

Tab J (Lot B - Forms)

A handwritten signature or mark, possibly initials, located in the lower-left quadrant of the page. It consists of a stylized, cursive script.

[Letterhead]

[Date]

The Bids and Awards Committee for Goods
Bases Conversion and Development Authority
2/F Bonifacio Technology Center
31st Street, corner 2nd Avenue, Bonifacio Global City

Ladies/Gentlemen:

We, the undersigned, have at least five (5) years of direct experience on supply and delivery, installation, testing and commissioning and experience in operations and maintenance of Building Facilities and /or Information and Technology Building Facilities.

We remain,

Yours sincerely,

Authorized Signature:
Name and Title of Signatory:
Name of Firm:
Address:

[Letterhead]

**Project Requirement
(Project Implementation Organization Chart)**

Authorized Signature:
Name and Title of Signatory:
Name of Firm:
Address:

[Letterhead]

List of key personnel with their Qualifications/CV/biodata

	Name	Position
1		Project Manager
2		Project Coordinator
3		Mechanical or Electrical or Electronics Engineer/Supervisor
4		Generator and Automatic Transfer Switch (ATS) Technician
5		Multi-Skilled Technician
6		Ventilation and Air-Conditioning (VAC) Technician

Authorized Signature:
Name and Title of Signatory:
Name of Firm:
Address:

FORMAT OF CURRICULUM VITAE (CV) FOR KEY PERSONNEL

Proposed Position:

Name of Firm:

Name of Staff:

Profession:

Date of Birth:

Years with Firm/Entity:

Nationality:

Membership in Professional Societies:

Detailed Tasks Assigned:

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.]

College/University	Degree/Title Obtained	Inclusive Dates

Trainings/Seminars

[Summarize the trainings, seminars and workshops undertaken, including those conducted by the nominated key staff, using the matrix below]

Title/Description	Conducted by	Inclusive Dates	Venue	Involvement *

*Such as participant, speaker or trainer

Projects Undertaken related to detailed architectural and engineering design of buildings with land development

[Provide outline of projects undertaken using the matrix below]

Title/Description	Client	Position	Start Date	Completion Date

On-Going Projects

[Provide outline of on-going projects using the matrix below]

Title/Description	Client	Position	Start Date	End Date

Memberships in Professional Societies

[Give an outline of memberships in professional societies using the matrix below]

Name of Society/Commission	Date of Conferment/Registration	License/Professional Number	Validity Date

Languages

[Using the format below, indicate proficiency of languages familiar with proficiency whether excellent, good, fair, or poor in speaking, reading, and writing]

Language	Proficiency		
	Speaking	Reading	Writing

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 **Outside Plant (OSP) Maintenance and Repair Services with Framework for DICT's Luzon Bypass Infrastructure** 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:

SUBSCRIBED AND SWORN to before me this__day of *[month]* *[year]* at *[place of execution]*, Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her *[insert type of government identification card used]*, with his/her photograph and signature appearing thereon, with no. .

Witness my hand and seal this_day of *[month]* *[year]*.

NAME OF NOTARY PUBLIC

Serial No. of Commission

Notary Public for until

Roll of Attorneys No.

PTR No. , [date issued], [place issued]

IBP No. , [date issued], [place issued]

Doc. No.

Page No.

Book No.

Series of_.

Important Note: Provide applicable documents to substantiate professional registration, educational attainment and trainings undertaken. Only those attainments and undertakings with supporting documents will be considered for evaluation.