

ANNEX D

COMPANY PROFILE

Please provide information for each Company if your recommended solution requires the involvement of more than one Company.

Company Name

Business Address

Authorized Company Representative

Telephone / Mobile Nos.

E-mail Address

Facsimile Nos.

Exclusive Local Distributor / Reseller / Dealer

Type of Ownership

Year Company was Established

Sole Proprietorship Partnership Corporation

Former Name(s) of the Company, if applicable

FORMER NAME	YEAR ESTABLISHED

Name of Parent Company (if any)

	2009	2010	2011
Sales Volume (in PhP)			
Revenues			
Profits			

No. of Employees

	PERMANENT	CONSULTANTS	PROJECT-BASED
Local Office			
Global Office			

ANNEX E

Curriculum Vitae (CV) for Proposed Professional Staff

(provide the resume of each project team member)

Proposed Position: _____

Name of Firm: _____

Name of Staff: _____

Profession: _____

Date of Birth: _____

Years with Firm/Entity: _____ Nationality: _____

Membership in Professional Societies: _____

Detailed Tasks Assigned: _____

Key Qualifications:

[Give an outline of staff member's experience and training most pertinent to tasks on project. Describe degree of responsibility held by staff member on relevant previous projects and give dates and locations]

RELATED WORK EXPERIENCE			
Enumerate / Describe all work experience that are relevant to the designation and / or project.			
PROJ TITLE	DESCRIBE AREA OF INVOLVEMENT	DATE	LOCATION
Example: Project 1	<u>Retrofit Design:</u> (description)		
Project 2	<u>Structural Engineering Investigation:</u> (description)		
Project n	<u>Others:</u> (description)		

Languages:

[For each language, indicate proficiency: excellent, good, fair, or poor in speaking, reading, and writing.]

LANGUAGE	SPEAKING				READING				WRITING				
	E	G	F	P	E	G	F	P	E	F	F	P	

Certification:

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

Date: _____
[Signature of staff member and authorized representative of the firm] Day/Month/Year

Full name of staff member: _____

Full name of authorized representative: _____

ANNEX F

AVAILABLE FACILITIES and PROJECT RESOURCES

List only the necessary resources that will be used (owned or leased) for this Project

COMPANY RESOURCES			
GENERAL SPECIFICATION			NO.OF UNITS
HARDWARE			
1			
2			
3			
4			
5			
6			
7			
SOFTWARE DEVELOPMENT TOOLS / LICENSES			
1			
2			
3			
4			
5			
6			
7			
OTHER OFFICE EQUIPMENT			
1			
2			
3			
4			
5			
6			
7			

METHODOLOGY AND APPROACH

GENERAL DESCRIPTION OF METHODOLOGY and APPROACH

Describe briefly the phases of the project, the objectives for each phase and the results required from a phase before the next one can begin.