



DEPARTMENT OF ENERGY
REQUEST FOR SERVICES (RFS)
FORM A

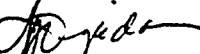
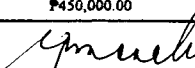

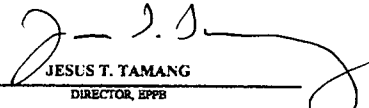
TO BE FILLED IN THREE (3) COPIES

TO BE FILLED BY REQUESTING UNIT		TO BE FILLED BY THE GENERAL SERVICES DIVISION																																			
NAME OF REQUESTING DIV./SERVICES/BUREAU/Exec. Office		RFS NUMBER:	DATE PREPARED:																																		
ENERGY POLICY AND PLANNING BUREAU		2406-279- PMP-EPPB-Cx	141 / 2021																																		
DESCRIPTION / TITLE																																					
Procurement of Medical Personnel (Doctor) PhP450,000.00		I. REPAIR / SERVICES REQUESTED <input type="checkbox"/> IN-HOUSE <input checked="" type="checkbox"/> CONTRACTED-OUT <input type="checkbox"/> REPAIR & MAINTENANCE <table border="0"><tr><td><input type="checkbox"/> SERVICE VEHICLES</td><td><input type="checkbox"/> BUILDING/FACILITIES</td></tr><tr><td><input type="checkbox"/> EQUIPMENT</td><td><input type="checkbox"/> FURNITURE</td></tr><tr><td><input type="checkbox"/> SERVICE ROADS</td><td><input type="checkbox"/> CANALS/SEWERAGE</td></tr><tr><td><input type="checkbox"/> GROUNDS</td><td><input type="checkbox"/> UTILITIES</td></tr><tr><td><input type="checkbox"/> PAINTING</td><td><input type="checkbox"/> VARNISHING</td></tr><tr><td><input type="checkbox"/> TILES</td><td><input type="checkbox"/> WATER CRAFTS</td></tr><tr><td><input type="checkbox"/> OTHERS</td><td></td></tr></table> II. MAIN CONFERENCE ROOM/TRAINING ROOM SERVICES <table border="0"><tr><td><input type="checkbox"/> MAIN CONFERENCE ROOM</td><td><input type="checkbox"/> DATA BANK LOBBY USE</td></tr><tr><td><input type="checkbox"/> TRAINING ROOM USE</td><td><input type="checkbox"/> SOUND SYSTEM</td></tr><tr><td><input type="checkbox"/> CONFERENCE MICs</td><td><input type="checkbox"/> HANDHELD MICs, (___ pcs.)</td></tr><tr><td><input type="checkbox"/> LAPEL MICs</td><td><input type="checkbox"/> MIC. STANDS, (___ pcs.)</td></tr><tr><td><input type="checkbox"/> LCD PROJECTOR</td><td><input type="checkbox"/> SCREEN</td></tr><tr><td><input type="checkbox"/> AUDIO-VIDEO PLAYER</td><td><input type="checkbox"/> STAGE</td></tr><tr><td><input type="checkbox"/> ROSTRUM</td><td></td></tr><tr><td><input type="checkbox"/> LIGHTINGS</td><td></td></tr><tr><td><input type="checkbox"/> NO. OF GUESTS / PARTICIPANTS _____</td><td></td></tr><tr><td><input type="checkbox"/> OTHERS (PLEASE SPECIFY)</td><td></td></tr></table>		<input type="checkbox"/> SERVICE VEHICLES	<input type="checkbox"/> BUILDING/FACILITIES	<input type="checkbox"/> EQUIPMENT	<input type="checkbox"/> FURNITURE	<input type="checkbox"/> SERVICE ROADS	<input type="checkbox"/> CANALS/SEWERAGE	<input type="checkbox"/> GROUNDS	<input type="checkbox"/> UTILITIES	<input type="checkbox"/> PAINTING	<input type="checkbox"/> VARNISHING	<input type="checkbox"/> TILES	<input type="checkbox"/> WATER CRAFTS	<input type="checkbox"/> OTHERS		<input type="checkbox"/> MAIN CONFERENCE ROOM	<input type="checkbox"/> DATA BANK LOBBY USE	<input type="checkbox"/> TRAINING ROOM USE	<input type="checkbox"/> SOUND SYSTEM	<input type="checkbox"/> CONFERENCE MICs	<input type="checkbox"/> HANDHELD MICs, (___ pcs.)	<input type="checkbox"/> LAPEL MICs	<input type="checkbox"/> MIC. STANDS, (___ pcs.)	<input type="checkbox"/> LCD PROJECTOR	<input type="checkbox"/> SCREEN	<input type="checkbox"/> AUDIO-VIDEO PLAYER	<input type="checkbox"/> STAGE	<input type="checkbox"/> ROSTRUM		<input type="checkbox"/> LIGHTINGS		<input type="checkbox"/> NO. OF GUESTS / PARTICIPANTS _____		<input type="checkbox"/> OTHERS (PLEASE SPECIFY)	
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REQUESTED BY: Services requisitioned are necessary and will be used solely for purposes stated. DANILO V. VIVAR SIGNATURE OVER PRINTED NAME CHIEF, EPPB - PFRD DATE: 5/8/2021		 DIRECTOR JESUS T. TAMANG SIGNATURE OVER PRINTED NAME DIRECTOR, EPPB DATE: _____																																			
RECOMMENDED BY: Engr. JERICO O. BRAGADO SIGNATURE OVER PRINTED NAME (Chief, General Services Division) DATE: _____		APPROVED BY: PACIFICO A. AVENIDO, JR. SIGNATURE OVER PRINTED NAME (OIC, Director, Administrative Services) DATE: June 21																																			

PURCHASE REQUEST

Entity Name: DEPARTMENT OF ENERGY

Fund Cluster: 01

Division/Office: EPPB-PFRD		PR No. 02-0101-2021-06-0162		Date: 25 June 2021	
		Responsibility Center Code : DOE-Wide			
Stock/ Property No.	Unit	Item Description	Quantity	Unit Cost (Php)	Total Cost
	Services	Procurement of Services of Medical Personnel (Doctor)	1 lot		450,000.00
		<i>Nothing Follows</i>			
		TOTAL			P450,000.00
TITLE OF PROCUREMENT/PURPOSE: Procurement of Services of Medical Personnel (Doctor)					
REQUESTED BY:  MARIETTA M. QUEJADA SUPERVISING SRS - PFRD _____ DATE _____ <small>(Signatory as per DO No. 2017-06-0008. Please indicate Name, and Position.)</small>			FUNDING FOR CONTRACTED-OUT REPAIR/SERVICES/PROJECT: ESTIMATED AMOUNT: P450,000.00 ALLOCATED PROVIDED: _____  ELISA B. MORALES Chief, Budget Division ?		
RECOMMENDED BY:  DANILLO V. VIVAR CHIEF, PFRD _____ DATE _____ <small>(Signatory as per DO No. 2017-06-0008. Please indicate Name, and Position.)</small>			APPROVED BY:  JESUS T. TAMANG DIRECTOR, EPPB _____ DATE _____ <small>(Signatory as per DO No. 2017-06-0008. Please indicate Name, and Position.)</small>		

PMD: HGD/IMR/JPC/ASC

PMD Procurement Code
01-Goods; 02-Services; 03-Consulting Services; 04-Infrastructure;
Capital Outlay

05-

TERMS OF REFERENCE

PROCUREMENT OF MEDICAL PERSONNEL (DOCTOR)

I. MINIMUM QUALIFICATIONS

EDUCATION	:	Doctor of Medicine
EXPERIENCE	:	At least three (3) years of relevant experience
TRAINING	:	At least sixteen (16) hours of relevant training
ELIGIBILITY	:	R.A. 1080 (Licensed Doctor of Medicine)

II. APPROVED BUDGET FOR THE CONTRACT

- a. For non-VAT medical practitioner = PhP2,320.00 per 3-hour duty
- b. For mixed earner medical practitioner = PhP2,450.00 per 3-hour duty
- c. For VAT registered practitioner = PhP2,560.00 per 3-hour duty

Any specific tax treatment shall be submitted in the bid.

III. TERM OF CONTRACT

The DOE hereby engages the services of the Medical Doctor for a period of six (6) months (July - December 2021), renewable at the option of the appointing Head of Procuring Entity, but in no case shall exceed the term of the latter.

IV. PAYMENT TERMS

Monthly billing upon submission of complete documentation; monthly accomplishment report and end-user acceptance.

V. WORKING ARRANGEMENTS

The Medical Personnel (Doctor) shall have the following working arrangements:

- a. Minimum of three (3) hours medical, health and safety IMT consultations four (4) days a week using various modes of communication;
- b. 24/7 on call duty for emergency concerns and consultations;
- c. Twice a month IMT meeting attendance; and
- d. Once a week 3-hour clinic duty.

VI. SCOPE OF WORK, ACTIVITIES, AND DELIVERABLES

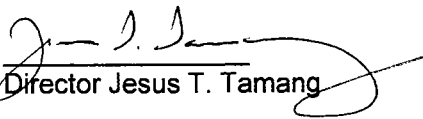
The Medical Doctor will report to OSEC / EO, with close coordination with the IMT, or the Chief of Staff of OSEC. He / she will be responsible for the following tasks:

- a. Render assessments of the patient/s condition (health assessments), including but not limited to enjoining diagnostics tests and interpreting the results to determine the disease or injury;
- b. Provide a treatment plan, which includes prescribing the appropriate medications in order to address the patient's condition, and arrange series of follow-ups or consultations, or in case, the doctor can refer the patient to other doctor who has specialization of the case;
- c. Perform physical and medical examinations in order to maintain the current level of health status including routine physical examinations for the vitals, review medical history, discuss health concerns or instruct patient to have healthy eating habits and proper exercise;
- d. Document the patient's injury / illness and keep their information confidential;
- e. Advise the management on health-related programs / incidents, regularly; and
- f. Attend to the meeting of the DOE-IMT as maybe necessary, in relation to case management and coping / mitigating the pandemic.

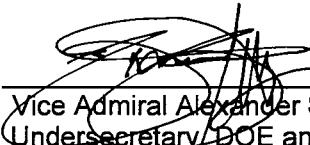
VII. OTHER TERMS

- a. The Medical Doctor shall have no regular assignment in a COVID-19 hospital;
- b. In case of inability to report / attend to DOE and perform the stipulated scope of work, the Medical Doctor shall:
 - Notify the IMT, at least two (2) days before the scheduled day/s of absences; and
 - Ensure that the 4-day clinic duty per month is complied.
- c. The Medical Doctor may be required to report to the following:
 - 1. IMT / TFER;
 - 2. OSEC – COS; and
 - 3. Undersecretary for Admin Services
- d. There is no employer – employee relations between the DOE and the bidder, and that the services rendered shall not be credited as government service.

Endorsed by:


Director Jesus T. Tamang

Approved by:


Vice Admiral Alexander S. Lopez (Ret.)
Undersecretary, DOE and Commander,
Incident Management Team (IMT)

CONFORME:

Omnibus Sworn Statement (Revised)
[shall be submitted with the Bid]

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 or authorized representative of [Name of Bidder] with office address at [address of Bidder];

[If a partnership, corporation, cooperative, or joint venture:] I am the duly authorized and designated representative of [Name of Bidder] with office address at [address of Bidder];

2. *[Select one, delete the other:]*

[If a sole proprietorship:] As the owner and sole proprietor, or authorized representative of [Name of Bidder], I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached duly notarized Special Power of Attorney;

[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 to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached [state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable)];

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. *[Select one, delete the rest:]*

[If a sole proprietorship:] The owner or sole proprietor is 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 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;

7. *[Name of Bidder]* complies with existing labor laws and standards; and
8. *[Name of Bidder]* is aware of and has undertaken the responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:
 - a. Carefully examining all of the Bidding Documents;
 - b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
 - c. Making an estimate of the facilities available and needed for the contract to be bid, if any; and
 - d. Inquiring or securing Supplemental/Bid Bulletin(s) issued for the *[Name of the Project]*.
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.

[Insert NAME OF BIDDER OR ITS AUTHORIZED REPRESENTATIVE]

[Insert signatory's legal capacity]
Affiant

[Jurat]

[Format shall be based on the latest Rules on Notarial Practice]