### TPF 1. TECHNICAL PROPOSAL SUBMISSION FORM

[Date]

[Name and address of the Procuring Entity]

### 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 Five 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:         | Viewbye                           | Professional Staff Provided by Your                                       |
| Location within Country.         |                                   | Firm/Entity(profiles):  |
| Name of Client:                  |                                   | № of Staff:   |
| Address:                         |                                   | Nº of Staff-Months; Duration of Project:                                  |
| Start Date (Month/Year):         | Completion Date (Month/Year):     | Approx. Value of Services (in Current US\$):                              |
| Name of Associated Consultants   | , if any:                         | Nº of Months of Professional Staff<br>Provided by Associated Consultants: |
| Name of Senior Staff (Project D  | irector/Coordinator, Team Leader) | Involved and Functions Performed:   |
| Narrative Description of Project |                                   |   |
| Description of Actual Services F | Provided by Your Staff:           |   |
|                                  |                                   |   |

Consultant's Name:

# TPF 3. COMMENTS AND SUGGESTIONS OF CONSULTANT ON THE TERMS OF REFERENCE AND ON DATA, SERVICES, AND FACILITIES TO BE PROVIDED BY THE PROCURING ENTITY

| On the Terms of Reference:  |
|---|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| On the data requires and facilities to be apprieded by the Danageing Entity:  |
| On the data, services, and facilities to be provided by the Procuring Entity: |
| 1.  |
|   |
| 1.  |
| 1.<br>2.  |
| <ol> <li>2.</li> <li>3.</li> </ol>  |

# TPF 4. DESCRIPTION OF THE METHODOLOGY AND WORK PLAN FOR PERFORMING THE PROJECT

# TPF 5. TEAM COMPOSITION AND TASK

| 1. Technical/Managerial Staff  |          |      |
|--|----------|------|
| Name   | Position | Task |
|  |          |      |
| the state of the s |          |      |
|  |          |      |
|  |          |      |
|  |          |      |

| Support Staff |          |      |
|---------------|----------|------|
| Name          | Position | Task |
|               |          |      |
|               |          |      |
|               |          |      |
|               |          |      |
|               |          |      |

3 Where applicable, indicate relationships among the Consultant and any partner and/or subconsultant, the Procuring Entity, the Funding Source and other parties or stakeholders.

# TPF 6. FORMAT OF CURRICULUM VITAE (CV) FOR PROPOSED PROFESSIONAL STAFF

| Proposed Position:   |
|--|
| Name of Firm:  |
| Name of Staff:   |
| Profession:  |
| Date of Birth:   |
| Years with Firm/Entity:Nationality:  |
| Membership in Professional Societies:  |
| Detailed Tasks Assigned:   |
| Key Qualifications:  |
| [Give an outline of staff member's experience and training most pertinent to tasks on project. Describe degree of responsibility held by staff member on relevant previous projects and give dates and locations. Use about half a page.]  |
| Education:   |
| [Summarize college/university and other specialized education of staff members, giving names of schools, dates attended, and degrees obtained. Use about one quarter of a page.]   |
| Employment Record:   |
| [Starting with present position, list in reverse order every employment held. List all positions held by staff member since graduation, giving dates, names of employing organizations, titles of positions held, and locations of projects. For experience in last ten years, also give types of activities performed and client references, where appropriate. Use about two pages.] |
|  |

| Languages:   |
|--|
| [For each language, indicate proficiency: excellent, good, fair, or poor in speaking, reading, and writing.]   |
| Certification:   |
| I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.   |
| Commitment:  |
| I also commit to work for the Project in accordance with the time schedule as indicated in the contract once the firm is awarded the Project.  |
| Date:  |
| [Signature of staff member and authorized representative of the firm] Day/Month/Year   |
| Full name of staff member:  Full name of authorized representative:  |
| <b>SUBSCRIBED AND SWORN</b> 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  |

TPF 7. TIME SCHEDULE FOR PROFESSIONAL PERSONNEL

| La contraction of the contractio |          |                             |         |       |       |      |    | 2 | font | hs (ir | the 1 | Forn | ι of ε | Months (in the Form of a Bar Chart) |
|--|----------|-----------------------------|---------|-------|-------|------|----|---|------|--------|-------|------|--------|-------------------------------------|
| Name   | Position | Reports Due/Activities      |         | 2 3   | 4     | S    | 9  | 7 | ∞    | 6      | 10    | П    | 12     | Number of Months                    |
| 0.00   |          |                             |         |       |       |      |    |   |      |        |       |      |        | Subtotal (1)                        |
|  |          | 800000                      |         | nu -  | -     | - 10 |    |   |      |        |       |      |        |                                     |
|  |          | Lissani                     | 7800    |       |       |      |    |   |      |        |       |      | ***    | Subtotal (2)                        |
|  |          |                             | ******* |       |       |      |    |   |      |        |       |      |        |                                     |
|  |          |                             |         |       |       |      |    |   |      |        |       |      |        | Subtotal (3)                        |
|  |          |                             |         | 00000 |       |      |    |   |      |        |       |      |        |                                     |
|  |          |                             |         |       | -     |      |    |   |      |        |       |      |        | Subtotal (4)                        |
|  |          |                             |         | - 500 |       |      |    |   |      |        |       | •    |        |                                     |
|  |          |                             |         | -     |       | -    |    |   |      |        |       |      |        |                                     |
| 'ull-time:   |          | Part-time:                  |         |       |       | 1    |    |   |      |        |       |      |        |                                     |
| eports Due:  |          |                             |         |       |       |      |    |   |      |        |       |      |        |                                     |
| Activities Duration:<br>Location   |          | Signature:                  |         |       |       |      |    |   |      |        |       |      |        |                                     |
|  |          | (Authorized representative) | d repre | sent  | ative | (    |    |   |      |        |       |      |        |                                     |
|  |          |                             |         |       |       |      |    |   |      |        |       |      |        |                                     |
|  |          | Full Name:                  |         |       |       |      |    |   |      | 1      |       |      |        |                                     |
|  |          | A ddragg                    |         |       |       |      | 8) |   |      | į.     |       |      |        |                                     |
|  |          | Address:                    |         |       |       |      |    |   |      | 1      |       |      |        |                                     |

# TPF 8. ACTIVITY (WORK) SCHEDULE

# A. Field Investigation and Study Items

|   |     |     | [1: | st, 2nd, | etc. a | re mon | ths fro | m the | start oj | <sup>f</sup> projec | :t.] |      |   |
|---|-----|-----|-----|----------|--------|--------|---------|-------|----------|---------------------|------|------|---|
| AND THE STREET, ST.   | 1st | 2nd | 3rd | 4th      | 5th    | 6th    | 7th     | 8th   | 9th      | 10th                | 11th | 12th | W |
| Activity (Work)   |     |     |     |          |        |        |         |       |          |                     |      |      |   |
|   |     |     |     |          |        |        |         |       |          |                     |      |      |   |
| O PORTONIA  |     |     |     |          |        |        |         |       |          |                     |      |      |   |
| THE POLICE OF THE PARTY OF THE |     |     |     |          |        |        |         |       |          |                     |      |      |   |

# **B.** Completion and Submission of Reports

| Repo | rts  | Date |
|------|--|------|
| 1,   | Inception Report   |      |
| 2.   | Interim Progress Report (a) First Status Report (b) Second Status Report |      |
| 3.   | Draft Report   |      |
| 4.   | Final Report   |      |

### 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 [Title of Project] 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]. This amount is exclusive of the local taxes, which we have estimated at [amount(s) in words and figures].

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 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.

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 Funding Source, 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:

| Costs                              | Currency(ies) <sup>1</sup> | Amount in Philippine Peso |
|------------------------------------|----------------------------|---------------------------|
|                                    |                            |                           |
| Subtotal                           |                            |                           |
| Local Taxes                        |                            |                           |
| Total Amount of Financial Proposal |                            |                           |

In cases of contracts involving foreign consultants, indicate the exchange rate used.

FPF 3. BREAKDOWN OF PRICE PER ACTIVITY

| Activity No.:          | Activity No.:              | Description:              |
|------------------------|----------------------------|---------------------------|
| Price Component        | Currency(ies) <sup>2</sup> | Amount in Philippine Peso |
| Remuneration           |                            |                           |
| Reimbursables          |                            |                           |
| Miscellaneous Expenses |                            |                           |
| Subtotal               |                            |                           |

2 In cases of contracts involving foreign consultants, indicate the exchange rate used.

FPF 4. BREAKDOWN OF REMUNERATION PER ACTIVITY

| Activity No.  |          | Name:              |  |  |
|---------------|----------|--------------------|--|--|
| Names         | Position | Input <sup>3</sup> | Remuneration<br>Currency(ies) Rate   | Amount   |
| Regular staff |          |                    |  |  |
| Local staff   |          |                    |  |  |
| Consultants   |          |                    |  |  |
| Grand Total   |          |                    |  |  |
|               |          |                    | The state of the s | The state of the s |

<sup>3</sup> Staff months, days, or hours as appropriate.

# FPF 5. REIMBURSABLES PER ACTIVITY

| Activity No: | 0:  |              |      |            | Name:                  |                 |
|--------------|---|--------------|------|------------|------------------------|-----------------|
| No.          | Description                                       |              | Unit | Quantity   | Unit Price In          | Total Amount In |
| <b>.</b>     | International                                     | flights Trip | Trip |            |                        |                 |
| 2.           | Miscellaneous travel expenses                     |              | Trip |            | Oliko — sir to — silvo |                 |
| 3.           | Subsistence allowance                             |              | Day  |            |                        |                 |
| 4            | Local transportation costs <sup>4</sup>           |              |      |            |                        |                 |
| 5.           | Office rent/accommodation/<br>clerical assistance |              |      | X245737711 |                        |                 |
|              | Grand Total                                       |              |      |            |                        |                 |

<sup>4</sup> Local transportation costs are not included if local transportation is being made available by the Entity. Similarly, in the project site, office rent/accommodations/elerical assistance costs are not to be included if being made available by the Entity.

# FPF 6. MISCELLANEOUS EXPENSES

| Activi   | ty No                                | Activity | Name:    | /          |                 |
|--|--------------------------------------|----------|----------|------------|-----------------|
| No.  | Description                          | Unit     | Quantity | Unit Price | Total<br>Amount |
| 1.   | Communication costs between and      |          |          |            |                 |
| The state of the s | (telephone, telegram, telex)         |          |          |            |                 |
| 2.   | Drafting, reproduction of reports    |          |          |            |                 |
| 3,   | Equipment: vehicles, computers, etc. |          |          |            |                 |
| 4.   | Software                             |          |          |            |                 |
|  | Grand Total                          | 6        |          |            |                 |