

Republic of the Philippines  
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**BUREAU OF JAIL MANAGEMENT AND PENOLOGY**  
**NATIONAL HEADQUARTERS**

144 Mindanao Avenue, Quezon City  
Trunklines: (+632) 927-6383; 927-5505  
Email Address: [itu@bjmp.gov.ph](mailto:itu@bjmp.gov.ph) Website: [www.bjmp.gov.ph](http://www.bjmp.gov.ph)



**REQUEST FOR QUOTATION**

The Bureau of Jail Management and Penology — National Headquarters (BJMP-NHQ), through its Bids and Awards Committee, intends to procure **Supply and Delivery of Various Medicines**, which will be undertaken in accordance with the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184.

Name of the Project	<b>Supply and Delivery of Various Medicines (2<sup>nd</sup> Posting)</b>
ABC	Two Hundred Thirty-Seven Thousand Seven Hundred Sixty-Five Pesos (Php 237,765.00)
Specifications	See Annex "A"
Delivery Location	BJMP National Headquarters, 144 Mindanao Avenue, Project 8, Quezon City
Delivery Date	Ten (10) Calendar Days upon Receipt of Notice to Proceed

Please quote your best offer for the item/s described herein, subject to the Terms and Conditions provided at the last page of this RFQ. Submit our quotation duly signed by you or your authorized representative not later than 1:00 NOV 2020 at 5:00 PM.

Interested suppliers are required to submit the following documents:

- Valid and current Mayor's Permit;
- PhilGEPS Registration Number (Please indicate on the space provided in Annex "A"); and
- Certificate of product registration.

Quotations may be submitted manually or through email at the address and contact numbers indicated below.

For further information, please refer to:


**JSINSP ARTURO R ESPOS JR**

Directorate for Logistics

BJMP National Headquarters, 144 Mindanao Avenue, Project 8, Quezon City

Telephone Number: 927-6383 local 202

Email Address: [bac.bjmpnhq@gmail.com](mailto:bac.bjmpnhq@gmail.com)

  
**DENNIS U. ROCAMORA, CESE**  
Jail Chief Superintendent  
Deputy Chief for Operations  
of the Jail Bureau  
Chairperson, BJMP-NHQ BAC

## **Terms and Conditions**

1. Bidders shall provide correct and accurate information required in this form.
2. Price quotations shall be denominated in Philippine Peso and shall include all taxes and/or levies payable.
3. Quotation exceeding the Approved Budget for the Contract shall be rejected.
4. Award of Contract shall be made to the Lowest Quotation (for goods and infrastructure) or, the highest rated offer (for consulting service) which complies with the minimum technical specification and other terms and conditions stated therein.
5. Any interlineations, erasure or overwriting shall be valid only if they are signed or initialed by you or your authorized representative/s.
6. The item/s shall be delivered according to requirement specified in the Technical Specifications.
7. The BJMP-NHQ shall have the right to inspect and/or to test the goods to conform their conformity to the technical specifications.
8. Liquidated damages equivalent to one tenth of one percent of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. The BJMP-NHQ shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other course of action and remedies open to it.

**I hereby understand and commit to comply all the above requirements in accordance with the above-stated terms and conditions.**

Name and Signature of Authorized Representative: \_\_\_\_\_

Name of the Company/ Business Name: \_\_\_\_\_

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



## ANNEX "A"

Name of the Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Business Permit No.: \_\_\_\_\_  
 PhilGEPS Registration No.: \_\_\_\_\_  
 TIN: \_\_\_\_\_  
 Telephone/ Cellphone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Instructions:

1. Do not alter the contents of this form in any way.
2. All the technical specifications are mandatory. Failure to comply with the specification shall be a ground for the disqualification of your quotation. Failure to follow these instructions will disqualify your entire quotation.
- 3.

### TECHNICAL SPECIFICATIONS

Bidders must state either "Comply" or "Not Comply" or any equivalent term in the column "Statement of Compliance" against each of the individual parameters of each "Specification". Please do not just check in the bidders "Statement of Compliance".

QTY	UNIT	Technical Specifications	Statement of Compliance	Remarks
3	Boxes	Felodipine 2.5 mg tabs 30's/box		
15	Boxes	Paracetamol 325mg + Phenylpropanolamine HCl 25mg + Chlorphenamine Maleate 2mg tab 100's/box		
50	Boxes	Ascorbic Acid (Vit C) 500mg tabs 100's/box		
50	Boxes	Multivitamins 30's/box		
5	Boxes	Elica Cream/Ointment 0.1% 5g		
1	Box	Hyoscine Butylbromide 10mg tabs 100's/box		
20	Boxes	Losartan 50mg tabs's 100's/box		
4	Boxes	Cetirizine Hydrochloride 10mg tabs 50's/box		
5	Boxes	Candesartan Cilexetil Hydrochlorothiazide 16mg/12.5mg tabs 30's/box		
15	Boxes	Azithromycin Dihydrate 500mg tabs 3's/box		
5	Boxes	Calcium Citrate 500mg tabs 100's/box		
3	Boxes	Nifedipine 10mg soft gel capsule 100's/box		
5	Boxes	Paracetamol Analgesic/Antipyretic 500mg caplet 500's/box		
2	Boxes	Bisacodyl 5mg tabs 100's/box		
10	Boxes	Cloxacilline 500 mg caps 100's/box		
10	Boxes	Celecoxib 400mg caps 20's/box		
20	Boxes	Vitamin B1 B6 B12 100 mg B1 + 5 mg B6 + 50 microgram B12 per tablet/capsule 500's/ box Pharex		
5	Boxes	Multivitamins + Minerals + Deanol + Ginseng Extract caps 100's/box		
5	Boxes	Allopurinol 100mg tabs 100's/box		
1	Box	Serc 16mg tabs 100's/box		
10	Boxes	Loratadine (Antihistamine) tab 100's/box		
150	Pouch es	Dichlorobenzyl Alcohol Amylmetacresol 1.2mg600mcg 8 lozenges/ pouch		



10	Boxes	Sambong 500mg tabs 100's/box		
10	Boxes	Amlodipine Besilate 5mg tabs 100's/box		
15	Bottles	d-Aplha Tocophero 400iu caps 30's/box		
10	Boxes	Metoprolol Tartrate 50mg tabs 100's/box		
10	Ampul es	Tetanus Toxoid 0.5ml ampule		
10	Boxes	Metoclopramide 10mg tabs 100's/box		
10	Boxes	Ferrous Sulfate 325mg tabs 100's/box		
10	Boxes	Mefenamic Acid 500mg tabs 100's/box		
40	Boxes	Amoxicillin + Potassium Clavulanate 625mg tab 14's/box		
5	Boxes	Canesten Cream 1% 5gm		
10	Boxes	Esomeprazole 40mg tabs 14's/box		
10	Boxes	Omeprazole 40mg tabs 30's/box		
10	Boxes	Flammazine 1% x 5 gms Cream		
5	Boxes	Carboceistene 500mg & Salbutamol 2mg caps 100's/ box (Solmux)		
2	Boxes	Clonidine Hydrochloride 25mcg tabs 100's/box		
10	Boxes	Mupirocin ointment 2% x 2.5g		
10	Boxes	Tetrahydrozoline Hydrochloride 7.5ml eyedrops (red eyes) eye-mo		
10	Boxes	Tetrahydrozoline Hydrochloride 7.5ml eyedrops (dry eyes) eye-mo		
10	Boxes	Cefuroxime 500mg tabs 60's/box		
<b>Additional Requirement: Expiration date of product to be delivered must be 2 to 3 years from the date of delivery.</b>				

## FINANCIAL OFFER

<b>Project:</b>	<b>Supply and Delivery of Various Medicines</b>
<b>Approved Budget for the Contract:</b>	<b>Two Hundred Thirty-Seven Thousand Seven Hundred Sixty-Five Pesos (Php 237,765.00)</b>

UNIT	QTY	DESCRIPTION	ABC	BID AMOUNT
3	Boxes	Felodipine 2.5 mg tabs 30's/box	1,500.00	
15	Boxes	Paracetamol 325mg + Phenylpropanolamine HCl 25mg + Chlorphenamine Maleate 2mg tab 100's/box	7,500.00	
50	Boxes	Ascorbic Acid (Vit C) 500mg tabs 100's/box	15,000.00	
50	Boxes	Multivitamins 30's/box	18,000.00	
5	Boxes	Elica Cream/Ointment 0.1% 5g	1,590.00	
1	Box	Hyoscine Butylbromide 10mg tabs 100's/box	500.00	
20	Boxes	Losartan 50mg tabs's 100's/box	6,400.00	
4	Boxes	Cetirizine Hydrochloride 10mg tabs 50's/box	1,600.00	
5	Boxes	Candesartan Cilexetil Hydrochlorothiazide 16mg/12.5mg tabs 30's/box	6,250.00	
15	Boxes	Azithromycin Dihydrate 500mg tabs 3's/box	5,400.00	
5	Boxes	Calcium Citrate 500mg tabs 100's/box	4,000.00	
3	Boxes	Nifedipine 10mg soft gel capsule 100's/box	1,500.00	
5	Boxes	Paracetamol Analgesic/Antipyretic 500mg caplet 500's/box	9,900.00	
2	Boxes	Bisacodyl 5mg tabs 100's/box	500.00	
10	Boxes	Cloxacilline 500 mg caps 100's/box	3,000.00	
10	Boxes	Celecoxib 400mg caps 20's/box	10,000.00	
20	Boxes	Vitamin B1 B6 B12 100 mg B1 + 5 mg B6 + 50 microgram B12 per tablet/capsule 500's/box Pharex	44,000.00	
5	Boxes	Multivitamins + Minerals + Deanol + Ginseng Extract caps 100's/box	17,000.00	
5	Boxes	Allopurinol 100mg tabs 100's/box	1,500.00	
1	Box	Serc 16mg tabs 100's/box	4,950.00	
10	Boxes	Loratadine (Antihistamine) tab 100's/box	1,000.00	
150	Pouches	Dichlorobenzyl Alcohol Amylmetacresol 1.2mg600mcg 8 lozenges/ pouch	10,500.00	
10	Boxes	Sambong 500mg tabs 100's/box	2,000.00	
10	Boxes	Amlodipine Besilate 5mg tabs 100's/box	5,000.00	
15	Bottles	d-Aplha Tocophero 400iu caps 30's/box	4,800.00	



10	Boxes	Metoprolol Tartrate 50mg tabs 100's/box	3,000.00	
10	Ampules	Tetanus Toxoid 0.5ml ampule	1,000.00	
10	Boxes	Metoclopramide 10mg tabs 100's/box	3,000.00	
10	Boxes	Ferrous Sulfate 325mg tabs 100's/box	1,300.00	
10	Boxes	Mefenamic Acid 500mg tabs 100's/box	1,000.00	
40	Boxes	Amoxicillin + Potassium Clavulanate 625mg tab 14's/box	15,600.00	
5	Boxes	Canesten Cream 1% 5gm	925.00	
10	Boxes	Esomeprazole 40mg tabs 14's/box	3,500.00	
10	Boxes	Omeprazole 40mg tabs 30's/box	3,500.00	
10	Boxes	Flammazine 1% x 5 gms Cream	2,000.00	
5	Boxes	Carboceistene 500mg & Salbutamol 2mg caps 100's/ box (Solmux)	6,500.00	
2	Boxes	Clonidine Hydrochloride 25mcg tabs 100's/box	7,400.00	
10	Boxes	Mupirocin ointment 2% x 2.5g	850.00	
10	Boxes	Tetrahydrozoline Hydrochloride 7.5ml eyedrops (red eyes) eye-mo	900.00	
10	Boxes	Tetrahydrozoline Hydrochloride 7.5ml eyedrops (dry eyes) eye-mo	900.00	
10	Boxes	Cefuroxime 500mg tabs 60's/box	3,000.00	
<b>TOTAL BID AMOUNT (in words and figures)</b>				
<b>Payment Details:</b>  Banking Institution: _____ Account Number: _____ Account Name: _____ Branch: _____				

Name and Signature of Authorized Representative: \_\_\_\_\_

Name of the Company/ Business Name:\_\_\_\_\_

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

## OMNIBUS SWORN STATEMENT

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REPUBLIC OF THE PHILIPPINES)  
CITY/MUNICIPALITY OF \_\_\_\_\_ ) S.S.

### A F F I D A V I T

I, [Name of Affiant], of legal age, [Civil Status], [Nationality], and residing at [Address of Affiant], after having been duly sworn in accordance with law, do hereby depose and state that:

1. **Select one, delete the other:**

*If a sole proprietorship:* I am the sole proprietor or authorized representative of [Name of Bidder] with office address at [address of Bidder];

*If a partnership, corporation, cooperative, or joint venture:* I am the duly authorized and designated representative of [Name of Bidder] with office address at [address of Bidder];

2. **Select one, delete the other:**

*If a sole proprietorship:* As the owner and sole proprietor or authorized representative of [Name of Bidder], I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity] [insert "as shown in the attached duly notarized Special Power of Attorney" for authorized representative];

*If a partnership, corporation, cooperative, or joint venture:* I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], accompanied by the duly notarized Special Power of Attorney, Board/Partnership Resolution, or Secretary's Certificate, whichever is applicable;

3. [Name of Bidder] is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board;

4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;

5. [Name of Bidder] is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. **Select one, delete the rest:**

*If a sole proprietorship:* The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the



Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

*If a partnership or cooperative:* None of the officers and members of [Name of Bidder] is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

*If a corporation or joint venture:* None of the officers, directors, and controlling stockholders of [Name of Bidder] is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. [Name of Bidder] complies with existing labor laws and standards; and
8. [Name of Bidder] is aware of and has undertaken the following responsibilities as a Bidder:
  - a) Carefully examine all of the Bidding Documents;
  - b) Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
  - c) Made an estimate of the facilities available and needed for the contract to be bid, if any; and
  - d) Inquire or secure Supplemental/Bid Bulletin(s) issued for the [Name of the Project].
9. [Name of Bidder] did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_ day of \_\_\_\_, 20\_\_ at \_\_\_\_\_ Philippines.

\_\_\_\_\_  
**[Bidder's Representative/Authorized Signatory]**

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_ day of [month] [year] at [place of execution], Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-813-SC). Affiant/s exhibited to me his/her [insert type of government identification card used], with his/her photograph and signature appearing thereon, with no. \_\_\_\_\_.



Witness my hand and seal this day of *[month]* *[year]*.

**NAME OF NOTARY PUBLIC**

Serial No. of Commission \_\_\_\_\_

Notary Public for \_\_\_\_\_ until \_\_\_\_\_

Roll of Attorneys No. \_\_\_\_\_

PTR No. \_\_\_\_\_ *[date issued], [place issued]*

IBP No. \_\_\_\_\_ *[date issued], [place issued]*

Doc. No. \_\_\_\_\_

Page No. \_\_\_\_\_

Book No. \_\_\_\_\_

Series of \_\_\_\_\_