

NO: _____

SUPPLEMENTAL BID BULLETIN NO. 3

TITLE : Provision of Multi-Year Contract for the Hiring of Service Provider for Termite Treatment and General Pest Control of DSWD-Central Office and Other Satellite Offices

ITB NO. : ITB No. GOP/20-DSWD-038

DATE : 21 July 2020

This Supplemental/Bid Bulletin is issued to all prospective bidders announcing the following:

I. Schedule of Second Pre-Bid Conference

This is to inform that the Bids and Awards Committee (BAC) shall conduct a second Pre-bid Conference for the "Provision of Multi-Year Contract for the Hiring of Service Provider for Termite Treatment and General Pest Control of DSWD-Central Office and Other Satellite Offices" on **29 July 2020, 11:00 am to be held at DSWD Auditorium, 4th Floor, Magiliw Building, DSWD Central Office, IBP Road, Constitution Hills, Quezon City.**

II. Deadline of Submission and Receipt of Bids

The deadline of submission and receipt of Bids is moved from 22 July 2020 to **12 August 2020, 9:00am**. Bids must be delivered to the **BAC Secretariat Office, Ground Floor, DSWD Central Office. Late Bids will not be accepted.**

The Opening of Bids will immediately follow, after the deadline of the submission and receipt of bids, to be held at the **DSWD Auditorium, 4th Floor, Magiliw Building, DSWD Central Office, IBP Road, Constitution Hills, Quezon City.**

III. Issuance of Bidding Documents

The issuance of bidding documents is extended until **09:00 a.m. of 12 August 2020.**

This Bid Bulletin shall form part of the bidding documents.

Please be guided accordingly.



FELICISIMO C. BUDIONGAN
Undersecretary and Chairperson,
Bids and Awards Committee

Please accomplish the portion below and send it to facsimile no. (02) 951-7116 or email at bacsec@dswd.gov.ph.

Received from DSWD, Supplemental/Bid Bulletin No. 3 for the Provision of Multi-Year Contract for the Hiring of Service Provider for Termite Treatment and General Pest Control of DSWD-Central Office and Other Satellite Offices (ITB No. GOP/20-DSWD-038);

RECEIVED BY : _____ DATE: _____
(SIGNATURE OVER PRINTED NAME)

DESIGNATION : _____

COMPANY : _____

NO: _____

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