

PROVINCE OF BENGUET La Trinidad **BIDS AND AWARDS COMMITEE**

(INFRASTRUCTURE PROJECTS)

| Project Nur | mber GF 21050 | | | | |
|-------------|--|---|------------------------|--|----------------------|
| | | | | | |
| MEMORAN | IDUM TO: | | | | |
| Mr. / Ms.: | BAC SUPPORT ST | AFF | | | |
| | (Canvasser) | | | | |
| Ple | ease furnish each of the following OPENING/ IMPROVEMENT | dealer/ established of BOCA-EG - 1 | ment a copy of the s | olicitation "bid" tender for LOO, BUGUIAS, BENG | r the project UET |
| for use of | LOO, BUGUIAS, BENGUET | to be opened on | | at 9:00AM ABC: | 1,000,000.00 |
| N | AME OF CONSTRUCTION FIRM | I | ADDRESS | RECEIVED | DATE |
| 1 | | | | NEGEN ES | borz (F too |
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| | | | | ATTY SUNNY G. S BAC - INFRA Chair | |
| | | CERTII | FICATION | | |
| | I/We the undersigned, hereby jopy of the solicitation bid papers fopening of the same. | ointly and several and inform them (| ly certify to have giv | en each of the above co t their quotations before | ntractor/establish- |
| | CANVASSER/S: | | | | |
| | _ | 0' | | To . | |
| | | Signatui | e over printed name | ² /S | |



Republic of the Philippines PROVINCE OF BENGUET La Trinidad BIDS AND AWARDS COMMITTEE

(INFRASTRUCTURE PROJECTS)

| Project Number: | GF 21050 | Source of Fund: | GENERAL FUND CY 2021 |
|--------------------------|---|--------------------------|----------------------|
| Name of the Project: | OPENING/ IMPROVEMENT OF BOCA-EG - TOGTOGYON FMR, LOO, BUGUIAS, BENGUET | No. of Calendar Days: | 41 |
| Location of the Project: | LOO, BUGUIAS, BENGUET | ABC: | 1,000,000.00 |
| | DECLIECT COD | OLIOTATION | |

(SMALL VALUE PROCUREMENT)

BAC-INFRA Chairperson

Sir/Madam:

Please quote your lowest price on the project listed below. Please Submit your Quotation duly signed by you to the Bids and Awards Committee not later than 8:30 AM on July 13, 2021 c/o BAC Support, 2nd Floor, BAC Office, Capitol La Trinidad. To be opened at 9:00am on the same day. Thank you very much.

SUNNY G. SACLA

INSTRUCTIONS:

"PLEASE SEAL YOUR QUOTATIONS"

- 1. All Entries must be typewritten or handwritten (please write legibly & do not use pencil);
- 2. To quote for this Contract, a Contractor must meet the following major criteria: (a) Filipino Citizen or 75% Filipino-owned partnership, corporation, cooperative, or joint venture, with PCAB License applicable to the type and cost of this contract;
- 3. Clustered projects shall be treated as one project. Any adverse findings on any of the clustered projects shall be a ground for disqualification.
 4. All particulars relative to the Evaluation of quatation, Post-Qualification and award of contract shall be governed by the pertinent provision of revised R.A. 9184 and its implementing rules and regulations;
- 5. Documentary requirements to be submitted with this RFQ:
 - a) Detailed Estimates with pertinent supporting documents (e.g. Summary Sheet)
 - b) Mayor's/Business Permit;
 - c) PhilGEPS Registration Number; (Kindly indicate) d) PCAB License;
 - e) Latest Income/Business Tax Returns for ABC above P500,000.00;
 - f) Omnibus Sworn Statement for ABC above P50,000.00; and g) Provincial Permit;
 - in lieu of 'b' and 'c', certified true copy of PhilGEPS Platinum membership may be submitted.
- 6. The only authorized person to secure and drop quotations (RFQs) and documents is the contractor himself/herself or his/her representative through a Special Power of Attorney (SPA), particularly stating therein the title of the project/s which the principal (contractor) is granting authority for his/her agent with the power to secure, drop and sign in behalf of the principal any documents required in the procurement proceedings (R.A. 9184);
- 7. Detailed estimate for all items of work shall be itemized (not lumpsum);
- 8. Detailed Estimates for reinforcing steel bars shall be itemized according to its size;
 9. To submit the following additional documentary requirements within three (3) days from Notice of the BAC:
 - a) Construction Schedule and S-Curve;
 - b) Cash Flow:
 - c) Manpower Utilization Schedule;
 - d) Equipment Utilization Schedule;
 - e) Construction Safety and Health Program;
 - f) Construction Method:
 - g) PERT-CPM;
- 10. All Erasures shall be countersigned;

| NO. | | PROJECT TITLE | QUANTITY | UNIT | UNIT PRICE | TOTAL PRICE |
|-----|--|---|-------------|-------|------------|-------------|
| 1 | OPENING/ IMPROVEMENT OF BOCA-EG - TOGTOGYON FMR, LOO, BUGUIAS, BENGUET SCOPE OF WORK | | | | | |
| | | | | | | |
| | Spl. A | Project Billboard | whole | whole | | |
| | Spl. B | Construction Health and Safety Requierments | whole | whole | | |
| | Spl. C | Mobilization % Demobilization of Equipments | whole | whole | | |
| | 102 | Roadway Excavation (CE) | 2,865.05 | cu.m | | |
| | Spl.D | Haul Out of Excavated Materials | 2,865.05 | cu.m | | |
| | 105 | Subgrade Preparation | 339.00 | sq.m | | |
| | 201 | Aggregate Base Course | 19.49 | cu.m | | |
| | 311 | PCCP (Class "A") | 339.00 | sq.m | | |
| | | MINIMUM EQUIPMENT REQUIRED | IN FIGURES: | | | |
| | 1 | Six Wheeler Truck | | | | |
| | 2 | Dump Truck | | | | |
| | 1 | Cargo Truck | | | | |

| | 1 | 1 Bagger Concrete Mixer | | | |
|--------------|------------|---|---|--|--|
| | 1 | Portable Plate Compactor | | | |
| | 1 | Concrete Saw, Blade 14" dia. (7.5Hp) | | | |
| | 1 | Backhoe w/ Bucket (0.36 cu.m) | | | |
| | 1 Lot | Forms (rental) | | | |
| PID AM | IOUNT IN F | SIGURES. | | | |
| DID AIN | IOONT IN | IGURES. | | | |
| BID AM | IOUNT IN V | NORDS: | | | |
| | | | | | |
| CANVASSER/S: | | | After having carefully read and accepted your general conditions. | | |
| | | CERTIFICATION | I/We quote you on the project noted above. | | |
| | | | | | |
| | - | at I have full knowledge, authority and stributing and/or collecting the Request for | | | |
| | | dance to the guidelines in securing prices for the | Name of Construction Firm(As indicated in PCAB Lisence) & Address | | |
| | | Committee on Infrastructure. | Tallie of constitution i interest in i one Electric, a radices | | |
| | | | No. | | |
| | | | Name of Owner (Signature over printed name) | | |
| DOINT | ED NAME | BAC SUPPORT STAFF | | | |
| PRINT | ED MAME | & SIGNATURE OF AUTHORIZED CANVASSER | Telephone / Celiphone Number | | |
| | | | e-mail Address | | |
| | | | | | |
| | | | Date: | | |

