultant]* is not “blacklisted” or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board;
4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;
5. *[Name of Consultant]* is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

Select one, delete the rest:

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

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

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

6. [Name of Consultant] complies with existing labor laws and standards; and
7. [Name of Consultant] is aware of and has undertaken the following responsibilities as a Bidder:
 - a) Carefully examined all of the Bidding Documents;
 - b) Acknowledged all conditions, local or otherwise, affecting the implementation of the Contract;
 - c) Made an estimate of the facilities available and needed for the contract, if any; and
 - d) Inquire or secure Supplemental/Bid Bulletin(s) issued for the ***Provision of Consultancy Services for the Reassessment and ISO 9001:2015 Certification of Bicol University***.
8. [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.
9. 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 ___, 2021 at _____, Philippines.

Bidder's Representative/Authorized Signatory

SUBSCRIBED AND SWORN to before me this ____ day of _____ 2021 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 _____

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 2021