

## **XI. SUBMISSION OF PROPOSALS**

Interested Consultant must secure Bidding Documents and submit proposals to the PSA Bids and Awards Committee (PSA BAC).

A detailed proposal meeting the above requirements must be prepared and presented to the PSA BAC. The proposal must be divided into a technical portion and a financial portion, which will be submitted in separate, sealed envelopes, in accordance with the specifications set in the Bidding Documents.

The *Technical Proposal* must include the following:

1. Accomplished, signed and duly notarized Bidder Assessment Form (**Annex B**);
2. Project proposal, with brief discussions on the following components:
  - (a) Proposed overall plan of action and the timeline for the research project; and,
  - (b) Articulation of the overall requirements of the project related to the proposed methodology, workplan of activities, and staffing requirements.
3. Other documentary requirements as specified in the Bidding Documents.

The *Financial Proposal* must include the following:

1. Detailed breakdown of proposed expenses; and,
2. Other documentary requirements as specified in the Bidding Documents.

Proposals submitted by qualified bidders will undergo a Quality-Based Selection/Evaluation (QBS/QBE) procedure, as detailed in the Revised IRR of RA 9184, or GPRA.

## **XII. SELECTION PROCESS AND CRITERIA**

Qualified candidates shall be shortlisted based on the attached criteria in **Annex C**.

## **XIII. RETENTION PAYMENT**

A retention payment of 10 percent shall be withheld. It shall be based on the total amount due to the Consultant prior to any deduction and shall be retained from every progress payment until 50 percent of the value of the project, as determined by PSA, is completed. If, after 50 percent completion, the project is satisfactorily done and on schedule, no additional retention shall be made; otherwise, the 10 percent retention shall be imposed.

The total "retention money" shall be due for release upon approval of the Terminal Report. The Consultant may, however, request the substitution of the retention money for each progress billing with irrevocable standby letters of credit from a commercial bank, bank guarantees, or surety bonds callable on demand, of amounts equivalent to the retention money substituted for and acceptable to the PSA, provided that the project is on schedule and is satisfactorily undertaken. Otherwise, the ten (10) percent retention shall be made. Said

irrevocable standby letters of credit, bank guarantees and/or surety bonds, to be posted in favor of PSA shall be valid for the duration of the contract.

#### **XIV. PENALTIES AND LIQUIDATED DAMAGES**

Where the Consultant refuses or fails to satisfactorily complete the work within the specified contract time, plus any time extension duly granted and is hereby in default under the contract, the Consultant shall pay PSA for liquidated damages, and not by way of penalty, an amount, as provided in the conditions of contract, equal to at least one tenth (1/10) of one (1) percent of the cost of the unperformed portion of the works for every day of delay. Should the amount of liquidated damages reach 15 percent (15%) of the contract amount, PSA shall at its own discretion terminate the contract without prejudice to any further action it may take to recover whatever losses incurred due to nonperformance of the Service Provider.

To be entitled to such liquidated damages, PSA does not have to prove that it has incurred actual damages. Such amount shall be deducted from any money due or which may become due the Consultant under the contract and/or collect such liquidated damages from the retention money or other securities posted by the Consultant whichever is convenient to PSA.

**FORM B. STATEMENT OF ONGOING AND AWARDED BUT NOT YET STARTED  
CONTRACTS**

Statement of Ongoing and Awarded But Not Yet Started Contracts

This is to certify that \_\_\_\_\_ has the following ongoing and awarded but not yet started contracts:

| Name and Location of the Contract | Date of Award of the Contract | Type and Brief Description of Consulting Services | Consultant's Role (Main Consultant, Sub-contractor, Partner in a JV, etc.)                | Amount of Contract | Contract Duration                                          | Remarks |
|-----------------------------------|-------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------|---------|
|                                   |                               |                                                   | Note: Include description of the activities to be conducted/undertaken by the consultant. |                    | Note: Include month/s and year/s for master plans/ studies |         |
|                                   |                               |                                                   |                                                                                           |                    |                                                            |         |
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|                                   |                               |                                                   |                                                                                           |                    |                                                            |         |

\_\_\_\_\_  
Name and Signature of Authorized Representative

\_\_\_\_\_  
Date

**Instructions:**

- a) State all ongoing contracts including those awarded but not yet started (government and private contracts which may be similar or not similar to the project called for procurement/bidding) as of the day before the deadline of submission of eligibility documents.
- b) If there is no ongoing contract including awarded but not yet started as of the aforementioned period, state none or equivalent term.

**FORM A. STATEMENT OF COMPLETED CONTRACTS**

| Statement of Completed Contracts                                                            |                               |                                                   |                                                                                      |                    |                                                            |                                                                                                                        |
|---------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| This is to certify that _____ has the following completed contracts for the period CY _____ |                               |                                                   |                                                                                      |                    |                                                            |                                                                                                                        |
| Name and Location of the Contract                                                           | Date of Award of the Contract | Type and Brief Description of Consulting Services | Consultant's Role (Main Consultant, Sub-Contractor, Partner in a JV, etc.)           | Amount of Contract | Contract Duration                                          | Proof/Certificate of Satisfactory Completion or Equivalent Document Issued by at Least One (1) Client (Separate Sheet) |
|                                                                                             |                               |                                                   | Note: Include description of the activities conducted /undertaken by the consultant. |                    | Note: Include month/s and year/s for master plans/ studies |                                                                                                                        |
|                                                                                             |                               |                                                   |                                                                                      |                    |                                                            |                                                                                                                        |
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| Name and Signature of Authorized Representative                                             |                               |                                                   | Date                                                                                 |                    |                                                            |                                                                                                                        |

**Instructions:**

- a) Cut-off date: The day before the deadline of submission of eligibility documents.
- b) State completed contracts for the last twenty (20) years. Contracts that are similar to the project being procured/bid in terms of nature and amount shall be prioritized in inclusion in the list.

## 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:                                                                           |                               | Professional Staff Provided by Your Firm/Entity(profiles):                         |
| Name of Client:                                                                                    |                               | N <sup>o</sup> of Staff:                                                           |
| Address:                                                                                           |                               | N <sup>o</sup> 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:                                                            |                               | N <sup>o</sup> 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:                                             |                               |                                                                                    |

Consultant's Name: \_\_\_\_\_