**Section VII.**

**Bidding Forms**

**TECHNICAL PROPOSAL FORMS**

###### **TPF 1. Technical Proposal Submission Form**

*(Letterhead)*

*[Date]*The Bids and Awards Committee – Consulting Services

Bases Conversion and Development Authority

2/F Bonifacio Technology Center

31st Street corner 2nd Avenue, Bonifacio Global City

Taguig City

Ladies/Gentlemen:

We, the undersigned, offer to provide the consulting services for *[Title of Project]* in accordance with your Bidding Documents dated *[insert date]* and our Bid. We are hereby submitting our Bid, which includes this Technical Proposal, and a Financial Proposal sealed under a separate envelope.

In accordance with **ITB** Clause 21.1, we confirm that the information contained in the eligibility documents submitted earlier together with the Expression of Interest remain correct as of the date of bid submission.

If negotiations are held during the period of bid validity, *i.e.*, before *[insert date],* we undertake to negotiate on the basis of the proposed staff. Our Bid is binding upon us and subject to the modifications resulting from contract negotiations.

In accordance with **GCC** Clause 51, we acknowledge and accept the Procuring Entity’s right to inspect and audit all records relating to our Bid irrespective of whether we enter into a contract with the Procuring Entity as a result of this Bid or not.

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

We acknowledge that failure to sign this Technical Proposal Submission Form and the abovementioned Financial Proposal Submission Form shall be a ground for the rejection of our Bid.

We remain.

Yours sincerely,   
Authorized Signature:

Name and Title of Signatory:  
Name of Firm:

Address:

###### **TPF 2. Consultant’s References**

**Relevant Services Carried Out in the Last Ten Years**

**That Best Illustrate Qualifications**

Using the format below, provide information on each project 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: |
| Location within Country: | | Professional Staff Provided by Your Firm/Entity(profiles): |
| Name of Client: | | No of Staff: |
| Address: | | No of Staff-Months; Duration of Project: |
| Start Date (Month/Year): | Completion Date (Month/Year): | Approx. Value of Services: |
| Name of Associated Consultants, if any: | | No of Months of Professional Staff Provided by Associated Consultants: |
| Name of Senior Staff (Project Director/Coordinator, Team Leader) Involved and Functions Performed: | | |
| Narrative Description of Project: | | |
| Description of Actual Services Provided by Your Staff: | | |

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

[Signature over printed name of Authorized Representative]

[Title]

[Name of Firm]

###### **TPF 3. Comments and Suggestions of Consultant on**

###### **the Terms of Reference**

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

[Signature over printed name of Authorized Representative]

[Title]

[Name of Firm]

###### **TPF 4. Description of the Methodology and Work Plan for Performing the Project**

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

[Signature over printed name of Authorized Representative]

[Title]

[Name of Firm]

|  |  |  |  |
| --- | --- | --- | --- |
| **TPF 5. Team Composition and Task** | | | |
|  |  |  |  |
| **Key Staff** | | | |
|  | **Name** | **Position** | **Task** |
|  |  |  |  |
| 1 |  | Communication Strategist |  |
| 2 |  | Project Director |  |
| 3 |  | Publicity Management Specialist |  |
| 4 |  | Writer |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Where applicable, indicate relationships among the Consultant and any partner and/or subconsultant, the Procuring Entity, the Funding Source and other parties or stakeholders. | | | |
|  | | |  |
|  |  |  |  |
|  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| [Signature over printed name of Authorized Representative] | | |  |
| [Title] | |  |  |
| [Name of Firm] | |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **TPF 6. Format of Curriculum Vitae (CV) for Proposed Professional Staff** Proposed Position:  Name of Firm:  Name of Staff:  Registered Profession:  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Years with Firm: Current Position in the Firm:  **Education**  *[Summarize college/university and other specialized education, giving names of schools, dates attended, and degrees obtained using the matrix below]*   |  |  |  | | --- | --- | --- | | College/University | Degree/Title Obtained | Inclusive Dates | |  |  |  | |  |  |  |   **Trainings/Seminars**  *[Summarize the trainings, seminars and workshops undertaken, including those conducted by the nominated key staff, using the matrix below]*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Title/Description | Conducted by | Inclusive Dates | Venue | Involvement\* | |  |  |  |  |  | |  |  |  |  |  |   \*Such as participant, speaker or trainer  **Projects Undertaken / Major Accounts Handled:** *Provide outline of projects undertaken using the matrix below]*   1. *List all major accounts covering contracts within the period of November 2012 to November 2017.* 2. *Major accounts refer to contracts with the following clients/industries: government, multinational, and/or financial institutions, and doing investment promotions, stakeholder and reputation management, strategic communications solutions, cross-market research and /or business advisory services in the Asia Pacific region.* 3. *Provide the names and address of employing company using the matrix below and continue on separate sheet if necessary.*  |  |  |  |  | | --- | --- | --- | --- | | Title/Description | Client | Position | Completion Date | |  |  |  |  | |  |  |  |  |   **Projects Presently Being Undertaken**  *[Provide outline of on-going projects using the matrix below]*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Title/Description | Client | Position | Start Date | End Date | |  |  |  |  |  | |  |  |  |  |  |   **Memberships in Professional Societies**  *[Give an outline of memberships in professional societies using the matrix below]*   |  |  |  |  | | --- | --- | --- | --- | | Name of Society/Commission | Date of Conferment/ Registration | License/Professional Number | Validity Date | |  |  |  |  | |  |  |  |  |   **Languages**  *[Using the format below, indicate proficiency of languages familiar with proficiency whether excellent, good, fair, or poor in speaking, reading, and writing]*   |  |  |  |  | | --- | --- | --- | --- | | Language | Proficiency | | | | Speaking | Reading | Writing | |  |  |  |  | |  |  |  |  |     **Employment Record:**  *[Starting with present position, list in reverse order every employment held by nominated staff. List all positions since graduation, giving dates, names of employing organizations, titles of positions held, and locations of projects. Indicate relevant work experience of staff in his/her nominated position. For experience in last ten years, also give types of activities performed and client references, where appropriate]*  **Certification:**  I, *[full name of proposed professional staff],* certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.  **Commitment:**  I Further commit that I shall work for the Consulting Services for the Preparation of Site Development Plan and Detailed Architectural and Engineering Design for the Relocation and Functional Replication of Philippine Army’s Structures/Facilities and Utilities as *[nominated position]* of *[name of bidding firm]* once awarded the contract..  Date:  *[Signature over printed name of nominated key staff]*  Date:  *[Signature over printed name of authorized representative of the firm]*  **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. \_\_\_\_\_\_.  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 \_\_\_\_.**  **Important Note:** Provide applicable documents to substantiate professional registration, educational attainment and trainings undertaken. Only those attainments and undertakings with supporting documents will be considered for evaluation. |  |  |
|  |  |  |  |

**TPF 7. Time Schedule for Professional Personnel**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Months (in the Form of a Bar Chart) | | | | | | |
| Name | Position | Reports Due/Activities | 1 | 2 | 3 | 4 | 5 | 6 | Number of Months |
|  |  |  |  |  |  |  |  |  | Subtotal (1) |
|  |  |  |  |  |  |  |  | Subtotal (2) |
|  |  |  |  |  |  |  |  | Subtotal (3) |
|  |  |  |  |  |  |  |  | Subtotal (4) |
|  |  |  |  |  |  |  |  |  |

Full-time: Part-time:

Reports Due:

Activities Duration:

Location Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Authorized representative)

Full Name:

Title:

Address**:**

###### **TPF 8. Activity (Work) Schedule**

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

1. **Activity (Work) Schedule (in Bar Chart)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***[1st, 2nd, etc. are months from the start of project.]*** | | | | | |
| **Activity (Work)** | 1st | 2nd | 3rd | 4th | 5th | 6th |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **B. Completion and Submission of Reports** | |
| **Reports** | **Date** |
|  |  |
|  |  |
|  |  |
|  |  |

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

[Signature over printed name of Authorized Representative]

[Title]

[Name of Firm]

##### Omnibus Sworn Statement

##### 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]*;

1. ***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 bidding for *[Name of the Project]* of the *[Name of the Procuring Entity]*;

*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 bidding 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)]*;

1. *[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;
2. 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;
3. *[Name of Consultant]* is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;
4. ***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;

1. *[Name of Consultant]* complies with existing labor laws and standards; and
2. *[Name of Consultant]* is aware of and has undertaken the following responsibilities as a Bidder:
   1. Carefully examine all of the Bidding Documents;
   2. Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
   3. Made an estimate of the facilities available and needed for the contract to be bid, if any; and
   4. Inquire or secure Supplemental/Bid Bulletin(s) issued for the *[Name of the Project]*.
3. *(Name of Consultant)* 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]*

**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. \_\_\_\_\_\_.

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 \_\_\_\_**

**BID SECURING DECLARATION**

**BID SECURING DECLARATION**

**(REPUBLIC OF THE PHILIPPINES)**

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

**x-------------------------------------------------------x**

**Invitation to Bid** *[Insert reference number]*

To: *[Insert name and address of the Procuring Entity]*

I/We, the undersigned, declare that:

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.

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 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.

I/We understand that this Bid-Securing Declaration shall cease to be valid on the following circumstances:

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

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;

I am/we are declared as the bidder with the Highest Rated 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. \_\_\_\_\_\_.

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 \_\_\_\_**

**FINANCIAL PROPOSAL FORMS**

###### **FPF 1. Financial Proposal Submission Form**

*[Date]*

*[Name and address of the Procuring Entity]*

Ladies/Gentlemen:

We, the undersigned, offer to provide the **Consulting Services for the** **Specialized Communication Program: Strategic Communication and Investor Relations Campaign for Clark** in accordance with your Bidding Documents dated *[insert date]* and our Bid (Technical and Financial Proposals). Our attached Financial Proposal is for the sum of *[amount in words and figures],* inclusive of all applicable taxes and fees.

Our Financial Proposal shall be binding upon us subject to the modifications resulting from Contract negotiations, up to expiration of the bid validity period, *i.e.*, *[Date]*.

In accordance with **GCC** Clause 51, we acknowledge and accept BCDA’s right to inspect and audit all records relating to our Bid irrespective of whether we enter into a contract with BCDA as a result of this Bid.

We confirm that we have read, understood and accept the contents of the Instructions to Bidders (ITB), the Bid Data Sheet (BDS), General Conditions of Contract (GCC), Special Conditions of Contract (SCC), Terms of Reference (TOR), the provisions relating to the eligibility of Consultant and the applicable guidelines for the procurement rules of the Government of the Philippines, any and all Bid bulletins issued and other attachments and inclusions included in the Bidding Documents sent to us.

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:

###### **FPF 2. Summary of Costs**

|  |  |
| --- | --- |
| **Costs** | **Amount in Philippine Peso** |
| Remuneration  Miscellaneous  **Subtotal**  All Applicable Taxes and Fees  **Total Amount of Financial Proposal** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

[Signature over printed name of Authorized Representative]

[Title]

[Name of Firm]

**FPF 3. Breakdown of Price per Activity**

|  |  |
| --- | --- |
| **Activity No.: 1  Activity Name: Formulation of the Program for the Strategic Regional Communication and Investor Relations Campaign for Clark** | **Description:** Formulate and execute a Strategic Regional Communication and Investor Relations Campaign for Clark, approved by BCDA with the provision to revise as the need arises. The **Program** must include the main narrative of Clark and its media profiling strategies and a media engagement plan. The **Program** will be part of an inception report which will be submitted within two weeks upon receipt of Notice to Proceed. |
| **Price Component** | **Amount in Philippine Peso** |
| Remuneration  Miscellaneous Expenses  **Subtotal** |  |

|  |  |
| --- | --- |
| **Activity No.: 2**  **Activity Name: Monitor competition and media exposure** | **Description:** Monitor the regional competition’s media exposure and integrate inputs and feedback to the strategic plan / program. |
| **Price Component** | **Amount in Philippine Peso** |
| Remuneration  Miscellaneous Expenses  **Subtotal** |  |

|  |  |
| --- | --- |
| **Activity No.: 3  Activity Name: Publication of stories in key international media outfits and print publications** | **Description:** Facilitate the publication or production of at least four (4) different stories in key international media publications/networks (print, broadcast, online). |
| **Price Component** | **Amount in Philippine Peso** |
| Remuneration  Miscellaneous Expenses  **Subtotal** |  |

|  |  |
| --- | --- |
| **Activity No. 4  Activity Name: Arrangement of Quad Media Interviews and Guestings** | **Description:** Facilitate quad-media interviews and media guestings for top officials. |
| **Price Component** | **Amount in Philippine Peso** |
| Remuneration  Miscellaneous Expenses  **Subtotal** |  |

|  |  |
| --- | --- |
| **Activity No. 5  Activity Name: Preparation of Press releases & media kits** | Description: Prepare at least four (4) press releases and/or media kits, as necessary |
| **Price Component** | Amount in Philippine Peso |
| **Remuneration**  **Miscellaneous Expenses**  **Subtotal** |  |
|  |  |
| **Activity No. 6  Activity Name: Facilitation of investor relations events** | Description: Arrange, conduct, facilitate and implement at least three (3) media or investor relations events such as, but not limited to, press conferences, briefings, press tours, business conferences and forums. |
| **Price Component** | Amount in Philippine Peso |
| **Remuneration**  **Miscellaneous Expenses**  **Subtotal** |  |
|  |  |
| **Activity No. 7  Activity Name: Facilitation of Meetings with media and other personalities** | Description: Arrange, conduct and facilitate meetings between BCDA, CIAC and CDC officials and editors, reporters, columnists, and television commentators, anchors and other personalities of leading regional publications and networks. |
| **Price Component** | Amount in Philippine Peso |
| **Remuneration**  **Miscellaneous Expenses**  **Subtotal** |  |
|  |  |
| **Activity No. 8  Activity Name: Spokesperson Briefing** | Description: Brief and advice spokespersons on how to deliver key messages and handle the media interviews. |
| **Price Component** | Amount in Philippine Peso |
| **Remuneration**  **Miscellaneous Expenses**  **Subtotal** |  |
|  |  |
| **Activity No. 9  Activity Name: Nomination and Assignment of Key Staff for the Project** | Description: Assign a team to the BCDA account. The communication team shall be composed of a communication strategist, project director, publicity management specialist, and writer. The members of the proposed communication team must have the required years of experience in the Asia Pacific region, relevant to his function in the team. |
| **Price Component** | Amount in Philippine Peso |
| **Remuneration**  **Miscellaneous Expenses**  **Subtotal** |  |
| **Total** |  |
| **Activity No. 10  Activity Name: Monthly Report Preparation and Submission** | Description: Submit a monthly report summarizing all works carried out under the program. |
| **Price Component** | Amount in Philippine Peso |
| **Remuneration**  **Miscellaneous Expenses**  **Subtotal** |  |
| **Total** |  |

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

[Signature over printed name of Authorized Representative]

[Title]

[Name of Firm]

**FPF 4. Breakdown of Remuneration per Activity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity No. 1 Name:** | | | | |
| **Names** | **Position** | **No. of Man-Months** | **Remuneration**  **Rate** | **Amount** |
| Key Personnel  Support Staff  **Subtotal** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity No. 2 Name:** | | | | |
| **Names** | **Position** | **No. of Man-Months** | **Remuneration**  **Rate** | **Amount** |
| Key Personnel  Support Staff  **Subtotal** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity No. 3 Name:** | | | | |
| **Names** | **Position** | **No. of Man-Months** | **Remuneration**  **Rate** | **Amount** |
| Key Personnel  Support Staff  **Subtotal** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity No. 4 Name:** | | | | |
| **Names** | **Position** | **No. of Man-Months** | **Remuneration**  **Rate** | **Amount** |
| Key Personnel  Support Staff  **Subtotal** |  |  |  |  |

|  |  |
| --- | --- |
| **Total** |  |

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

[Signature over printed name of Authorized Representative]

[Title]

[Name of Firm]

###### **FPF 6. Miscellaneous Expenses**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Note: *Description Items that are not applicable should be deleted; others may be added.***  **Activity No. 1 Activity Name:** | | | |  | | |
| **No.** | **Description** | **Unit** | **Quantity** | | **Unit Price** | **Cost** |
| 1  2  3  4  5  6  7 |  |  |  | |  |  |
|  | **Subtotal** |  |  | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Activity No. 2 Activity Name:** | | | |  | | |
| **No.** | **Description** | **Unit** | **Quantity** | | **Unit Price** | **Cost** |
| 1  2  3  4  5  6  7 |  |  |  | |  |  |
|  | **Subtotal** |  |  | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Activity No. 3 Activity Name:** | | | |  | | |
| **No.** | **Description** | **Unit** | **Quantity** | | **Unit Price** | **Cost** |
| 1  2  3  4  5  6  7 |  |  |  | |  |  |
|  | **Subtotal** |  |  | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Activity No. 4 Activity Name:** | | | |  | | |
| **No.** | **Description** | **Unit** | **Quantity** | | **Unit Price** | **Cost** |
| 1  2  3  4  5  6  7 |  |  |  | |  |  |
|  | **Subtotal** |  |  | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **Total** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

[Signature over printed name of Authorized Representative]

[Title]

[Name of Firm]