

Republic of the Philippines  
**OVERSEAS WORKERS WELFARE ADMINISTRATION**  
 OWWA Center Bldg., F.B. Harrison St., Cor. 7th St., Pasay City  
 Tel# 833-0113 Telefax# 833-1010

P.R. No. 2024-10-0123  
 DATE: 6-Nov-24

**REQUEST FOR QUOTATION / PROPOSAL**


**COMPANY NAME:**

**ADDRESS OF COMPANY:**

To whom it may concern:

Please quote your lowest price/s (taxes included) on the lot or item/s below, subject to the General Conditions indicated herein, stating the shortest time of delivery and submit your quotation using your company letterhead or this form duly signed by your official representative to Overseas Workers Welfare Administration, Third Floor OWWA Center Building, 7th Street corner, FB Harrison, Pasay City not later than **13 November 2024 @ 10:00 a.m.**

  
**MARIAN GABRIELLE F. PIZARRA**  
 Supply Officer

  
**Engr. GERARDO S. GATCHALIAN**  
 OIC, PPMO

PROJECT TITLE/NAME: Proposal for the Subscription of Web Application Firewall (WAF) and Anti-Distributed Denial of Service (ANTI-DDOS) Protection					DEALER'S/SUPPLIER'S OFFER	
ITEM NO.	SPECIFICATIONS	QTY	UNIT	APPROVED BUDGET OF CONTRACT (ABC)	UNIT COST (Vat inclusive)	TOTAL COST (Vat inclusive)
1.	Subscription of Web Application Firewall (WAF) and Anti-Distributed Denial of Service (ANTI-DDOS) Protection:	1	lot	P600,000.00		
	<b>Features:</b>					
	<b>Web Application Firewall (WAF)</b>					
	Globally Load balanced CDN and Universal SSL Certificate					
	with advance certificate manager					
	up to 310 rules					
	<b>Anti-Distributed Denial of Service Protection</b>					
	Unmetered mitigations of DDoS attacks with up to 100 Tbps capacity					
	Accelerated Mobile pages and loseless image optimization					
	Advance Bot mitigation basic Bot Analytics					
	Support: Standard					
	For 12 months					
	<b>Additional Documentary Requirements must be submitted upon submission of offer:</b>					
	1. PhilGEPS Certificate or PhilGEPS Registration Number					
	2. Valid Mayor's / Business Permit					
	3. Income / Business Tax Return (latest)					
	Please take note that the Omnibus Sworn Statement shall be submitted within 5 days upon acceptance of Notice of Award.					
	Note: Bidders may also submit their bid proposal and supporting documents through email address: <a href="mailto:procurement@owwa.gov.ph">procurement@owwa.gov.ph</a>					
<b>GENERAL CONDITIONS</b>						
1. Entries must be typewritten / if handwritten, it must be clear and legible;						
2. Bidders must submit certificate of PHILGEPS Registration;						
3. Bidders must submit necessary business permits (SEC, LGU, DTI, CDA, etc.);						
4. All quotation can be submitted through the following means: a) in a SEALED ENVELOPE, or b) thru ELECTRONIC MAIL, or c) FACSIMILE. Label the envelope with the following: Bidder's Company Name PHILGEPS Reference No. Project Title/Name PR No.						
5. Item/s delivered must have warranties for unit replacements, parts, labor or other services;						
6. Quoted prices must be inclusive of taxes and shall not exceed the Approved Budget for the Contract (ABC);						
7. Proposal/Quotation submitted without signature of the authorized signatory shall not be accepted;						
8. Proposal/Bid modifications submitted beyond the scheduled deadline shall not be considered;						
9. Price quoted/ submitted on the deadline shall be considered as final and unalterable;						
10. Use of non-discretionary/non-discriminatory selection criteria as tie-breaking method in case of two or more bidders determined and declared as the Lowest Calculated and Responsive Bidder (LCRB) in accordance with GPPB Circular No. 06-2005;						
11. The OWWA reserves the right to accept or reject any bid, to annul the bidding process, and to reject at any time prior to contract award, without thereby incurring any liability to the affected bidder or bidders.						

**DELIVERY:** 30 calendar days upon receipt of PO/NTP

**TERMS OF PAYMENT:** Government Terms

**PRICE VALIDITY:** 60 days from date of quotation/proposal

\_\_\_\_\_  
 Company Name

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

\_\_\_\_\_  
 Designation

\_\_\_\_\_  
 Company Tel./Fax/Mobile No.

\_\_\_\_\_  
 Date