



REQUEST FOR QUOTATION

You are invited by the Development Bank of the Philippines to submit a tender for the **Procurement of Services of a Licensed Psychologist or Mental Health Service Provider**

SVP-2025-31

Approved Budget for the Contract: 303,520.00 inclusive of all applicable tax

1. Please quote your lowest price based on the attached specifications per Terms of Reference.
2. **Submitted quotations must be duly signed by the vendor's representative and must be sent to the BAC Secretariat or Employee Relations Department not later than 05:00 P.M. of Monday, 22 September 2025**
3. All quotations must be inclusive of all taxes and other charges.
4. Kindly refer to the attached Terms of Reference (TOR)/Technical Specifications (TS)/ Scope of Services (SOW).

TERMS AND CONDITIONS:

1. All entries must be type written.
 2. **All suppliers/vendors are mandated to register with the PhilGEPS and provide a PhilGEPS Registration number as a condition for award of the contract.**
 3. Other documentary requirements for each vendor shall be as follows;
 - **Mayor's/Business Permit;**
 - **Duly accomplished Data Privacy Consent Form;**
 - **Conformance to each and every page of the Technical Specifications, duly signed by the authorized representative;**
 - **All required documents stated in the TS/TOR/SOW: AND**
- ☐ (1) For suppliers/vendors whose representatives are the official signatory of the documents/requirements: **please submit a duly notarized Omnibus Sworn Statement OR**
- (2) For suppliers/vendors who will appoint or designate their duly authorized representative: **please submit the following notarized statements:**

(if the supplier/vendor is a Sole Proprietorship)	(if the supplier/vendor is a Corporation)
Duly notarized Special Power of Attorney AND Duly notarized Omnibus Sworn Statement	Duly notarized Secretary's Certificate AND Duly notarized Omnibus Sworn Statement

For inquiries, you may reach the BAC Secretariat on the contact nos. provided below:

DBP Bids and Awards Committee Secretariat

6/F Operations Sector, DBP Head Office
Sen. Gil J. Puyat corner Makati Avenues, Makati City
(+632) 818-9511 to 20 local 2610 or 2606
email: bacsecretariat@dbp.ph

You may visit the following websites:

For downloading of Request for Quotation: <https://www.dbp.ph/invitations-to-bid/>

For DBP Statement on Zero Tolerance for Fraud, Corruption and Malpractice:

<https://www.dbp.ph/about-dbp/dbp-statement-on-zero-tolerance-for-fraud-corruption-and-malpractice/>



DEVELOPMENT BANK OF THE PHILIPPINES
Head Office: Sen. Gil J. Puyat Avenue corner
Makati Avenue, Makati City, Philippines



Development Bank of the Philippines

Terms of Reference for the Procurement of Services of a Licensed Psychologist/Mental Health Service Provider

Rationale	In compliance with Republic Act No. 11036, also known as the Mental Health Act of 2018 and the Civil Service Commission (CSC) Memorandum Circular No. 4, s. 2020 (Mental Health Program in the Public Sector), government agencies are mandated to develop and implement a Mental Health Program that promotes overall mental wellness in the workplace. These policies emphasize the importance of creating an inclusive, conducive, and supportive work environment to ensure a productive and healthy workforce.
Objectives	<ol style="list-style-type: none">1. Strengthen effective leadership and governance for mental health by, formulating, developing, and implementing policies, strategies, programs, and regulations relating to mental health;2. Develop and establish a comprehensive, integrated and efficient mental health care system responsive to the psychiatric, neurologic, and psychosocial needs of its employees;3. Protect the rights and freedoms of employees with psychiatric needs;4. Integrate mental health care in the basic services and in the human resource systems and processes; and5. Integrate strategies promoting mental health in the workplace.
Approved Budget for the Contract	P303,520.00 (inclusive of VAT/applicable taxes and other charges)
Requirements or Scope of Services	<p>The Mental Health Service Provider/Agency shall provide the following services during the 5 months duration of the program:</p> <ol style="list-style-type: none">1. Access to up to twenty-five (25) online counseling sessions<ul style="list-style-type: none">• With a licensed psychologist or counselor• Maintain strict standards of confidentiality• No hidden charges if pharmacologic intervention is required• The unused session may be converted to a webinar or other services.2. Up to twenty-five (25) face to face counseling sessions at the DBP Head Office<ul style="list-style-type: none">• With a licensed psychologist or counselor• Maintain strict standards of confidentiality• No hidden charges if pharmacologic intervention is required• The unused session may be converted to a webinar or other services.3. Two (2) mental health workshops<ul style="list-style-type: none">• Hybrid/face-to-face set-up• At least 4-hour workshop/training session• Can accommodate a maximum of 30 participants

Conforme:

Vendor's Company Name

Name & Signature of Authorized Representative

Designation

Date

	<div>4. Two (2) webinars<ul style="list-style-type: none">• At least one (1) hour long• No limit to the number of participants• Focused on increasing mental health awareness and improving employee mental well-being.</div> <div>5. Educational email campaigns</div> <div>6. Provide summary report and recommendations</div>																																																								
Project Term	The engagement will be for a period of 5 months, commencing on the issuance of the Notice to Proceed.																																																								
Payment Terms	<div><ul style="list-style-type: none">• No down payment• The total contract amount will be payable in three (3) tranches, net of all applicable tax and based on specific deliverables stipulated in this TOR.• Each payment tranche will be released upon completion of the corresponding deliverables, milestones and/or activities and subject to the submission of complete supporting documents which may include, but are not limited to Sales Invoice or Statement of Account, Certificate of Completion, copies of participants' summary reports and recommendation.</div> <table><tr><th>Deliverables/Milestone/Activities</th><th>No.</th><th>Timeline</th><th>% of payment</th></tr><tr><td><u>1st Tranche</u></td><td></td><td></td><td></td></tr><tr><td>Mental Health Training</td><td>1</td><td>45 days after NTP</td><td>35% of the contract amount upon completion of the identified deliverables/milestones/activities</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <table><tr><th>Deliverables/Milestone/Activities</th><th>No.</th><th>Timeline</th><th>% of payment</th></tr><tr><td><u>2nd Tranche</u></td><td></td><td></td><td></td></tr><tr><td>Conduct of Webinars</td><td>2</td><td>90 days after NTP</td><td>35% of the contract amount upon completion of the identified deliverables/milestones/activities</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td><u>3rd Tranche</u></td><td></td><td></td><td></td></tr><tr><td>Mental Health Training</td><td>1</td><td>150 days after NTP</td><td>30% of the contract amount upon completion of the identified</td></tr><tr><td>Counseling Sessions (face to face)</td><td>25*</td><td></td><td></td></tr></table>	Deliverables/Milestone/Activities	No.	Timeline	% of payment	<u>1st Tranche</u>				Mental Health Training	1	45 days after NTP	35% of the contract amount upon completion of the identified deliverables/milestones/activities													Deliverables/Milestone/Activities	No.	Timeline	% of payment	<u>2nd Tranche</u>				Conduct of Webinars	2	90 days after NTP	35% of the contract amount upon completion of the identified deliverables/milestones/activities									<u>3rd Tranche</u>				Mental Health Training	1	150 days after NTP	30% of the contract amount upon completion of the identified	Counseling Sessions (face to face)	25*		
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Conforme:

Vendor's Company Name

Name & Signature of Authorized Representative

Designation

Date

	Counseling Sessions (online)	25*		deliverables/milestones/activities *Please see scope of services section
Documentary Requirements for Interested Supplier/s	Quotation/Proposal 2025 Mayor's/Business Permit Proof of PhilGEPS Registration Omnibus Sworn Statement Secretary's Certificate (for supplier under partnership/corporation) DTI or SEC Registration or BIR Certificate of Registration Signed DBP Data Privacy Consent Form			
Evaluation of Proposal	<ul style="list-style-type: none"> The technical evaluation of the service provider with complete requirements shall be facilitated by the Employee Relations Department (ERD); Proposals above the ABC shall automatically be disqualified 			
Qualifications of Prospective Provider	Business Experience <ul style="list-style-type: none"> Must be a legally registered entity/individual operating in the Philippines; and Must have at least three (3) years of experience in providing the identified scope of work or mental health services. Relevant Project Portfolio <ul style="list-style-type: none"> Must have completed at least two (2) projects providing mental health services for government agencies or private corporations/individuals; or Must be able to provide references or documentation of past work (e.g., client testimonials, project summaries, sample reports). 			

<p align="center">Conforme:</p> <p align="center">_____</p> <p align="center">Vendor's Company Name</p> <p align="center">_____</p> <p align="center">Name & Signature of Authorized Representative</p> <p align="center">_____</p> <p align="center">Designation</p> <p align="center">_____</p> <p align="center">Date</p>



DEVELOPMENT BANK OF THE PHILIPPINES

PRIVACY CONSENT FORM
Bids/Procurement

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**¹ 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.

¹**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 _____