



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



144 Mindanao Avenue, Quezon City
Trunk lines: (+632)927-6383•, 927-5505
Email Address: chief@bjmp.gov.ph Website: 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 Medicine** which will be undertaken in accordance with the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184.

Name of the Project	Supply and Delivery of Various Medicine
ABC	Two Hundred Two Thousand Six Hundred Pesos (Php 202,600.00)
Specifications	See Annex "A"
Delivery Location	BJMP National Headquarters, 144 Mindanao Avenue Project 8, Quezon City
Delivery Date	Fourteen (14) calendar days upon receipt of Purchase Order

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 <u>July 20, 2021</u> at 5:00 PM.

Interested suppliers are required to submit the following documents.

- a. Mayor's Permit;
- b. PhilGEPS Registration Number (Please indicate in the space provided in Annex "A");
- c. Latest Income or Business Tax Return;
- d. Valid License to Operate (LTO) as drug trader; and
- e. Omnibus Sworn Statement together with any documents to prove that the signatory of the quotation is authorized representative of the company or photocopy of ID bearing the picture/signature of the representative issued by the company (to be submitted before issuance of Notice of Award).

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

For further information, please refer to:

### J/SINSP 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

DENNIS U<sup>I</sup>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 quotation/s must be valid for a period of thirty (30) calendar days from the date of submission.
- 3. Price quotations shall be denominated in Philippine Peso and shall include all taxes and/or levies payable.
- Quotation exceeding the Approved Budget for the Contract shall be rejected.
- 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.
- 6. Any interlineations, erasure or overwriting shall be valid only if they are signed or initialed by you or your authorized representative/s.
- 7. The item/s shall be delivered according to requirement specified in the Technical Specifications.
- 8. The BJMP-NHQ shall have the right to inspect and/or to test the goods to conform their conformity to the technical specifications.
- 9. 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	9:
Name of the Company/ Business Name	:
Date	:

## **ANNEX "A"**

Name of the Company	:	
Address	:	
TIN Number.	:	
*PhilGEPS Registration No.	:	
Contact Number	1	
Email Address	:	

## **INSTRUCTIONS**

- 1. Do not alter the contents of this form in any way.
- 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.

## **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".

TECHNICAL SPECIFICATIONS	Statement of Compliance	Remarks	Offered Brand
Paracetamol 325mg + Phenylpropanolamine HCl 25mg + Chlorphenamine Maleate 2mg tab 100's/box			
Ascorbic Acid with Zinc 500mg/ 10mg tabs 100's/box			
Carboceistene 500mg & Salbutamol 2mg caps 100's/box			
Hyoscine Butylbromide 10mg tabs 100's/box			
Losartan 50mg tabs's 100's/box			
Metformin Hydrochloride 500mg tabs 100's/box			
Aluminum Hydroxide Magnesium Hydroxide Simethicone 200mg/200mg/25mg/ chewable tab 100's/box			
Cetirizine Hydrochloride 10mg tabs 50's/box			
Paracetamol Analgesic/Antipyretic 500mg caplet 500's/box			
Ibuprofen 200mg + Paracetamo; 325mg caps 100's/box			
Cloxacilline 500 mg caps 100's/box			
Celecoxib 400mg caps 20's/box			
Vitamin B Complex Tab 500's/ box			
Cefalexin 500mg caps 100's/box			
Multivitamins+Minerals+Ginseng+Royal Jelly Softgel 100's/ box			
Silver Sulfadiazine Cream 1% x 5gms cream			
Loratadine (Antihistamine) tab 100's/box			

Dichlorobenzyl Alcohol Amylmetacresol	T	
1.2mg600mcg 8 lozenges/ pouch		
Captopril 25mg tabs 100's/box		
Tranexamic Acid 500mg tabs 100's/box		
Omeprazole 40mg caps 14's/box		
Amlodipine Besilate 5mg tabs 100's/box		
d-Aplha Tocophero (Vitamin E) 400iu caps 30's/box		
Metoprolol Tartrate 50mg tabs 100's/box		
Mefenamic Acid 500mg tabs 100's/box		
Amoxicillin + Potassium Clavulanate 625mg tab 14's/box		ν,
Esomeprazole 40mg tabs 14's/box		
Loperamide Hcl 2mg tabs 100's/box		
Tobramycin Ophthalmic Solution 0.3% x 5ml		
Oral Rehydration Solution tab/ sachet 100's/box		
Mupirocin ointment 2% x 5g tube		
Tetrahydrozoline Hydrochloride 7.5ml eyedrops (dry eyes)		
Diclofenac Sodium 50mg tabs 100's/box		-
Additional Descriptions		

## Additional Requirements:

- 1. Bidders must attach Valid Certificate of Product Registration of the medicine being offered from the Food and Drug Administration (FDA); and
- 2. Expiry date should not be earlier than two (2) years from the date of delivery.

## **FINANCIAL OFFER**

After having carefully read and accepted the Terms and Conditions, I/we submit our quotation/s for the item/s as follows:

ABC:		Php 202	<b>hp 202,600.00</b> Pri		ce Offer	
Particular		UOM	QTY	Unit Price	Amount	
Paracetamol 325mg + Phenylprop 25mg + Chlorphenamine Maleate 100's/box		Box	15			
Ascorbic Acid with Zinc 500mg/ 10mg tabs 100's/box		Box	100			
Carboceistene 500mg & Salbutamol 2mg caps 100's/ box		Box	10			
Hyoscine Butylbromide 10mg tabs 100's/box		Box	1			
Losartan 50mg tabs's 100's/box		Box	20			
Metformin Hydrochloride 500mg tabs 100's/box		Box	10			
Aluminum Hydroxide Magnesium Hydroxide Simethicone 200mg/200mg/25mg/ chewable tab 100's/box		Box	5			
Cetirizine Hydrochloride 10mg tab	os 50's/box	Box	2			

Paracetamol Analgesic/Antipyretic 500mg caplet 500's/box	Box	4	
Ibuprofen 200mg + Paracetamo; 325mg caps 100's/box	Box	5	
Cloxacilline 500 mg caps 100's/box	Вох	10	
Celecoxib 400mg caps 20's/box	Box	10	
Vitamin B Complex Tab 500's/ box	Box	10	
Cefalexin 500mg caps 100's/box	Box	5	2
Multivitamins+Minerals+Ginseng+Royal Jelly Softgel 100's/ box	Box	5	
Silver Sulfadiazine Cream 1% x 5gms cream	Box	10	
Loratadine (Antihistamine) tab 100's/box	Box	10	
Dichlorobenzyl Alcohol Amylmetacresol 1.2mg600mcg 8 lozenges/ pouch	pouch	70	
Captopril 25mg tabs 100's/box	Вох	2	
Tranexamic Acid 500mg tabs 100's/box	Box	1	
Omeprazole 40mg caps 14's/box	Box	10	
Amlodipine Besilate 5mg tabs 100's/box	Box	20	
d-Aplha Tocophero (Vitamin E) 400iu caps 30's/box	Вох	20	
Metoprolol Tartrate 50mg tabs 100's/box	Вох	10	
Mefenamic Acid 500mg tabs 100's/box	Box	10	
Amoxicillin + Potassium Clavulanate 625mg tab 14's/box	Box	20	
Esomeprazole 40mg tabs 14's/box	Box	10	
Loperamide Hcl 2mg tabs 100's/box	Box	10	
Tobramycin Ophthalmic Solution 0.3% x 5ml	Box	10	
Oral Rehydration Solution tab/ sachet 100's/box	Вох	1	
Mupirocin ointment 2% x 5g tube	Вох	10	
Tetrahydrozoline Hydrochloride 7.5ml eyedrops (dry eyes)	Вох	10	
	Box	3	
Diclofenac Sodium 50mg tabs 100's/box  TOTAL BID AMOUNT (in			
words and figures)			
Payment Details:			
Banking Institution :			
Account Number :			
Account Name :			
Branch :			

f Authorized Representative	<u> </u>	-

## **Omnibus Sworn Statement (Revised)**

[shall be submitted with the Bid]

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

#### **AFFIDAVIT**

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], as shown in the attached duly notarized Special Power of Attorney;

[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], as shown in the attached [state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate, Board/Partnership Resolution, or Special Power of Attorney, 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, by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;
- 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 responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:
  - a. Carefully examining all of the Bidding Documents;
  - b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
  - c. Making an estimate of the facilities available and needed for the contract to be bid, if any; and
  - d. Inquiring or securing 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.
- 10. In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.

IN WITNESS WHEREOF, I have hereunto set my hand this day of, 20 at Philippines.				
	dder's Representative/Authorized Signatory			
[Format shall be based on the	latest Rules on Notarial Practice]			



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## **ACKNOWLEDGMENT RECEIPT**

I hereby acknowledge the receipt of the following documents from the **DIRECTORATE FOR LOGISTICS**.

No.	Name / Title of Document	Document No.	Date of Effectivity (If Applicable)
1.	RFQ- Supply and Delivery of Various Medicines		
	**************************************	******	
		(Signature over Pr	inted Name)
	-	(Designa	ation)
	-	(Compa	ny)
	-	Date / Ti	me
	-	Contact Nu	ımber
	-	F-mail Ad	dress

#### Note:

- Pls return this slip to the concerned office as soon as the document/s is/are received. For strict compliance
- Kindly call this Office (02) 927-6383 loc 202 if commo/s listed above is/are missing. Thank you