

REPUBLIC OF THE PHILIPPINES **DEPARTMENT OF AGRICULTURE PHILIPPINE COCONUT AUTHORITY** Elliptical Road, Diliman, Quezon City 1101 Philippines Tel. Nos.: (02) 8928-4501 to 09 · Direct Line: (02) 8926-7631 Website: pca.gov.ph

#### Central Office Bids and Awards Committee SUPPLEMENTAL BID BULLETIN NO. 02

### FOR THE TEN (10) MONTH JANITORIAL SERVICES CONTRACT FOR THE PCA CENTRAL OFFICE FOR THE PERIOD OF MARCH 1, 2024 TO DECEMBER 31, 2024

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.

#### > IMPLEMENTATION OF INCREASE IN THE MAXIMUM FUND SALARY FOR PAG-IBIG FUND

Pursuant to the Pag-IBIG Circular No. 460, Series of 2024, the contribution rate of all Pag-IBIG Members both mandatory and voluntary shall be as follows, unless otherwise specified:

	Contribution Rate		
Fund Salary	Employee	Employer	
Php1,500 and below	1.0%	2.0%	
Over Php1,500	2.0%	2.0%	

Please note the prospective bidders shall apply the increase in their financial proposal.

MA. CELIA M. RAQUEPO Vice Chairman, Bids and Awards Committee PCA Central Office



Masaganang Agrikultura, Maunlad na Ekonomiya

## **REVISED FORM**

Annex A-2

# Detailed Computation / Cost Computation of the Minimum Monthly Contract Rate per Janitorial Services Personnel

1.1.	No. of days/year	-	315
New D	Daily Wage (DW)	-	
Amou	nt to Janitorial Personnel Ave. Pay/Month (DW x no. of days per yr /12) 13 <sup>th</sup> Month Pay (DW x no. of days per yr/12/12) 5 Days Incentive Pay (DW+COLA x 5/12)	₽ 	₽
Amou	<b>nt to Gov't in Favor of Janitorial Personnel</b> SSS Premium Philhealth Contribution State Insurance Fund Pag-Ibig Fund	₽	₽
	TOTAL AMOUNT TO JANITOR & GOVERNMENT	-	₽
	AGENCY FEE (including cost of supplies, materials & equipment) VALUE ADDED TAX (12%)		
	TOTAL / JANITOR / MONTH	-	₽
AMOUNT for 17 JANITORS / MONTH		₽	
TOTAL AMOUNT for MONTHS			₽

Company

Signature over Name & Designation of Authorized Representative Date