

**SUPPLEMENTAL / BID BULLETIN NO. 2025-02-11-12**

**TITLE** : Supply and Delivery of Nutri Combo for the Implementation of 15th Cycle Supplementary Feeding Program ABC: ₱ 65,243,450.00  
**ITB NO.** : 2025-02-11  
**DATE** : 10 MARCH 2025

This Supplemental/Bid Bulletin is issued to all prospective bidders announcing the Response on the Question/Clarification of the Prospective Bidders, and the Amendments/Changes in the Bidding Documents, to wit:

**Question/Clarification of the Prospective Bidders**

PARTICULARS	QUESTIONS AND CLARIFICATIONS	RESPONSE
<b>Manpower Requirements</b>	How many staff per drop-off area?	2-3 Male Staff
<b>Warehouse</b>	Is it one (1) warehouse per LGU?	It is not necessarily one warehouse per LGU. Instead, warehouse placement is strategically determined based on the area. If neighbouring LGUs are in close proximity, they may share a single warehouse.
<b>Technical Specifications</b>	Would it be possible that you allow distributors, given that the products to be delivered comply with the specifications?	It is specified in Section VII. Technical Specifications that Tradership and Distributorship is NOT ALLOWED.

**Amendments/Changes in the Bidding Documents**
**Section I. Invitation to Bid**

PARTICULARS	FROM	TO
<b>Deadline for Bid Submission</b>	17 March 2025, 09:00 AM	18 March 2025, 09:00 AM
<b>Bid Opening</b>	17 March 2025, 01:00 PM	18 March 2025, 01:00 PM

## Section VI. Schedule of Requirements

PARTICULARS	FROM	TO
A. PRICE	Prices stated in the Purchase Request are inclusive of delivery costs	Prices stated in the Approved Budget for the Contract are inclusive of delivery costs.
H. PROOF OF DELIVERY	The Delivery Receipts/Acknowledgement Receipts/Sales Invoice/Charge Invoice/Tally Sheets must be signed by authorized person to support claims for payment.	The Delivery Receipts, Sales Invoice/Charge Invoice, and Tally Sheets must be signed by authorized persons to support claims for payment.

## Section VII. Technical Specifications

PARTICULARS	FROM	TO
A. PRICE	Prices stated in the Purchase Request are inclusive of delivery costs	Prices stated in the Approved Budget for the Contract are inclusive of delivery costs.
H. PROOF OF DELIVERY	The Delivery Receipts/Acknowledgement Receipts/Sales Invoice/Charge Invoice/Tally Sheets must be signed by authorized person to support claims for payment.	The Delivery Receipts, Sales Invoice/Charge Invoice, and Tally Sheets must be signed by authorized persons to support claims for payment.

**Attached is the Revised Schedule of Requirements with corresponding changes. Submission of documents that did not reflect the amendment/changes shall be ground for disqualification.**



# *Schedule of Requirements*

## Supply and Delivery of Nutri Combo for the Implementation of 15<sup>th</sup> Cycle Supplementary Feeding Program

PARTICULARS	QTY	UNIT
<p><b>NUTRI COMBO</b></p> <ul style="list-style-type: none"> <li>- <b>High Protein Cookie (60 grams) + Nutri-juice (200ml)</b>  **at least 1/3 RENI daily requirement of 2-5 year old child</li> </ul> <ul style="list-style-type: none"> <li>✚ Target # of beneficiary : 153,514 number of child</li> <li>✚ Number of feeding days: 17 days</li> </ul> <ul style="list-style-type: none"> <li>✚ <b>PACKAGING</b></li> <li><b>COOKIE:</b> <ul style="list-style-type: none"> <li>▪ Laminated Polyethylene Foil</li> <li>▪ Nutrition facts must be indicated clearly</li> <li>▪ DSWD and SFP Logo must be indicated</li> <li>▪ NOT FOR SALE Logo must be indicated</li> </ul> </li> <li><b>JUICE:</b> <ul style="list-style-type: none"> <li>▪ In Pouch</li> <li>▪ Nutrition facts must be indicated clearly</li> <li>▪ DSWD and SFP Logo must be indicated</li> <li>▪ NOT FOR SALE Logo must be indicated</li> </ul> </li> <li>✚ <b>SHELF LIFE:</b> at least 8 months to 1 year</li> <li>✚ Must be safe for consumption by children aged 2 to 5 years old</li> <li>✚ Manufacturing and Expiration Dates must be indicated</li> <li>✚ Must have FDA Registration Certificate</li> <li>✚ Must be HALAL Certified</li> <li>✚ Must be DOST-FNRI Certified Adoptor</li> <li>✚ Tradership and Distributorship is NOT ALLOWED</li> <li>✚ The Service Provider must have sufficient fleet of vehicles to be used for the delivery</li> </ul>	2,609,738	packs



JULY 2025						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	1	2	3	4	5	6
7	1 <sup>st</sup> DELIVERY		10	11	12	13
14	15	16	17	18	19	20
21	2 <sup>nd</sup> DELIVERY		24	25	26	27
28	29	30	31			

AUGUST 2025						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
				1	2	3
4	3 <sup>rd</sup> DELIVERY		7	8	9	10
11	12	13	14	15	16	17
18	4 <sup>th</sup> DELIVERY		21	22	23	24
25	26	27	28	29	30	31

SEPTEMBER 2025						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
5 <sup>th</sup> DELIVERY			4	5	6	7
1	2	3				
8	9	10	11	12	13	14
6 <sup>th</sup> DELIVERY			18	19	20	21
15	16	17				
22	23	24	25	26	27	28
7 <sup>th</sup> DELIVERY						
29	30					



## OCTOBER 2025

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
<b>7<sup>th</sup> DELIVERY</b>			1	2	3	4	5
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30	31			

## NOVEMBER 2025

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
					1	2
<b>8<sup>th</sup> DELIVERY</b>			3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

**NOTE:**

**A. PRICE**

Prices stated in the Approved Budget for the Contract are inclusive of delivery costs

**B. DELIVERY SITES**

Within LGU identified drop off areas.

**C. DELIVERY**

Within the attached schedule of delivery and timeline (TWICE A MONTH).

1. Items must be delivered on the same delivery schedule as the Supplementary Feeding Program hot meal.
2. Items shall be placed in a box and must be segregated per Child Development Center according to its appropriate quantity per delivery based on the distribution sheet provided by the end user. The said boxes must be labelled with the name of the Child Development Center.

**D. PACKAGING**

The packaging of the items should be done by the supplier. Nutrition facts must be indicated clearly. DSWD and SFP Logo must be indicated. **NOT FOR SALE** logo/sign must be



indicated. Packed individually with no cuts and holes. Labor cost for packaging should also be shouldered by the supplier. The number of items per pack is specified in the delivery schedule to be forwarded by the end user.

**E. WAREHOUSE**

The warehouse shall be strategically situated within the covered LGUs, and all packing of items will take place at the designated warehouse(s), not at the drop-off sites.

**F. A buffer of 20% of the item** quantity must be provided to account for any damage during delivery.

**G. INSPECTION AND FINAL ACCEPTANCE**

Inspection (DSWD Inspection Committee), Final Acceptance (by the DSWD Acceptance Committee) shall be done in the Pantawid Office or identified drop off areas per LGU and shall be presented in every delivery to C/MAT Inspector and Acceptor.

**H. PROOF OF DELIVERY**

The Delivery Receipts, Sales Invoice/Charge Invoice, and Tally Sheets must be signed by authorized persons to support claims for payment.

**I. PAYMENT TERMS**

Payment will be made within 60 working days upon submission of complete and correct supporting documents of the total deliveries.

**J. BREAKDOWN**

Breakdown per item of quantity per drop off areas/delivery sites referring to the Distribution Sheet provided by the end user once NTP is served.

I hereby certify to comply and deliver all of the above requirements within the delivery schedule.

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

Legal Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Duly authorized to sign the Bid for and behalf of: \_\_\_\_\_

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

**\*\*\*THIS DOCUMENT MUST BE ATTACHED TO THE TECHNICAL SPECIFICATIONS\*\*\***



# Technical Specifications

## Supply and Delivery of Nutri Combo for the Implementation of 15<sup>th</sup> Cycle Supplementary Feeding Program

Bidders must state either “Comply” or “Not Comply” in the Statement of Compliance column to each indicated parameter or specification. Ensure that the offered item/s must all be compliant to the indicated parameter/s or specification/s to avoid failure of your bids.

PARTICULARS	QTY	UNIT	STATEMENT OF COMPLIANCE
<p><b>NUTRI COMBO</b></p> <ul style="list-style-type: none"> <li>- <b>High Protein Cookie (60 grams) + Nutri-juice (200ml)</b> **at least 1/3 RENI daily requirement of 2-5 year old child</li> <li>✚ Target # of beneficiary : 153,514 number of child</li> <li>✚ Number of feeding days: 17 days</li> <li>✚ <b>PACKAGING:</b></li> <li><b>COOKIE:</b> <ul style="list-style-type: none"> <li>▪ Laminated Polyethylene Foil</li> <li>▪ Nutrition facts must be indicated clearly</li> <li>▪ DSWD and SFP Logo must be indicated</li> <li>▪ NOT FOR SALE Logo must be indicated</li> </ul> </li> <li><b>JUICE</b> <ul style="list-style-type: none"> <li>▪ In Pouch</li> <li>▪ Nutrition facts must be indicated clearly</li> <li>▪ DSWD and SFP Logo must be indicated</li> <li>▪ NOT FOR SALE Logo must be indicated</li> </ul> </li> <li>✚ <b>SHELF LIFE:</b> at least 8 months to 1 year</li> <li>✚ Must be safe for consumption by children aged 2 to 5 years old</li> <li>✚ Manufacturing and Expiration Dates must be indicated</li> <li>✚ Must have FDA Registration Certificate</li> <li>✚ Must be HALAL Certified</li> <li>✚ Must be DOST-FNRI Certified Adopter</li> <li>✚ Tradership and Distributorship is NOT ALLOWED</li> <li>✚ The Service Provider must have sufficient fleet of vehicles to be used for the delivery</li> </ul>	2,609,738	packs	

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I hereby certify to comply and deliver all of the above requirements within the delivery schedule.

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

Legal Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Duly authorized to sign the Bid for and behalf of: \_\_\_\_\_

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





This Bid Bulletin shall form part of the bidding documents.

Please be guided accordingly.

  
**BELLENE L. AHMAD**

*Chairperson, Bids and Awards Committee*

**Please accomplish the portion below and email at [bac.fo10@dswd.gov.ph](mailto:bac.fo10@dswd.gov.ph).**

Received from DSWD, **Supplemental/Bid Bulletin No. 2025-02-11-12** for the Supply and Delivery of Nutri Combo for the Implementation of 15<sup>th</sup> Cycle Supplementary Feeding Program (IB NO. 2025-02-11)

RECEIVED BY : \_\_\_\_\_ DATE: \_\_\_\_\_  
(SIGNATURE OVER PRINTED NAME)

DESIGNATION : \_\_\_\_\_

COMPANY : \_\_\_\_\_

JPT/cmk

