



**REQUEST FOR QUOTATION (RFQ)**

**Hiring of Services of an Event Coordinator, Per Terms of Reference**

Procuring Entity : DBP Head Office  
Solicitation Number : P-ERD-25-00422  
Date of Posting/Canvass : 08/12/2025  
Deadline of Submission : 08/18/2025 (10:00 AM)  
Approved Budget for the Contract (ABC) : Php 350,000.00

**Kindly refer to the attached Technical Specifications for details and other conditions.**

**Please be guided by the following:**

1. All entries in the proposal/quotation must be typewritten.
2. Price quotation must be based on the Terms of Reference (TOR) / Scope of Work/Services (SOW) / Technical Specifications (TS), as applicable and must be duly signed by the vendor's representative.
3. Price quotation (Unit Cost) must be inclusive of VAT and other applicable taxes/charges.
4. The open price quotation must include the documentary requirements (see below) and must be submitted through the email address below or to the Procurement Unit-PIMD, DBP Head Office, Sen. Gil Puyat Ave., cor. Makati Ave., Makati City.
5. No down-payment or advanced payment.
6. Price quotation with incomplete documentary requirement shall not be considered for evaluation.
7. Signed copy of this RFQ by the supplier's authorized representative should be attached with the submitted proposal.

**Documentary Requirements:**

- Proposal/Quotation;
- Proof of PhilGEPS Registration;
- 2025 Mayor's/Business Permit;
- Omnibus Sworn Statement;
- Secretary's Certificate for suppliers under Partnership/Corporation;
- DTI or SEC Registration of BIR Certificate of Registration (proof of 5 years in the business);
- Signed DBP Data Privacy Consent Form;

For submission of proposal and any inquiry, you may contact the following personnel:

**LILIBETH F. CASTEN / pimd-pu-gsteam@dbp.ph / 8818-9511 local 2604**

## Development Bank of the Philippines

### Terms of Reference

Event/Purpose	DBP Wellness Challenge			
Approved Budget for the Contract	P350,000.00 (inclusive of VAT/applicable taxes and other charges)			
Requirements or Scope of Services	<p>Implementation of a 5 month weight loss challenge for a maximum of 60 participants at the DBP Head Office</p> <ul style="list-style-type: none"><li>• Conduct of Opening Program (start of the challenge) and Closing Program (at the end of the program).</li><li>• Progress photos during the 1<sup>st</sup> month and at the end of the challenge.</li><li>• Postural Assessment during the 1<sup>st</sup> month and at the end of the challenge.</li><li>• Fitness/Nutrition Assessment and Consultation at least three (3) times for the duration of the program.</li><li>• Conduct body composition assessments using the Tanita Scale at least three (3) times throughout the duration of the program.</li><li>• Wellness Workshops on topics such as fitness fundamentals, mental strength for weight loss, habit formation, etc, at least three (3) times for the duration of the program.</li><li>• Provision of welcome kits during the opening program to all 60 participants<ul style="list-style-type: none"><li>○ Contains nutritional supplement drink at least 10 sachets.</li></ul></li><li>• Weekly Shoutouts for milestones achieved (at least 12 for the duration of the program)<ul style="list-style-type: none"><li>○ Distribute weekly communication via email or chat to inspire participants and reinforce their commitment to the weight loss challenge.</li></ul></li><li>• Provision of prizes for the top 3 winners shall include:<table><tr><td>1st Prize</td><td>Customized Fitness and Nutrition Program for 90 days 1-on-1 onsite fitness training Nutritional supplement drink (60 sachets) Tanita Scale Suspension Trainer Fitness Sliders Certificate</td></tr></table></li></ul>		1st Prize	Customized Fitness and Nutrition Program for 90 days 1-on-1 onsite fitness training Nutritional supplement drink (60 sachets) Tanita Scale Suspension Trainer Fitness Sliders Certificate
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Conforme: \_\_\_\_\_  
Signature over Printed Name/Date

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Others	<ul style="list-style-type: none"> <li>Provision of the template for certificates of participation <ul style="list-style-type: none"> <li>Electronic file</li> </ul> </li> </ul>																												
Payment Terms	<ul style="list-style-type: none"> <li>No down payment</li> <li>Due to the extended duration of the program, payment shall be processed in three (3) tranches. Each tranche will be released upon completion of the corresponding activities and subject to the submission of complete supporting documents by the supplier. Required documents include, but are not limited to: Sales Invoice or Statement of Account, Certificate of Completion with attached photos (if applicable). All documents must be submitted to the DBP Head Office Receiving Section, IMU-PIMD. <ul style="list-style-type: none"> <li><b>First Tranche: 43%</b> of the contract amount upon completion of the following within 1 ½ months (6 weeks) from receipt of NTP/PO <table> <tr> <th>Activity</th><th># of events</th></tr> <tr> <td>Opening Program</td><td>1</td></tr> <tr> <td>Progress photo (start of the challenge)</td><td>1</td></tr> <tr> <td>Postural Assessment (start of the challenge)</td><td>1</td></tr> <tr> <td>Fitness/Nutrition Assessment</td><td>1</td></tr> <tr> <td>Tanita Scale Measurement</td><td>1</td></tr> <tr> <td>Workshop</td><td>1</td></tr> <tr> <td>Distribution of welcome kits (60pcs)</td><td>1</td></tr> <tr> <td>Weekly Shoutouts</td><td>4</td></tr> </table> </li> <li><b>Second Tranche: 19%</b> of the contract amount upon completion of the following within 1 ½ months (6 weeks) from release of the first tranche: <table> <tr> <th>Activity</th><th># of events</th></tr> <tr> <td>Fitness/Nutrition Assessment</td><td>1</td></tr> <tr> <td>Tanita Scale Measurement</td><td>1</td></tr> <tr> <td>Workshop</td><td>1</td></tr> <tr> <td>Weekly Shoutouts</td><td>4</td></tr> </table> </li> </ul> </li> </ul>	Activity	# of events	Opening Program	1	Progress photo (start of the challenge)	1	Postural Assessment (start of the challenge)	1	Fitness/Nutrition Assessment	1	Tanita Scale Measurement	1	Workshop	1	Distribution of welcome kits (60pcs)	1	Weekly Shoutouts	4	Activity	# of events	Fitness/Nutrition Assessment	1	Tanita Scale Measurement	1	Workshop	1	Weekly Shoutouts	4
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#### Hiring of Services of an Events Organizer for Wellness

Conforme: \_\_\_\_\_  
Signature over Printed Name/Date

	<ul style="list-style-type: none"> <li>○ <b>Third Tranche: 38%</b> of the contract amount upon completion of the following within 2 months (8 weeks) from release of the second tranche: <table border="1"> <thead> <tr> <th>Activity</th><th># of events</th></tr> </thead> <tbody> <tr> <td>Closing Program</td><td>1</td></tr> <tr> <td>Progress photo (conclusion of the program)</td><td>1</td></tr> <tr> <td>Postural Assessment (conclusion of the program)</td><td>1</td></tr> <tr> <td>Fitness/Nutrition Assessment</td><td>1</td></tr> <tr> <td>Tanita Scale Measurement</td><td>1</td></tr> <tr> <td>Workshop</td><td>1</td></tr> <tr> <td>Distribution of prizes (top 3 winners)</td><td>1</td></tr> <tr> <td>Weekly Shoutouts</td><td>4</td></tr> </tbody> </table> </li> </ul>	Activity	# of events	Closing Program	1	Progress photo (conclusion of the program)	1	Postural Assessment (conclusion of the program)	1	Fitness/Nutrition Assessment	1	Tanita Scale Measurement	1	Workshop	1	Distribution of prizes (top 3 winners)	1	Weekly Shoutouts	4
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Documentary Requirements for Interested Supplier/s	<ul style="list-style-type: none"> <li>• Quotation/Proposal</li> <li>• 2025 Mayor's/Business Permit</li> <li>• Proof of PhilGEPS Registration</li> <li>• Omnibus Sworn Statement</li> <li>• Secretary's Certificate (for supplier under partnership/corporation)</li> <li>• DTI or SEC Registration or BIR Certificate of Registration</li> <li>• Signed DBP Data Privacy Consent Form</li> </ul>																		
Evaluation of Proposal	<ul style="list-style-type: none"> <li>• Technical evaluation of service provider with complete requirements shall be facilitated by the Employee Relations Department</li> <li>• Proposals above the ABC shall automatically be disqualified</li> </ul>																		
Qualifications of Prospective Event Organizer	<ul style="list-style-type: none"> <li>• Must be in the business for at least five (5) years</li> <li>• Capable of providing fitness and nutrition assessment/counseling</li> </ul>																		

Recommended by:

Approved by:

SIGNED

**DR MA THERESA G. FIJI-ALIGA**  
General Physician

SIGNED

**DR ALEX F. OLIVAREZ**  
Officer – in – Charge, Employee Relations  
Department  
(Per Office Order no. 364 dated 08 August 2025)

### Hiring of Services of an Events Organizer for Wellness

Conforme: \_\_\_\_\_  
Signature over Printed Name/Date



Name of Project	
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I, \_\_\_\_\_, (Address) \_\_\_\_\_,  
(Contact Number) \_\_\_\_\_, (Email Address) \_\_\_\_\_ hereby authorize/consent to the processing of personal and other related business information which I voluntarily provided to the **Development Bank of the Philippines (DBP)** and understand, acknowledge and agree to the following specific purposes and terms:

I authorize DBP for **processing**<sup>1</sup> and using my personal and other related business information, including but not limited to my name, address, contact details, and any other relevant information necessary for the evaluation process.

I understand that appropriate security measures shall be implemented by DBP for the protection of my personal and other related business information and shall be treated confidentially. Similarly, such information shall only be disclosed to authorized personnel involved in the bids and awards process of DBP.

I acknowledge that my personal and other related business information may be retained by DBP for as long as deemed necessary to fulfill the purposes specified/stated in this consent form, or as required by applicable policies, laws or regulations.

I understand that I have the right to access and request correction of my personal and other related business information held by DBP to correct any error and inaccuracy, in accordance with applicable data privacy laws.

I understand that I have the right to withdraw my consent, and request DBP to stop the **processing** of my personal and business information which may cease/ terminate/ discontinue the evaluation and other related procurement processes.

I agree that any confidential information obtained during my participation in the bid and procurement procedures shall not be disclosed to any third party other than its intended purpose.

By signing below, I acknowledge that I have read and understood the terms and purposes of this consent form and agree to the **processing** of my personal and other related business information as described.

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date Signed

**ADDITIONAL INFORMATION**

For inquiries or complaints, you may contact the Development Bank of the Philippines (DBP), Attention to: the **DBP Data Protection Officer or the DBP Customer Experience Management Department**, Sen. Gil J. Puyat Ave. cor. Makati Ave., Makati City, Philippines, Telephone No. (02) 8818-9511 to 20/ (02) 8818-9611 to 20, email: [info@dbp.ph](mailto:info@dbp.ph).

<sup>1</sup>**PROCESSING** - refers to any operation or any set of operations performed upon personal data including but not limited to, the collection, recording, organization, storage, updating or modification, retrieval, consultation, use, consolidation, blocking, erasure or destruction of data.

## Omnibus Sworn Statement

*[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

**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.

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 \_\_\_\_\_