

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. 2025-03-0033
 DATE: 19-Mar-25

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 **26 March 2025 @ 10:00 a.m.**


MARIAN GABRIELLE F. PIZARRA
 AO V, PPMD


Engr. GERARDO S. GATCHALIAN
 OIC, PPMD

PROJECT TITLE/NAME: Proposal for the Supply and Delivery of SECURE SOCKET LAYER					DEALER'S/SUPPLIER'S OFFER	
ITEM NO.	SPECIFICATIONS	QTY	UNIT	APPROVED BUDGET FOR CONTRACT (ABC)	UNIT COST (Vat inclusive)	TOTAL COST (Vat inclusive)
1.	SECURE SOCKET LAYER	1	lot	₱ 150,000.00		
	• Provides secure authentication between web browsers & server as well as server to server authentication					
	• Single Certificate that secures unlimited sub-domains of a particular domain					
	• Signature algorithm strength is SHA-256 (minimum)					
	• 2048 bit future proof SSL/TLS Certificates, higher bits supported					
	• Multi-year validity subscription available					
	• Issuance speed is 1-3 days					
	• Universal compatibility with all browsers and devices					
	• Secures both www.domain.com and domain.com (without the www)					
	• Secure Site Seal					
	• Unlimited server licensing promotion					
	• Unlimited reissuance of Certificate					
	• Underwritten Liability Program of \$1,250,000.00					
	• Free SSL and Website Security Checker with evaluation report					
	• Optional cost for Basic Vulnerability Assessment Test per domain					
	Additional Documentary Requirements must be submitted upon submission of offer:					
	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: procurement@owwa.gov.ph					

GENERAL CONDITIONS

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: 15 calendar days upon receipt of PO/NTP

TERMS OF PAYMENT: Government Terms

PRICE VALIDITY: 30 days from date of quotation/proposal

Company Name

Print Name and Signature of Authorized Representative

Designation

Company Tel./Fax/Mobile No.

Date