

**LIST OF KEY PERSONNEL PROPOSED TO BE ASSIGNED TO THE CONTRACT**

Business Name : \_\_\_\_\_

Business Address : \_\_\_\_\_

Project Name: Repair/Rehabilitation/Retrofitting/Replacement of Food Laboratory Building

	<i>Supervising Project Engineer</i>	<i>DPWH Accredited Materials Engineer</i>	<i>Professional Electrical Engineer</i>	<i>Registered Master Plumber</i>	<i>Construction Foreman</i>	<i>Accredited Safety &amp; Health Officer</i>	<i>First Aider</i>
1. Name							
2. Address							
3. Date of Birth							
4. Employed Since							
5. Previous Employment							
6. Education							
7. PRC License/ Accreditation from DPWH							
8. Years of Related Experience in Proposed Position							

Note: Attached individual bio-data/resume, PRC License of the professional personnel, Certificate of DOLE/DPWH Accreditation as applicable and Certificate of Training in Occupational Safety and Health

Submitted by : \_\_\_\_\_  
(Printed Name & Signature)

Designation : \_\_\_\_\_

Date : \_\_\_\_\_

**STATEMENT OF ALL ONGOING GOVERNMENT & PRIVATE CONSTRUCTION CONTRACTS INCLUDING CONTRACTS AWARDED BUT NOT YET STARTED**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Project Name: Repair/Rehabilitation/Retrofitting/Replacement of Food Laboratory Building

Name of Contract/Location Project Cost	a. Owner Name b. Address c. Telephone Nos.	Nature of Work	Contractor's Role		a. Date Awarded b. Date Started c. Date of Completion	% of Accomplishment		Value of Outstanding Works
			Description	%		Planned	Actual	
<i>Government</i>								
<i>Private</i>								
							<b>Total Cost:</b>	

Note:

1. State all ongoing contracts including those awarded but not yet awarded (government & private contracts which may be similar or not similar to the project called for bidding).
2. If there is no ongoing contract, state none or equivalent term.

*This statement shall be supported with Notice of Award and/or Contract, Notice to Proceed issued by the owner and Certificate of Accomplishments signed by the owner or authorized representative.*

Submitted by: \_\_\_\_\_  
(Printed Name & Signature)

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

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**STATEMENT OF SINGLE LARGEST COMPLETED CONTRACT SIMILAR TO THE CONTRACT TO BE BID**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Project Name: Repair/Rehabilitation/Retrofitting/Replacement of Food Laboratory Building

Name of Contract	a. Owner Name b. Address c. Telephone Nos.	Nature of Work	Contractor's Role		a. Amount of Award b. Amount of Completion	a. Date Awarded b. Contract Effectivity c. Date Completed
			Description	%		
<i>Government</i>						
<i>Private</i>						

*Note: The statement of the Bidder's SLCC shall be supported by the Notice of Award and/or Notice to Proceed, Project Owner's Certificate of Final Acceptance issued by the Owner other than the Contractor or the Constructors Performance Evaluation System (CPES) Final Rating, which must be at least satisfactory. In case of contracts with the private sector, an equivalent document shall be submitted.*

Submitted by: \_\_\_\_\_

(Printed Name & Signature)

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

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