



Republic of the Philippines  
 Department of Justice  
 BUREAU OF CORRECTIONS  
 SABLAYAN PRISON AND PENAL FARM  
 Occidental Mindoro



**REQUEST FOR QUOTATION**

**“PROCUREMENT OF WOMEN HEALTH PACKAGE FOR SPPF PERSONNEL - 1LOT”**

Date: \_\_\_\_\_  
 RFQ No: SPPF2023-PR.057

Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name of Store/Shop: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Business Permit No.: \_\_\_\_\_  
 TIN No.: \_\_\_\_\_  
 PhilGEPS Registration No.: (required) \_\_\_\_\_

Please quote your best offer for the item/s described below, subject to the Terms and Conditions as stated hereunder.

- a.) Bidders shall provide correct and accurate information required in this form.
- b.) Bidders shall **quote per lot**.
- c.) Price quotation/lot must be valid for a period of **One Hundred Twenty (120) calendar days** from the date of submission.
- d.) Price quotation/lot, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
- e.) Quotation exceeding the Approved Budget for the Contract shall be rejected.
- f.) Award of contract shall be made to the lowest quotation/lot (for goods and infrastructure) or, the highest rated offer/lot (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
- g.) Any alterations, erasures or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.
- h.) All items shall be delivered **thirty (30) days** from to the receipt of approved Notice to proceed (NTP).
- i.) The BuCor-SPPF shall have the right to inspect and/or to test the goods to confirm its conformity to the technical specifications.
- j.) Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. The BuCor-SPPF 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 courses of action and remedies open to it.
- k.) Bidders shall submit the required documents together with their bid price in a sealed envelope.
- l.) **Submission thru e-mail and fax of your quotation will not be entertained/accepted. Send your sealed quotation thru mail or submit it personally at the address hereunder provided.**

**REQUIREMENTS TO BE SUBMITTED**

- 1. Certified True copy of Valid & Current Mayor’s/Business Permit
  - a. Valid & Current Mayors Permit
  - b. Valid & Current Business Permit
- 2. Certified True copy of Valid & Current PhilGEPS Registration Number
- 3. Bidders who are registered in Bucor-SPPF Suppliers Registry **with updated record** need not to submit the aforementioned requirements.

**NOTE:**

**BIDDERS STATEMENT OF COMPLIANCE ON THE TERMS & CONDITIONS AND REQUIREMENTS AS STATED ABOVE**

\_\_\_\_\_  
 Signature over Printed Name of  
 Authorized Representative / Sole Proprietor

Submit your sealed quotation duly signed by you or your duly representative not later than **March 03, 2023** at the BAC Office, Bureau of Corrections – Sablayan Prison and Penal Farm at **09:00 A.M.** Late submission of bids shall be rejected.

**CCI ANGELITO DC LAPITAN**  
 BAC Chairperson

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

**REQUEST FOR QUOTATION #SPPF2023-PR.057**

| Procurement Project   | Approved Budget for the Contract (ABC)                                   |
|---|--|
| “Procurement of Women Health Package for SPPF Personnel - 1Lot” | Two Hundred Eighteen Thousand Four Hundred Pesos Only<br>(Php218,400.00) |

| NO. | QTY | UNIT | DESCRIPTION  | Compliance to the Technical specifications (Please check) |    | Approved Budget of the Contract (ABC)/Lot | Offered Quotation/ Unit (Php) | Offered Quotation Per Unit x Qty (Php) | Offered Quotation/Lot |
|-----|-----|------|--|---|----|---|-------------------------------|--|-----------------------|
|     |     |      |  | YES   | NO |   |                               |  |                       |
| 1   | 65  | PAX  | WOMEN’S HEALTH PACKAGE<br>(BREAST ULTRASOUND-<br>Breast Cancer Screening,<br>PAPS SMEAR-Cervical<br>Cancer Screening/Pelvic<br>Ultrasound) |   |    | <b>Php<br/>218,400.00</b>                 | _____                         | _____                                  | <b>Php</b><br>_____   |

\_\_\_\_\_  
**SIGNATURE OVER PRINTED NAME OF REPRESENTATIVE OR SOLE PROPRIETOR**  
**BUSSINESS NAME:** \_\_\_\_\_  
**POSITION/DESIGNATION:** \_\_\_\_\_  
**OFFICE TELEPHONE NO:** \_\_\_\_\_  
**MOBILE PHONE NO./FAX NO.:** \_\_\_\_\_  
**EMAIL ADDRESS/ES:** \_\_\_\_\_

*Omnibus Sworn Statement*

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

**AFFIDAVIT**

I, \_\_\_\_\_, of legal age, \_\_\_\_\_ (*Civil Status*),  
*Filipino*, \_\_\_\_\_ and \_\_\_\_\_ residing \_\_\_\_\_ at  
 \_\_\_\_\_, 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  
 \_\_\_\_\_ with office address at  
 \_\_\_\_\_;

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

2. *Select one, delete the other:*

*If a sole proprietorship:* As the owner and sole proprietor, or authorized representative of  
 \_\_\_\_\_, 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 **“Procurement of Women Health Package for SPPF  
 Personnel - 1Lot”** 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 **“Procurement of Women Health Package for  
 SPPF Personnel - 1Lot”** 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. \_\_\_\_\_ 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. \_\_\_\_\_ 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 \_\_\_\_\_ 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 \_\_\_\_\_ 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. \_\_\_\_\_ complies with existing labor laws and standards; and

8. \_\_\_\_\_ 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  
**“Procurement of Women Health Package for SPPF Personnel - 1Lot.”**

9. \_\_\_\_\_ 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 \_\_\_\_\_ 2023 at \_\_\_\_\_, 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. 02-8-13-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. \_\_\_\_\_ and issued on \_\_\_\_\_ at \_\_\_\_\_.

Witness my hand and seal this \_\_\_\_ day of \_\_\_\_\_ 2023.

**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 \_\_\_\_\_