



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF AGRICULTURE
PHILIPPINE COCONUT AUTHORITY
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 Website: pca.gov.ph

Central Office Bids and Awards Committee
SUPPLEMENTAL BID BULLETIN NO. 01

HEALTH PROVIDER FOR THE CONDUCT OF MOBILE HEALTH SERVICES

Bidders are hereby notified of the clarifications, modifications, revisions and amendments to certain provisions of the Bid Documents particularly as published in the PhilGeps website. This shall form an integral part of the Bid Documents.


➤ **SECTION VII. TECHNICAL SPECIFICATIONS**

FROM	TO
	<p>Additional:</p> <p>Other Documentary Requirements and Payment Terms:</p> <p>a. Billings shall be made per region after all scheduled activities have been completed.</p> <p>b. The following documents must be submitted as an attachment for to each billing:</p> <ol style="list-style-type: none"> Summary of patient records from the supplier Certificate of services rendered signed by the Regional Manager Acknowledgement Receipt (template to be provided by PCA) Certificate of tax clearance from BIR <p>c. Pursuant to Section 3 of EO No. 398, Series of 2005 and prior to payment of the contract, the winning bidder shall ensure pay taxes in full and on time and that failure to do so will entitle the PCA to suspend payment for any goods or services delivered by the private contracting party.</p>

➤ **SECTION VIII. CHECKLIST OF TECHNICAL AND FINANCIAL DOCUMENTS**

FROM	TO
<p>I. TECHNICAL COMPONENT ENVELOPE</p> <p>(h) Curriculum vitae (CV) of the following personnel and applicable licenses who will actually perform the service:</p> <ol style="list-style-type: none"> Team Leader – 1 Medical Staff – 6 Dental Assistant – 3 IT/Encoder – 4 IT/DSE – 1 Radiologic Technologist – 1 Sonographer – 1 	<p>I. TECHNICAL COMPONENT ENVELOPE</p> <p>(h) Curriculum vitae (CV) of the following personnel and applicable licenses who will actually perform the service:</p> <ol style="list-style-type: none"> Team Leader – 1 Medical Staff – 6 Dental Assistant – 3 IT/Encoder – 4 IT/DSE – 1 Radiologic Technologist – 1 Sonographer – 1

<p>viii. Medical Technologist – 1</p> <p>ix. Nurse – 1</p> <p>x. Pharmacist – 1</p> <p>xi. Doctor – 3</p>	<p>viii. Medical Technologist – 1</p> <p>ix. Nurse – 1</p> <p>x. Pharmacist – 1</p> <p>xi. Doctor – 3</p> <p><u>Additional requirement for submission during opening of bids:</u></p> <p>1. To include, as attachment, in the CV any or all of the following as proof of work experience, for the team leader and the medical and dental team:</p> <ul style="list-style-type: none"> • Certificate of Employment or notarized contracts of employment • Volunteer Certificate or Certificate of Appreciation • Certificate of Participation <p>2. To include, as attachment, in the CV of medical staff a certificate of training for basic first aid and/or vital signs taking</p>
<p>(i) Notarized Affidavit of Undertaking that the provider shall be held liable for any indirect or unforeseen damages arising from the delivery or non-delivery of medical and dental services, except in cases of gross negligence or intentional misconduct.</p>	<p>(i) Notarized Affidavit of Undertaking that the provider shall be held liable for any indirect or unforeseen damages arising from the delivery or non-delivery of medical and dental services, except in cases of gross negligence or intentional misconduct.</p> <p><u>See the attached form</u></p>
	<p>(j) <u>Additional Requirements:</u></p> <p>Mandatory permits or certification for the equipment and medicines</p> <ul style="list-style-type: none"> - License to Operate (LTO) issued by the Department of Health (DOH) - To provide a list of all drugs/medicines to be used with the corresponding Certificate of Product Registration (CPR) number
<p>FINANCIAL COMPONENT ENVELOPE</p> <p>(b) Original of duly signed and accomplished Price Schedule(s).</p>	<p>FINANCIAL COMPONENT ENVELOPE</p> <p>(b) Original of duly signed and accomplished Price Schedule(s). (See attached form for Services Offered From Within the Philippines)</p>


MARK ROY Q. MACANLALAY
 Chairman, Bids and Awards Committee
 PCA Central Office

REPUBLIC OF THE PHILIPPINES }

_____ } S.S.

AFFIDAVIT OF UNDERTAKING

I, (Full Name), of legal age, (Civil Status), and a (Citizenship) citizen, with registered business address at (Business Address), after being duly sworn to in accordance with law, do hereby depose and state:

1. I am the (Position) and the duly authorized representative of (Name of Health Service Provider), as evidenced by (Board/Partnership/DTI Resolution or Certification) dated (Date).
2. (Name of Health Service Provider) (hereinafter the "Company") is a duly registered and legitimate entity engaged in the provision of mobile health services, registered under the laws of the Republic of the Philippines.
3. The Company is participating in the procurement project of the Philippine Coconut Authority entitled "Procurement of Service from Private Health Provider for the Conduct of Mobile Health Services", with an approved budget of Php 46,600,000.00, covering services for 15,000 coconut farmers and their dependents nationwide.
4. The Company understands that all necessary permits, certifications, and licenses (including, but not limited to, DOH accreditation, LGU clearances, and Tax Exemption Indorsement [if applicable]) must be submitted in accordance with the schedule provided by the authority.
5. The Company undertakes to complete and submit the aforementioned requirement(s) to the Procuring Entity on or not later than specific deadline.
6. The Company further undertakes to adhere to all the terms and conditions of aforementioned procurement project, including those that express in law, relevant rules and regulation, and jurisprudence.
7. I acknowledge that failure to comply such term and conditions shall give the Procuring Entity the right to impose appropriate sanctions, including but not limited to, disqualification from the procurement process, contract termination, and forfeiture of performance security (if applicable), in accordance with applicable procurement rules and regulations.
8. The Company shall be held liable for any indirect or unforeseen damages arising from the delivery or non-delivery of medical and dental services, except in cases of gross negligence or intentional misconduct.
9. I execute this affidavit to declare and affirm the truthfulness of the foregoing statements and to comply with the procurement requirements of the Philippine Coconut Authority.

IN WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____, 2025 at _____, Philippines.

(Name of Affiant)

Affiant

SUBSCRIBED AND SWORN to before me this ____ day of _____, 2025, in _____, affiant having presented to me his/her (Valid Government-issued ID) with ID Number _____ issued on _____ as competent proof of identity.

Notary Public

Doc. No. _____;

Page No. _____;

Book No. _____;

Series of 2025.

For Services Offered From Within the Philippines

Name of Bidder _____, Invitation to Bid Number _____, Page __ of _____.

Item	Description	Quantity	Unit price in PHP Inclusive of Sales and other taxes payable if Contract is awarded	Total Price in Php
1	ONE (1) LOT HEALTH PROVIDER FOR THE CONDUCT OF MOBILE HEALTH SERVICES TO COVER 15,000 COCONUT FARMERS AND THEIR DEPENDENTS NATIONWIDE	15,000 coconut farmers and their dependents nationwide.		

[signature]

[in the capacity of]

Duly authorized to sign Bid for and on behalf of _____