

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 for the 2<sup>nd</sup> Quarter of 2022** 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 Medicine for the 2<sup>nd</sup> Quarter of 2022</b>
ABC	Two Hundred Three Thousand Seven Hundred Pesos (Php 203,700.00)
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 05 APR 2022 at 5:00 PM.

Interested suppliers are required to submit the following documents.


- Mayor's Permit;
- PhilGEPS Registration Number (Please indicate in the space provided in Annex "A");
- Latest Income or Business Tax Return;
- Valid License to Operate (LTO) as drug trader; and
- 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:

**JSINSP ARTURO R ESPOS JR**

Directorate for Logistics, BJMP National Headquarters,  
144 Mindanao Avenue, Project 8, Quezon City  
Telephone Number: 8927-6383 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 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.
4. Quotation exceeding the Approved Budget for the Contract shall be rejected.
5. 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: \_\_\_\_\_

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

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



## ANNEX "A"

Name of the Company : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 TIN Number. : \_\_\_\_\_  
 \*PhilGEPS Registration No. : \_\_\_\_\_  
 Contact 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.

### 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
Multivitamins 500mg Capsules 100's/box			
Ascorbic Acid with Zinc 500mg/10mg capsules 100's/box			
Vitamin B1+B6+B12 100mg/10mg capsules 100's/box			
Ferrous Fumarate + Folic Acid 200mg/250mcg/cap 100's/box			
Mefenamic Acid 500mg/cap 100's/box			
Celecoxib 200mg cap 100's/box			
Loratadine 10mg/tab 100's/box			
Betahistine 16mg 100's/box			
Carbocisteine 500mg/cap 100's/box			
Ipratropium bromide Salbutamol Nebules 500mcg/2.5ml mg/2.5ml unit dose vial			
Metformin Hydrochloride 500mg/tab 100's/box			
Losartan 50 mg tabs 100's/box			
Clonidine Hydrochloride 75mcg/tab 100's/box			
Amoxicillin 500mg/cap 100's/box			
Amoxicillin + Potassium Clavulanate 625mg tab 14's/box			
Etoricoxib 60mg tabs 30's/box			
Erythromycin 500mg/cap 100's/box			
Doxycycline 100mg/tab 100's/box			
Metronidazole 500mg 100's/box			
Ofloxacin Otic Solution 0.3% 5ml/bot			
Mupirocin ointment 2% x 5g tube			
Tetrahydrozoline Hydrochloride 7.5ml eyedrops (red eyes)			
Tobramycin 3mg/ml (0.3%) 5ml/drop			

Silver Sulfadiazine Cream 1% x 5gms/cream			
Isoconazole Nitrate + Diflucortolone Valerate 10mg/1mg 10g Cream			
Oral Rehydration Solution 100's/box			
Diclofenac Sodium Topical Gel 1% 100g/box			
Omeprazole 40mg/cap 30's/box			
Esomeprazole 20mg tab 14's/box			
Aluminum Hydroxide Magnesium Hydroxide Simethicone 200mg/200mg/25mg chewable tab 100's/box			
Hyoscine N-Butylbromide 10mg/tab 100's/box			
Lidocaine Hydrochloride 2% (20mg/ml) 10ml/bot			
Amlodipine Besilate 5mg/tab 100's/box			
Diclofenac Sodium 50mg/tab 100's/box			

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 203,700.00		PRICE OFFER	
Particular	UOM	QTY	Unit Price	Amount
Multivitamins 500mg Capsules 100's/box	boxes	20		
Ascorbic Acid with Zinc 500mg/10mg capsules 100's/box	boxes	25		
Vitamin B1+B6+B12 100mg/10mg capsules 100's/box	boxes	10		
Ferrous Fumarate + Folic Acid 200mg/250mcg/cap 100's/box	boxes	2		
Mefenamic Acid 500mg/cap 100's/box	boxes	3		
Celecoxib 200mg cap 100's/box	boxes	2		
Loratadine 10mg/tab 100's/box	boxes	3		
Betahistine 16mg 100's/box	boxes	2		
Carbocisteine 500mg/cap 100's/box	boxes	2		
Ipratropium bromide Salbutamol Nebules 500mcg/2.5ml mg/2.5ml unit dose vial	nebules	30		
Metformin Hydrochloride 500mg/tab 100's/box	boxes	10		
Losartan 50 mg tabs 100's/box	boxes	30		
Clonidine Hydrochloride 75mcg/tab 100's/box	box	1		
Amoxicillin 500mg/cap 100's/box	boxes	2		
Amoxicillin + Potassium Clavulanate 625mg tab 14's/box	boxes	20		
Etoricoxib 60mg tabs 30's/box	boxes	5		



Erythromycin 500mg/cap 100's/box	boxes	5		
Doxycycline 100mg/tab 100's/box	boxes	5		
Metronidazole 500mg 100's/box	box	1		
Ofloxacin Otic Solution 0.3% 5ml/bot	boxes	5		
Mupirocin ointment 2% x 5g tube	boxes	15		
Tetrahydrozoline Hydrochloride 7.5ml eyedrops (red eyes)	boxes	35		
Tobramycin 3mg/ml (0.3%) 5ml/drop	boxes	35		
Silver Sulfadiazine Cream 1% x 5gms/cream	boxes	10		
Isoconazole Nitrate + Diflucortolone Valerate 10mg/1mg 10g Cream	boxes	15		
Oral Rehydration Solution 100's/box	boxes	5		
Diclofenac Sodium Topical Gel 1% 100g/box	boxes	20		
Omeprazole 40mg/cap 30's/box	boxes	3		
Esomeprazole 20mg tab 14's/box	boxes	15		
Aluminum Hydroxide Magnesium Hydroxide Simethicone 200mg/200mg/25mg chewable tab 100's/box	boxes	5		
Hyoscine N-Butylbromide 10mg/tab 100's/box	boxes	2		
Lidocaine Hydrochloride 2% (20mg/ml) 10ml/bot	bottles	10		
Amlodipine Besilate 5mg/tab 100's/box	boxes	30		
Diclofenac Sodium 50mg/tab 100's/box	boxes	2		
<b>TOTAL BID AMOUNT</b> (in words and figures)				
<b>Payment Details:</b>				
Banking Institution	:	_____		
Account Number	:	_____		
Account Name	:	_____		
Branch	:	_____		

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

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

## Omnibus Sworn Statement (Revised)

[shall be submitted with the Bid]

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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.

\_\_\_\_\_  
Bidder's Representative/Authorized Signatory

**[Jurat]**

*[Format shall be based on the latest Rules on Notarial Practice]*