Summary by Office

Department	Head of Department/Office	Total Cost
Office of the Provincial		
Governor	Atty. Hubert V. Gervacio	605,630,000.00
Provincial Treasurer's Office	Ms. Adelina M. Martal	350,000.00
General Services Office	Mr. Ferdinand A. Belamide	3,000,000.00
Public Health Office - Public		
Health Program	Dr. Nelson C. Soriano	30,000.00
General Emilio Aguinaldo		
Memorial Hospital	Dr. Romulo U. Lua, Jr.	2,760,000.00
Korea - Philippine Friendship		
Hospital (including the Medical		
Arts Building and the Dialysis		
Clinic	Dr. Romulo U. Lua, Jr.	1,104,000.00
Provincial Social Welfare and		
Development Office	Ms. Felipa G. Servañez	7,500,000.00
	Water transfer to the state of	
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Prepared By:

NANCY CONTOC

JUANITO VICTOR C REMULLA

ocal Chief Executive

FDP Form 14	- Supplementa	l Procurement Plan,	by Office or	r Department
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SUPPLEMENTAL PROCUREMENT PLAN CY 2019

Province, City or	Municipality:												
Plan Control No.				····			Planned Amount			Page of pages			
Department/ Off	ice: Office of the Provincial Governor				Regular	Con	tingency		Total	Date Submitte	d:		
				uantity					DISTRIB	UTION			
item No.	Description	Unit Cost		y	Total Cost	1st	Quarter	2nd Quarter		3rd Quarter			ith Quarter
l			No.	Description		Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
	Communication Network - Appropriation for the Procurement and Establishment of Cavite Broadband Network				590,000,000.00				590,000,000.00			*************	
	Other Supplies and Materials Expenses for Distribution to Municipalities and Barangays				8,630,000.00								8,630,000.00
	Purchase of Office Equipment/ ICT Equipment/ , Communication Equipment/ Construction and Heavy Equipment, Military, Police and Security Equipment Other Machinery and Equipment Motor Vehicles Water Crafts				7,000,000.00								7,000,000.00
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TOTAL			<u></u>		605,630,000.00								

This is to certify that the above procurement plan is in accordance with the objective of this Office.

ATTY. HUBERT V. GERVACIO

FDP Form 14a -	 Supplemental 	Procurement Plan,	by Office o	r Department

SUPPLEMENTAL PROCUREMENT PLAN

CY 2019

Province, City or	Municipality:												
Plan Control No.							Planned Amount			Page of pages			
	ice: Provincial Treasurer's Office				Regular	Regular Contingency Total					d:		
			o	luantity		DISTRI			- 		·		
item No.	Description	Unit Cost			Total Cost	1st	Quarter	2nd Quarter			Quarter	}	th Quarter
			No.	Description		Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
	Office Supplies Expenses- Suppy and Delivery of Provincial Stickers				150,000.00								150,000.00
	Training Expenses for Gender and Development (GAD)				200,000.00								200,000.00
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TOTAL			· · · · · · · · · · · · · · · · · · ·		350,000.00								

This is to certify that the above procurement plan is in accordance with the objective of this Office.

ADELINA M. MARTAL

4a -	Supplemental	Procurement Plan,	, by Office or	Departmen
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SUPPLEMENTAL PROCUREMENT PLAN

CY 2019

					Planned Amount			Page of	pages			
			Regular	Con	tingency		Total	Date Submitted:				
	0	uantitu					DISTRI	BUTION				
Unit Cost	ď	uantity	Total Cost	Total Cost 1st Quarter			2nd Quarter		l Quarter	4	th Quarter	
	No.	Description		Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount	
			3,000,000.00								3,000,000.00	
									·			
									:			
			3,000,000.00									
	Unit Cost	Unit Cost	***************************************	Unit Cost No. Description 3,000,000.00	Unit Cost Quantity Total Cost 1st Qty. 3,000,000.00	Unit Cost Quantity Total Cost 1st Quarter Qty, Amount 3,000,000.00	Unit Cost Quantity Total Cost 1st Quarter Qty. Amount Qty.	No. Description Total Cost 1st Quarter 2nd Quarter	Regular Contingency Total Date Submitted	Contingency Total Date Submitted	No. Description Description Date Submitted: DISTRIBUTION DISTRIBUTION	

ertify that the above procurement plan is in accordance with the objective of this Office.

FERDINAND A. BELAMIDE
Head of Department/Office

FDP Form 14a	- Supplemental Procurement Plan, by O	ffice or Departmer	nt										
					SUPPLE	MENTAL PROC	UREMENT PLAN						
						CY 2019	•						
Province. City or	Municipality:												
Plan Control No.							Planned Amount	**************		Page of	_ pages		
	ice: Public Health Office - Public Health Program				Regular	Cor	rtingency			Date Submitte	****		
		<u> </u>			DISTRIBU					UTION			
item No.	Description	Unit Cost	۱۹	uantity	Total Cost	1st	Quarter	·	2nd Quarter	3rd	l Quarter	1	Ith Quarter
			No.	Description		Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
	Office Supplies Expenses		<u> </u>		30,000.00								30,000.00
			<u> </u>										
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30,000.00

This is to certify that the above procurement plan is in accordance with the objective of this Office.

CHIEF OF CLINICS
Head of Department/Office

TOTAL

FDP Form 14a -	 Supplemental Procurement Plan. 	by Office or De	partment

SUPPLEMENTAL PROCUREMENT PLAN CY 2019

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rovince, City or	Municipality:												
lan Control No.					Planned Amount						pages		
Department/ Of	fice: General Emilio Aguinaldo Memorial Hospital				Regular	Cor	itingency		Total	Date Submitte	ed:		
				luantity					DISTRI	BUTION			
ltem No.	Description	Unit Cost			Total Cost	1st	Quarter		2nd Quarter	3rc	d Quarter		4th Quarter
	1		No.	Description		Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount
	Office Supplies Expenses				660,000.00								660,000.0
	Medical, Dental and Laboratory				500,000.00							1	500,000.00
	Supplies Expenses			1	500,000.00								500,000.00
	Janitorial Services				1,300,000.00								1,300,000.00
	Environment/Sanitary Services for	•											
	Climate Change Adaptation/	·			1						1	1	
	Mitigation Program				300,000.00								300,000.0
										<u> </u>		<u> </u>	
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TOTAL					2,760,000.00							1	<u>:</u>

This is to certify that the above procurement plan is in accordance with the objective of this Office.

DR. ROMULTU. LUA, JR

		Procurement Plan,		

SUPPLEMENTAL PROCUREMENT PLAN CY 2019

Province, City or	Municipality:													
Pian Control No.						Planned Amount					Page of pages			
Department/ Of	fice: Korea-Philippines Friendship Hospital (includin	g the Medical Arts B	uliding and Di	alysis Clinic)	Regular	Contingency Total				Date Submitte	d:			
	1		Quantity						DISTRI	BUTION				
Item No.	Description	Unit Cost		quantity	Total Cost	1s1	Quarter		2nd Quarter	3rc	Quarter	41	h Quarter	
			No.	Description		Qty.	Amount	Qty.	Amount	Qty.	Amount	Qty.	Amount	
	Office Supplies Expenses				750,000.00								750,000.00	
	Environment/Sanitary Services for													
	Climate Change		İ		300,000.00						<u> </u>	1 1	300,000.00	
	Programs/Plans/Activities		<u> </u>											
	Security Services				54,000.00								54,000.00	
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TOTAL					1,104,000.00									

This is to certify that the above procurement plan is in accordance with the objective of this Office.

DR. ROMULE U. LUA, JR
Head of Department/Office

FDP Form 14a - Supplemental Procurement Plan, by Office or Department SUPPLEMENTAL PROCUREMENT PLAN CY 2019 Province, City or Municipality:_ Plan Control No. Planned Amount Page ___ of ___ pages Total Date Submitted: Regular Contingency Department/ Office: Provincial Social Welfare and Development Office DISTRIBUTION Quantity 2nd Quarter Description Unit Cost **Total Cost** 1st Quarter 3rd Quarter Item No. 4th Quarter Amount Qty. Qty. Amount No. Description Amount Qty. Amount Qty. Supplies and Materials Needed for 7,500,000.00 7,500,000.00 Pamaskong Handog 7,500,000.00

This is to certify that the above procurement plan is in accordance with the objective of this Office.

TOTAL