



**BUREAU OF CORRECTIONS  
IWAHIG PRISON AND PENAL FARM**  
Iwahig, 5301 Puerto Princesa City  
Palawan



**Invitation to Bid**

Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Permit No.: \_\_\_\_\_ TIN No.: \_\_\_\_\_  
PhilGEPS Registration No.: \_\_\_\_\_ Contact Nos. \_\_\_\_\_

The Iwahig Prison and Penal Farm invites bids to participate in the Negotiated Procurement Two-Failed Biddings of Medicines. Please quote your best offer for the item/s described listed in the request for quotation and this procurement is composed of one (1) lot

Submit your quotation duly signed by you or your duly authorized representative with the following eligibility requirements not later than **October 19, 2023, 10:00 a.m.**

Bid opening shall be on **October 19, 2023, 10:15 a.m.** at New Conference Room, Iwahig Prison and Penal Farm, Puerto Princesa City  
Requirements during Post-Qualification Evaluation.

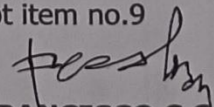
Quotations must be duly received by the BAC Secretariat through manual submission at New Conference Room, Iwahig Prison and Penal Farm, Puerto Princesa City

- a) Duly signed Request for Quotation (RFQ)
- b) Valid PhilGEPS Registration Certificate (Platinum Membership) (all pages)
- c) Bid Security
- d) Technical Specifications Form
- e) Production/delivery schedule
- f) Duly signed and notarized Omnibus Sworn Statement (OSS)

Bid opening shall be on **October 19, 2023, 10:15 a.m.** at New Conference Room, Iwahig Prison and Penal Farm, Puerto Princesa City

Requirements during Post-Qualification Evaluation.

1. Latest Annual Tax Return filed thru Electronic Filing and Payment Systems (EFPS) and must be duly validated with the tax payments made thereon for the preceding Tax Year be it on a calendar or fiscal year income (per Revenue Regulations 3-2005);
2. Latest Business Tax Return filed thru Electronic Filing and Payment System (EFPS) duly validated with the tax payments made thereon also refers to the Value Added Tax (VAT) or Percentage Tax Returns 41 covering the previous six (6) months (per Revenue Regulations 3-2005);
3. Sworn Statement using the prescribed form
4. Certificate of Product Registration (CPR) except item no.9
5. License to Operate

  
**FRANCISCO C CAABAY, DMD**  
Corrections Technical Inspector  
BAC Chairman

## A. Technical Specifications

(Kindly indicate the complete information below especially the specifications & brand for each item. Put "NO BID", if applicable)										
	<b>Item Description</b>	<b>Quantity</b>	<b>UOM</b>	<b>ABC (P)</b>	<b>Complete Specifications (Statement of Compliance)</b>	<b>Item Code</b>	<b>Brand</b>	<b>Country of Origin</b>	<b>Manufacturer</b>	<b>CPR No.</b>
1	AMLODIPINE 10MG + LOSARTAN 100MG	5,000	TAB							
2	CARBIMAZOLE 5MG	250	TAB							
3	FLUOCINOLONE ACETONIDE + NEOMYCIN + POLYMIXIN B 0.025% + 3.5MG + 10,000 UNITS/ ML, 5ML EAR DROPS	10	BOT							
4	INSULIN BIPHASIC ISOPHANE HUMAN INSULIN 70/30, 100IU/ML, 10ML SOLUTION	10	VIAL							
5	INSULIN REGULAR RDNA HUMAN 100IU/ML, 10ML SOUTION (HUMULIN R)	10	VIAL							
6	OFLOXACIN 2MG/ML 100ML IV INFUSION	25	BOT							
7	PROPYLTHIOURACIL 50MG TABLET	500	TAB							
8	POLYMYXIN B SULFATE 0.71mg+ BACITRACIN ZINC 10mg + NEOMYCIN SULFATE 5mg SKIN OINTMENT 3.5G	5	TUBE							

9	PROTEIN 15.9G, FAT 14G, CARBOHYDRATE 57.4G, FOS/INULIN 4.3G, WATER 5G, VIT A PALMITATE 450MCG-RE, VIT A 20MCG, VIT D3 4.8MCG, VIT E 7.9MG, VIT K 21MCG, VIT C 54MG, FOLIC ACID 130MCG, VIT B1 0.8MG, VIT B2 0.8MG, VIT B6 1MG, VIT B12 1.5MCG, NIACIN 8.2MG, PANTOTHENIC ACID 4,2MG, BIOTIN 18MCG, CHOLINE 136MG, NA 360MG, K 670MG, CI 550MG, CA 450MG, PHOSPHORUS 270MG, MG 80MG, FE 2.4MG, ZN 4.7MG, MANGANESE 1.4MG, COPPER 285MCG, IODINE 64MCG, SELENIUM 22MCG, CHROMIUM 22MCG, MOLYBDENUM 42MCG PER 100G (800G) COMPLETE & BALANCED NUTRITION	100	CAN						
10	Sambucus nigra L. Primula Veris L. & Primula elatior Rumex Crispus Verbena Officinalis Gentiana lutea	1,500	TAB						
11	THIAMAZOLE 10MG	250	TAB						
12	VIT. B1, VIT. B2, VIT B3, VIT B6, ASCORBIC ACID, D-PANTHENOL, DEXTROSE SOLUTION FOR INJECTION 20ML AMPULE	10	AMP						

***I hereby certify that the above information is good for agreement.***

Signature Over Printed Name of Authorized Representative.: \_\_\_\_\_

Name of Company: \_\_\_\_\_

## ***B. Schedule of Requirements***

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

No.	Item Description	Qty	UOM	ABC	Delivered, Weeks/ Months	Remarks	
						<i>Check (✓) what is applicable</i>	
1	AMLODIPINE 10MG + LOSARTAN 100MG	5,000	TAB		Within Fifteen (15) working days upon the receipt of Notice to Proceed	<input type="checkbox"/> Read & Accepted & Good for Agreement  Signature:	<input type="checkbox"/> NO BID
2	CARBIMAZOLE 5MG	250	TAB		Within Fifteen (15) working days upon the receipt of Notice to Proceed	<input type="checkbox"/> Read & Accepted & Good for Agreement  Signature:	<input type="checkbox"/> NO BID
3	FLUOCINOLONE ACETONIDE + NEOMYCIN + POLYMYXIN B 0.025% + 3.5MG + 10,000 UNITS/ ML, 5ML EAR DROPS	10	BOT		Within Fifteen (15) working days upon the receipt of Notice to Proceed	<input type="checkbox"/> Read & Accepted & Good for Agreement  Signature:	<input type="checkbox"/> NO BID
4	INSULIN BIPHASIC ISOPHANE HUMAN INSULIN 70/30, 100IU/ML, 10ML SOLUTION	10	VIAL		Within Fifteen (15) working days upon the receipt of Notice to Proceed	<input type="checkbox"/> Read & Accepted & Good for Agreement  Signature:	<input type="checkbox"/> NO BID
5	INSULIN REGULAR RDNA HUMAN 100IU/ML, 10ML SOLUTION (HUMULIN R)	10	VIAL		Within Fifteen (15) working days upon the receipt of Notice to Proceed	<input type="checkbox"/> Read & Accepted & Good for Agreement  Signature:	<input type="checkbox"/> NO BID
6	OFLOXACIN 2MG/ML 100ML IV INFUSION	25	BOT		Within Fifteen (15) working days upon the receipt of Notice to Proceed	<input type="checkbox"/> Read & Accepted & Good for Agreement  Signature:	<input type="checkbox"/> NO BID

7	PROPYLTHIOURACIL 50MG TABLET	500	TAB		Within Fifteen (15) working days upon the receipt of Notice to Proceed	<input type="checkbox"/> Read & Accepted & Good for Agreement  Signature:	<input type="checkbox"/> NO BID
8	POLYMYXIN B SULFATE 0.71mg+ BACITRACIN ZINC 10mg + NEOMYCIN SULFATE 5mg SKIN OINTMENT 3.5G	5	TUBE		Within Fifteen (15) working days upon the receipt of Notice to Proceed	<input type="checkbox"/> Read & Accepted & Good for Agreement  Signature:	<input type="checkbox"/> NO BID
9	PROTEIN 15.9G, FAT 14G, CARBOHYDRATE 57.4G, FOS/INULIN 4.3G, WATER 5G, VIT A PALMITATE 450MCG- RE, VIT A 20MCG, VIT D3 4.8MCG, VIT E 7.9MG, VIT K 21MCG, VIT C 54MG, FOLIC ACID 130MCG, VIT B1 0.8MG, VIT B2 0.8MG, VIT B6 1MG, VIT B12 1.5MCG, NIACIN 8.2MG, PANTOTHENIC ACID 4,2MG, BIOTIN 18MCG, CHOLINE 136MG, NA 360MG, K 670MG, CI 550MG, CA 450MG, PHOSPHORUS 270MG, MG 80MG, FE 2.4MG, ZN 4.7MG, MANGANESE 1.4MG, COPPER 285MCG, IODINE 64MCG, SELENIUM 22MCG, CHROMIUM 22MCG, MOLYBDENUM 42MCG PER 100G (800G) COMPLETE & BALANCED NUTRITION	100	CAN		Within Fifteen (15) working days upon the receipt of Notice to Proceed	<input type="checkbox"/> Read & Accepted & Good for Agreement  Signature:	<input type="checkbox"/> NO BID
10	Sambucus nigra L. Primula Veris L. & Primula elatior Rumex Crispus Verbena Officinalis Gentiana lutea	1,500	TAB		Within Fifteen (15) working days upon the receipt of Notice to Proceed	<input type="checkbox"/> Read & Accepted & Good for Agreement  Signature:	<input type="checkbox"/> NO BID
11	THIAMAZOLE 10MG	250	TAB		Within Fifteen (15) working days upon the receipt of Notice to Proceed	<input type="checkbox"/> Read & Accepted & Good for Agreement  Signature:	<input type="checkbox"/> NO BID

12	VIT. B1, VIT. B2, VIT B3, VIT B6, ASCORBIC ACID, D-PANTHENOL, DEXTROSE SOLUTION FOR INJECTION 20ML AMPULE	10	AMP		Within Fifteen (15) working days upon the receipt of Notice to Proceed	<input type="checkbox"/> Read & Accepted & Good for Agreement  Signature:	<input type="checkbox"/> NO BID
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## Omnibus Sworn Statement

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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;

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. 02-8-13-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 his/her Community Tax Certificate No. \_\_\_\_\_ issued on \_\_\_ at \_\_\_\_\_.

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. \_\_\_\_\_