



Republic of the Philippines  
**OFFICE OF THE OMBUDSMAN**  
**Area Office for Mindanao**  
Earth corner Libra Street, GSIS Heights,  
Matina, Davao City

**REQUEST FOR QUOTATION**

Quotation Number : **RFQ No. 25-BAC-AMP-018 MARCH 2025**  
Date : 11 MARCH 2025

The Office of the Ombudsman, Area Office for Mindanao, through its Bids and Awards Committee (BAC) for Alternative Methods of Procurement (AMP), as duly authorized to conduct Small Value Procurement for **“Twelve (12) months Lease of Photocopier for OMB-MIN Office use”** in accordance with Section 53.9 of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184, hereby invites all interested suppliers/bidders to offer their lowest government price.

Name of Project : “Twelve (12) months Lease of Photocopier for OMB-MIN Office use”  
Total Approved Budget for the Contract (ABC) : ₱ 415,459.80  
Location : Office of the Ombudsman, Area Office for Mindanao  
Earth corner Libra Street, GSIS Heights, Matina, Davao City  
Specifications : See Attached Annex “A”  
Deadline of submission : **24 March 2025, 5:00 P.M.**  
Delivery period : Within fifteen (15) working days  
from receipt of the Purchase Order (PO)

Interested bidders/suppliers are required to submit their **duly accomplished Price Quotation Form (PQF) (Annex A) and documentary requirements (enumerated below)** on or before the deadline of submission at the Office of the Ombudsman, Area Office for Mindanao, Earth corner Libra Street, GSIS Heights, Matina, Davao City. Bidders/suppliers have the option to submit open or sealed quotations in the address given above. Open quotations may be submitted thru email at [minbac2@ombudsman.gov.ph](mailto:minbac2@ombudsman.gov.ph)

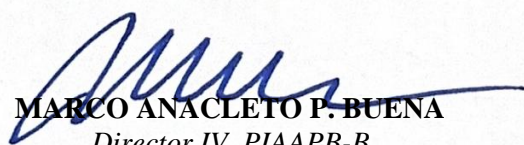
**Bidders/suppliers shall submit the following documentary requirements together with their PQF:**

**For ABCs Above ₱50,000.00  
to ₱500,000.00**

- 1) Valid and Current Mayor’s / Business Permit 2025
- 2) PhilGEPS Registration
- 3) Notarized Omnibus Sworn Statement (OSS) (Annex C1/C2/C3)<sup>1</sup>
  - If *Sole Proprietorship*: must be signed by the owner/sole proprietor  
If representative: must be with Notarized Authorization or Special Power of Attorney (Annex D)
  - If *Corporation/Partnership/Joint Venture/Cooperative*: must be signed by representative named in the Notarized Secretary’s Certificate (Annex E)
- 4) Notarized Authorization / SPA if the PQF is signed by the representative of the Sole Proprietor (Annex D) *or*  
Notarized Secretary’s Certificate if the PQF is signed by the Corporation/Partnership/Joint Venture/Cooperative’s representative (Annex E)

Award of contract shall be made to the lowest calculated and responsive bidder/supplier which complies with the minimum technical specifications (Annex A) and General Terms and Conditions (Annex B).

For further inquiries you may email us at [minbac2@ombudsman.gov.ph](mailto:minbac2@ombudsman.gov.ph) or you may call through landline numbers (082) 221 3431 or (082) 333 2239.

  
**MARCO ANACLETO P. BUENA**  
Director IV, PIAAPB-B  
Chairperson, BAC – AMP

<sup>1</sup> Bidder/supplier’s OSS shall be valid for six (6) months and may be used for other quotations in the BAC for AMP, unless an updated OSS is required. (Reference: GPPB Resolution No. 21-2017)

**ANNEX A  
PRICE QUOTATION FORM**

**MARCO ANACLETO P. BUENA**  
Chairperson, Bids and Awards Committee  
for Alternative Methods of Procurement  
Office of the Ombudsman, Area Office for Mindanao  
Matina, Davao City

|                       |                                   |
|-----------------------|-----------------------------------|
| Quotation No.         | RFQ No. 25-BAC-AMP-018 MARCH 2025 |
| PR No.                | 2025-03-025 dated 3 March 2025    |
| APP/SPPMP Code        | 2025-RNT-0002                     |
| Canvass No.           | 1 <sup>st</sup> Canvass           |
| Date:                 | 11 March 2025                     |
| Mode of Procurement:  | Sec. 53.9 (SVP)                   |
| Authority/Reso. No.:  | 20, s. 2025                       |
| Authority/Reso. Date: | 04 March 2025                     |

Thru: BAC AMP Secretariat

Dear Sir:

After having carefully read and accepted the Terms and Conditions of this PQF and followed the Instructions to Bidders/Suppliers specified in Annex B, hereunder is our quotation/s for the item/s as follows:

| Item No.                                | Total ABC<br>(PhP)              | Qty. | Unit                            | OMBUDSMAN SPECIFICATIONS  | Bidder's offer<br>(Tech. spec. if applicable) | Unit Price<br>(inclusive of taxes) | Total Price |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
|---|---------------------------------|------|---------------------------------|---|---|------------------------------------|-------------|---------------------------------|-----|---|---|---------------------------------|--------|---|---|---------------------------------|-----|---|---|---------------------------------|----------|---|---|---------------------------------|----------|---|---|---------------------------------|----------|---|---|---------------------------------|-------|---|---|---------------------------------|-------------------|---|---|---------------------------------|--|--|----|--|---|---------------------------------|--------------------------|---------------------------------|--------------------|---------------------------------|------------------------------|---------------------------------|-----------------------------------|---------------------------------|---|---------------------------------|---------------------|---------------------------------|-------------------------------|---------------------------------|-----------------------|---------------------------------|--|---------------------------------|--|--|--|
|   | 415,459.80                      | 1    | lot                             | <p><b>Twelve (12) months Lease of Photocopier for OMB-MIN Office use to be assigned to the following bureaus/offices:</b></p> <table border="1"> <tr> <td>DO'S OFFICE</td> <td>-</td> <td>1</td> <td><input type="checkbox"/> COMPLY</td> </tr> <tr> <td>FAB</td> <td>-</td> <td>2</td> <td><input type="checkbox"/> COMPLY</td> </tr> <tr> <td>CREMEB</td> <td>-</td> <td>2</td> <td><input type="checkbox"/> COMPLY</td> </tr> <tr> <td>FIB</td> <td>-</td> <td>1</td> <td><input type="checkbox"/> COMPLY</td> </tr> <tr> <td>PIAAPB-A</td> <td>-</td> <td>1</td> <td><input type="checkbox"/> COMPLY</td> </tr> <tr> <td>PIAAPB-B</td> <td>-</td> <td>1</td> <td><input type="checkbox"/> COMPLY</td> </tr> <tr> <td>PIAAPB-D</td> <td>-</td> <td>3</td> <td><input type="checkbox"/> COMPLY</td> </tr> <tr> <td>PACPB</td> <td>-</td> <td>1</td> <td><input type="checkbox"/> COMPLY</td> </tr> <tr> <td>CLEARANCE SECTION</td> <td>-</td> <td>1</td> <td><input type="checkbox"/> COMPLY</td> </tr> <tr> <td colspan="2"></td> <td>13</td> <td></td> </tr> </table> <p>*Lease charges shall be based on the number of copies reproduced per month at an estimated volume of 76,937 copies per month</p> <p><b>(923,244 copies/year x .45 cents/copy)</b></p> <p><input type="checkbox"/> COMPLY</p> <p><input type="checkbox"/> COMPLY</p> <p><b>Minimum Machine/ Equipment Requirements:</b></p> <table border="1"> <tr> <td>- Up to Forty Two (42) pages per minute</td> <td><input type="checkbox"/> COMPLY</td> </tr> <tr> <td>- Copier/Printer/Scanner</td> <td><input type="checkbox"/> COMPLY</td> </tr> <tr> <td>- Colored Scanning</td> <td><input type="checkbox"/> COMPLY</td> </tr> <tr> <td>- Automatic 2-Sided Printing</td> <td><input type="checkbox"/> COMPLY</td> </tr> <tr> <td>- Automatic Document Feeder (ADF)</td> <td><input type="checkbox"/> COMPLY</td> </tr> <tr> <td>- Up to 1800 x 600 dpi Print Resolution</td> <td><input type="checkbox"/> COMPLY</td> </tr> <tr> <td>- Automatic Sorting</td> <td><input type="checkbox"/> COMPLY</td> </tr> <tr> <td>- Enlarger &amp; Reducer Capacity</td> <td><input type="checkbox"/> COMPLY</td> </tr> <tr> <td>- Up to A3 Paper Size</td> <td><input type="checkbox"/> COMPLY</td> </tr> <tr> <td>- 1 to 199 Copies (Continuous Copying)</td> <td><input type="checkbox"/> COMPLY</td> </tr> </table> | DO'S OFFICE                                   | -                                  | 1           | <input type="checkbox"/> COMPLY | FAB | - | 2 | <input type="checkbox"/> COMPLY | CREMEB | - | 2 | <input type="checkbox"/> COMPLY | FIB | - | 1 | <input type="checkbox"/> COMPLY | PIAAPB-A | - | 1 | <input type="checkbox"/> COMPLY | PIAAPB-B | - | 1 | <input type="checkbox"/> COMPLY | PIAAPB-D | - | 3 | <input type="checkbox"/> COMPLY | PACPB | - | 1 | <input type="checkbox"/> COMPLY | CLEARANCE SECTION | - | 1 | <input type="checkbox"/> COMPLY |  |  | 13 |  | - Up to Forty Two (42) pages per minute | <input type="checkbox"/> COMPLY | - Copier/Printer/Scanner | <input type="checkbox"/> COMPLY | - Colored Scanning | <input type="checkbox"/> COMPLY | - Automatic 2-Sided Printing | <input type="checkbox"/> COMPLY | - Automatic Document Feeder (ADF) | <input type="checkbox"/> COMPLY | - Up to 1800 x 600 dpi Print Resolution | <input type="checkbox"/> COMPLY | - Automatic Sorting | <input type="checkbox"/> COMPLY | - Enlarger & Reducer Capacity | <input type="checkbox"/> COMPLY | - Up to A3 Paper Size | <input type="checkbox"/> COMPLY | - 1 to 199 Copies (Continuous Copying) | <input type="checkbox"/> COMPLY |  |  |  |
| DO'S OFFICE                             | -                               | 1    | <input type="checkbox"/> COMPLY |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
| FAB                                     | -                               | 2    | <input type="checkbox"/> COMPLY |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
| CREMEB                                  | -                               | 2    | <input type="checkbox"/> COMPLY |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
| FIB                                     | -                               | 1    | <input type="checkbox"/> COMPLY |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
| PIAAPB-A                                | -                               | 1    | <input type="checkbox"/> COMPLY |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
| PIAAPB-B                                | -                               | 1    | <input type="checkbox"/> COMPLY |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
| PIAAPB-D                                | -                               | 3    | <input type="checkbox"/> COMPLY |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
| PACPB                                   | -                               | 1    | <input type="checkbox"/> COMPLY |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
| CLEARANCE SECTION                       | -                               | 1    | <input type="checkbox"/> COMPLY |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
|   |                                 | 13   |                                 |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
| - Up to Forty Two (42) pages per minute | <input type="checkbox"/> COMPLY |      |                                 |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
| - Copier/Printer/Scanner                | <input type="checkbox"/> COMPLY |      |                                 |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
| - Colored Scanning                      | <input type="checkbox"/> COMPLY |      |                                 |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
| - Automatic 2-Sided Printing            | <input type="checkbox"/> COMPLY |      |                                 |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
| - Automatic Document Feeder (ADF)       | <input type="checkbox"/> COMPLY |      |                                 |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
| - Up to 1800 x 600 dpi Print Resolution | <input type="checkbox"/> COMPLY |      |                                 |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
| - Automatic Sorting                     | <input type="checkbox"/> COMPLY |      |                                 |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
| - Enlarger & Reducer Capacity           | <input type="checkbox"/> COMPLY |      |                                 |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
| - Up to A3 Paper Size                   | <input type="checkbox"/> COMPLY |      |                                 |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |
| - 1 to 199 Copies (Continuous Copying)  | <input type="checkbox"/> COMPLY |      |                                 |   |   |                                    |             |                                 |     |   |   |                                 |        |   |   |                                 |     |   |   |                                 |          |   |   |                                 |          |   |   |                                 |          |   |   |                                 |       |   |   |                                 |                   |   |   |                                 |  |  |    |  |   |                                 |                          |                                 |                    |                                 |                              |                                 |                                   |                                 |   |                                 |                     |                                 |                               |                                 |                       |                                 |  |                                 |  |  |  |

|                    |  |  |  |                                 |  |
|--------------------|--|--|--|---------------------------------|--|
|                    |  |  | <i>Paper Sizes:</i><br><input type="checkbox"/> COMPLY   |                                 |  |
|                    |  |  | - A3 (Tabloid/Ledger)  | <input type="checkbox"/> COMPLY |  |
|                    |  |  | - A4 (Letter/Legal)  | <input type="checkbox"/> COMPLY |  |
|                    |  |  | - Paper Input Capacity at least 1,150/3,650 sheets   | <input type="checkbox"/> COMPLY |  |
|                    |  |  | <b><i>-NF-</i></b>   |                                 |  |
|                    |  |  | <i>Purpose: For twelve (12) months Lease of Photocopier for OMB-MIN Office use. Current Contract will end on April 30, 2025.</i> |                                 |  |
| <b>GRAND TOTAL</b> |  |  |  |                                 |  |

\_\_\_\_\_  
 Name of Authorized Representative

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Bidder/Supplier's Information**

|                            |   |  |
|----------------------------|---|--|
| Bidder/Supplier's Name     | : |  |
| Address                    | : |  |
| Tel./Cellphone No.         | : |  |
| Email Address              | : |  |
| PhilGEPS Reg'n Cert. No.   | : |  |
| PhilGEPS Reg'n valid until | : |  |

## ANNEX B

### INSTRUCTIONS TO BIDDERS/SUPPLIERS

1. Completely fill out the Price Quotation Form (Annex A), technical specification (if applicable), unit / total price, and Supplier/Bidder's information. Do not forget to sign the Price Quotation Form.
2. Download this Form from the PhilGEPS website before the closing date for inclusion in the PhilGEPS Document Request List (DRL).

### GENERAL TERMS AND CONDITIONS

1. **BID/PRICE QUOTATION VALIDITY.** Bids/Price Quotations should be valid for **sixty (60)** calendar days counted from the deadline of submission of bids/price quotations;
2. **SAME PRICE QUOTATION:** If two (2) or more suppliers submit the same price quotation and have been post-qualified as the suppliers with the Lowest Calculated Responsive Quotations, the Office of the Ombudsman shall adopt and employ "draw lots/toss coin" as the tie breaking method to finally determine the single winning bidder. (GPPB Circular No. 06-2005)
3. **PRICE ESCALATION.** All bid prices/price quotations for the goods or services in the contract as awarded shall be considered as fixed prices, and therefore not subject to price escalation during contract implementation.
4. **ALTERNATIVE BIDS.** Alternative Bids/Price Quotations shall be rejected. For this purpose, alternative bid/price quotation is an offer made by a Bidder/Supplier in addition or as a substitute to its original bid/price quotation which may be included as part of its original bid/price quotations or submitted separately therewith for purposes of bidding.
5. **TAXES.** The total price quoted is subject to withholding tax and payable by check.
6. **DELIVERY PERIOD.** Within fifteen (15) working days from receipt of the Purchase Order (PO).
7. **INCIDENTAL CHARGES AND SERVICES.** The cost of transportation, insurance, and other costs incidental to delivery of the Goods shall be included in the price quoted per item by the Bidder/Supplier. An additional or separate delivery charge in the bid/price quotation shall be treated as non-responsive and shall be rejected.
8. **TERM OF PAYMENT.** Payment shall be CHARGED ACCOUNT, unless specified. Cash on Delivery (COD) shall not be allowed, unless accepted during bid/price quotation evaluation.
9. **RETENTION MONEY.** The obligation for the warranty shall be covered by either retention money in an amount equivalent to at least one percent (1%) of every progress payment, or a special bank guarantee equivalent to at least one percent (1%) but not to exceed five (5%) of the total contract price. The said amounts shall only be released after the lapse of the warranty period or, in the case of Expendable Supplies, after consumption thereof; Provided, however, That the supplies delivered are free from patent and latent defects and all the conditions imposed under the contract have been fully met;(GPPB Resolution No. 30-2017 dated 30 May 2017)
10. **LIQUIDATED DAMAGES.** No payment shall be made until full delivery of item/s is/are completed. Delay in the delivery shall be subject to liquidated damages by way of penalty at 1/10 of 1% of each day of delay.
11. **ALTERATION OF TECHNICAL SPECIFICATIONS AND TERMS AND CONDITIONS.** Altering and/or amending the technical specifications and Terms and Condition(s) may be considered non-responsive / non-compliant.

ANNEX C1

OSS Form A  
**Omnibus Sworn Statement for SOLE PROPRIETORSHIP (Revised) (NOTARIZED)**  
**Alternative Methods of Procurement – Negotiated Procurement (Small Value Procurement)**

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. I am the Sole Proprietor/Authorized Representative of \_\_\_\_\_ [Name of Bidder] with  
 office address at \_\_\_\_\_ [address of Bidder];
2. As the Owner and Sole Proprietor/Authorized Representative of \_\_\_\_\_ [Name of Bidder],  
 I have full power and authority to do, execute, and perform any and all acts necessary to represent it in the bidding at the **OFFICE OF  
 THE OMBUDSMAN, AREA OFFICE FOR MINDANAO**;
3. \_\_\_\_\_ [Name of Bidder] 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, **by  
 itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as  
 defined and provided for in the Uniform Guidelines on Blacklisting**;
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 Bidder] is authorizing the Head of the Procuring Entity or its duly  
 authorized representative(s) to verify all the documents submitted;
6. The Owner or Sole Proprietor is not related to the Head of the Procuring Entity, **PROCUREMENT AGENT IF ENGAGED**, members  
 of the Bids and Awards Committee (BAC) for Alternative Methods of Procurement (AMP), the Technical Working Group, and the  
 BAC AMP 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;
7. \_\_\_\_\_ [Name of Bidder] complies with existing labor laws and standards;
8. \_\_\_\_\_ [Name of Bidder] is aware of and has undertaken the following  
 responsibilities as a Bidder:
  - a) Carefully examine all of the Bidding Documents;
  - b) Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
  - c) Made an estimate of the facilities available and needed for the contract to be bid, if any; and
  - d) Inquire or secure Supplemental/Bid Bulletin(s) issued; and
9. \_\_\_\_\_ [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.
- 10) **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 \_\_, 20\_\_ at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
 [Bidder’s Representative/Authorized Signatory]

SUBSCRIBED and sworn to before me, in the city/municipality of \_\_\_\_\_, this \_\_\_\_\_. Affiant exhibited to me his/her  
 \_\_\_\_\_ as competent evidence of identity.

Doc. No. \_\_\_\_;  
 Page No. \_\_\_\_;  
 Book \_\_\_\_;  
 Series of \_\_\_\_.

ANNEX C2

OSS Form B

Omnibus Sworn Statement for PARTNERSHIP OR COOPERATIVE (NOTARIZED)  
Alternative Methods of Procurement – Negotiated Procurement (Small Value Procurement)

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. I am the duly authorized and designated representative of \_\_\_\_\_ [Name of Bidder] with office  
address at \_\_\_\_\_ [address of Bidder];
2. 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 at the **OFFICE OF THE OMBUDSMAN, AREA  
OFFICE FOR MINDANAO** 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 Bidder] 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, **by  
itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as  
defined and provided for in the Uniform Guidelines on Blacklisting**;
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 Bidder] is authorizing the Head of the Procuring Entity or its duly  
authorized representative(s) to verify all the documents submitted;
6. None of the officers and members of \_\_\_\_\_ [Name of Bidder] is related to the  
Head of the Procuring Entity, **PROCUREMENT AGENT IF ENGAGED**, 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;
7. \_\_\_\_\_ [Name of Bidder] complies with existing labor laws and standards;
8. \_\_\_\_\_ [Name of Bidder] is aware of and has undertaken the following  
responsibilities as a Bidder:
  - a) Carefully examine all of the Bidding Documents;
  - b) Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
  - c) Made an estimate of the facilities available and needed for the contract to be bid, if any; and
  - d) Inquire or secure Supplemental/Bid Bulletin(s) issued; and
9. \_\_\_\_\_ [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.
10. **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 \_\_\_, 20\_\_ at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
[Bidder's Representative/Authorized Signatory]

SUBSCRIBED and sworn to before me, in the city/municipality of \_\_\_\_\_, this \_\_\_\_\_. Affiant exhibited to me his/her  
\_\_\_\_\_ as competent evidence of identity.

Doc. No. \_\_\_\_;  
Page No. \_\_\_\_;  
Book \_\_\_\_;  
Series of \_\_\_\_.

ANNEX C3

OSS Form C

Omnibus Sworn Statement for CORPORATION OR JOINT VENTURE (Revised) (NOTARIZED)  
Alternative Methods of Procurement – Negotiated Procurement (Small Value Procurement)

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. I am the duly authorized and designated representative of \_\_\_\_\_ [Name of Bidder], with office address at \_\_\_\_\_ [address of Bidder];
2. 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] at the **OFFICE OF THE OMBUDSMAN, AREA OFFICE FOR MINDANAO** 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 Bidder] 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, **by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;**
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 Bidder] is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;
6. None of the officers, directors, and controlling stockholders of \_\_\_\_\_ [Name of Bidder] is related to the Head of the Procuring Entity, **PROCUREMENT AGENT IF ENGAGED**, 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;
7. \_\_\_\_\_ [Name of Bidder] complies with existing labor laws and standards;
8. \_\_\_\_\_ [Name of Bidder] is aware of and has undertaken the following responsibilities as a Bidder:
  - a) Carefully examine all of the Bidding Documents;
  - b) Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
  - c) Made an estimate of the facilities available and needed for the contract to be bid, if any; and
  - d) Inquire or secure Supplemental/Bid Bulletin(s) issued; and
9. \_\_\_\_\_ [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.
10. **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 \_\_\_, 20\_\_ at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
[Bidder’s Representative/Authorized Signatory]

SUBSCRIBED and sworn to before me, in the city/municipality of \_\_\_\_\_, this \_\_\_\_\_. Affiant exhibited to me his/her \_\_\_\_\_ as competent evidence of identity.

Doc. No. \_\_\_\_;  
Page No. \_\_\_\_;  
Book \_\_\_\_;  
Series of \_\_\_\_.

**ANNEX D**

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Office of the Ombudsman  
(For Single Proprietorship only)  
**Authority of Signatory**

**AUTHORIZATION LETTER**

I, \_\_\_\_\_, Owner/Proprietor of \_\_\_\_\_ *[company name]*, a single proprietorship registered under the laws of \_\_\_\_\_, with its registered office at \_\_\_\_\_ *[address of bidder]*, has made, constituted and appointed \_\_\_\_\_ *[authorized representative]* as true and lawful attorney, for it and its name, place and stead, to do, execute and perform any and all acts necessary, participate and/or represent \_\_\_\_\_ *[company name]* in the bidding (under alternative mode of procurement) at the **OFFICE OF THE OMBUDSMAN, AREA OFFICE FOR MINDANAO** as fully and effectively as owner/proprietor might do if personally present with full power of substitution and revocation and hereby confirming all that said representative shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_ day of \_\_\_\_\_, 202\_\_, at \_\_\_\_\_.

\_\_\_\_\_  
Affiant



ANNEX E

Office of the Ombudsman
(For Corporation/Partnership/Joint Venture)
Authority of Signatory

SECRETARY'S CERTIFICATE

I, \_\_\_\_\_, a duly elected and qualified Corporate Secretary of \_\_\_\_\_
[company name], a corporation duly organized and existing under and by virtue of the
law of the \_\_\_\_\_ DO HEREBY CERTIFY, that:

I am familiar with the facts herein certified and duly authorized to certify the same;

At the regular meeting of the Board of Directors of the said Corporation duly convened and held on
\_\_\_\_\_ at which meeting a quorum was present and acting throughout, the following resolutions were
approved, and the same have not been annulled, revoked and amended in any way whatever and are in full force and effect
on the date hereof:

RESOLVED, that \_\_\_\_\_ [authorized representative] be, as it hereby is, authorized to
participate in the bidding (under alternative mode of procurement) at the OFFICE OF THE OMBUDSMAN, AREA
OFFICE FOR MINDANAO; that if awarded the project shall enter into contract with the OFFICE OF THE
OMBUDSMAN, AREA OFFICE FOR MINDANAO; and is granted full power and authority to do, execute and perform
any and all acts necessary and/or to represent \_\_\_\_\_ [company name] in the bidding.

WITNESS the signature of the undersigned as such officer of the said
\_\_\_\_\_ this \_\_\_\_\_.

(Corporate Secretary)

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF \_\_\_\_\_) SS.

ACKNOWLEDGMENT

BEFORE ME, a Notary Public for and in the (Province/City/Municipality) of \_\_\_\_\_, personally appeared
\_\_\_\_\_ with \_\_\_\_\_ No. \_\_\_\_\_ issued on \_\_\_\_\_, known to me and to me known to be
the same persons who executed the foregoing instrument which he/she acknowledged to me to be his/her free and voluntary
act and deed, consisting of only \_\_\_\_\_ () page/s, including this page in which this Acknowledgement is written, duly signed
by him/her and his/her instrumental witnesses on each and every page hereof.

WITNESS MY HAND AND SEAL this \_\_\_\_\_ at \_\_\_\_\_, Philippines.

Doc. No. \_\_\_\_\_
Page No. \_\_\_\_\_
Book No. \_\_\_\_\_
Series of \_\_\_\_\_.