

Bids and Awards Committee

Republic of the Philippines

Professional Regulation Commission

P. Paredes St., Sampaloc, Metro Manila

Facsimile: 5310-0037 / email: bac@prc.gov.ph

NAME OF PROJECT: SUPPLY AND DELIVERY OF PERMANENT EXAMINATION AND REGISTRATION RECORD CARD FOR VARIOUS LICENSURE EXAMINATIONS

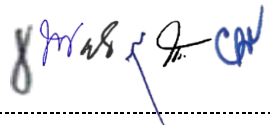
- a) *This form must be accomplish per project.*
- b) *The statement shall include all information required in the PBDs prescribed by the GPPB.*
- c) *Statement must be supported by evidence.*
- d) *Use another sheet if necessary.*

I. STATEMENT OF ALL ONGOING CONTRACT/S (GOVERNMENT AND PRIVATE) INCLUDING CONTRACTS AWARDED BUT NOT YET STARTED, IF ANY, WHETHER SIMILAR OR NOT SIMILAR IN NATURE AND COMPLEXITY TO THE CONTRACT TO BE BID FROM JANUARY 2020 PRIOR TO THE DATE OF THE SUBMISSION AND OPENING OF BIDS.

Name of the Contract	
Date of the Contract	
Contract Duration;	
Owner's name and address	
Kinds of Goods/Services	
For Statement of Ongoing Contracts- amount of contract and value of outstanding contracts	
Date of Delivery	

Submitted by:

Name of Company/Supplier/Distributor/Manufacturer
Name and Signature of Authorized Representative
Date:



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II. STATEMENT IDENTIFYING THE SINGLE LARGEST COMPLETED CONTRACT (SLCC) SIMILAR TO THE CONTRACT TO BE BID FROM JANUARY 2018 PRIOR TO THE DATE OF SUBMISSION AND OPENING OF BIDS, EQUIVALENT TO AT LEAST 50% OF THE ABC.

*For this purpose, similar contracts shall refer to contracts for the **Supply and Delivery of Permanent Examination and Registration Record Card for Various Licensure Examinations.***

Name of the Contract	
Date of the Contract	
Contract Duration	
Owner's name and address	
Kinds of Goods/Services	
For Statement of SLCC – amount of completed contracts, adjusted by the Bidder to current prices using PSA's consumer price index, if necessary for the purpose of meeting the SLCC requirement	
Date of Delivery	
End user's acceptance or official receipt(s) or sales invoice issued for the contract, if completed, which shall be attached to the statements	

Submitted by:

Name of Company/Supplier/Distributor/Manufacturer
Name and Signature of Authorized Representative
Date:

