Republic of the Philippines
Department of Public Works and Highways
Sorsogon 1st District Engineering Office
Guinlajon, Sorsogon City

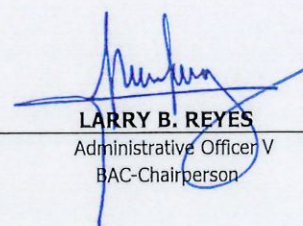| Name of Procuring Entity : DPWH-Sorsogon 1st DEO	Request for Quotation (P.R. No.) : 2025-06-0059
Revised on :	Date: 6/26/25
Standard Form/Title : **REQUEST FOR QUOTATION**	Office/End-User: DPWH-Sorsogon 1st DEO

COMPANY NAME :	
ADDRESS :	
TEL. NO./FAX NO. :	

Please quote your lowest price on the item (s) listed below, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative ot later than 10:00 A.M. of JULY 1, 2025 *in the return envelope attached herewith, to the Procurement Unit, DPWH Sorsogon 1st DEO, Guinlajon, Sorsogon City.*

TERMS and CONDITIONS:
1. All entries must be typewritten or legibly written.
2. Delivery perioid within **Thirty (30 CD)** upon receipt of the approved funded Purchased Order (P.O.)
   Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be imposed for
   non-delivery without valid reason.
3. Warranty shall be for a minimum of **three (3) months for supplies & materials; one year for Equipment;**
   3 years for IT Equipment from date of acceptance by the end-user.
4. Price validity shall be for a period of **sixty (60) calendar days.**
5. For all supplier, the two (2) envelope system will be followed.
   The 1st envelope shall contain the following eligibility document/s.
   PhilGEPS Registration Certificate (Platinum), Mayor's Permit, DTI/SEC Registration,
   Tax clearance including income/Business Tax Return, Certificate of Registration, Omnibus Sworn Statement,
   Original brochures showing certifications of the product (if applicable) shall be attached upon submission of the quotation.
   The 2nd envelope which will contain the quotation shall only be opened after the 1st is declared complying
6. Bidders shall submit **original brochures** showing certifications of the product.
7. Please indicate the **brand for each items** being offered.
8. The approved budget ceiling for tthis procurement is   ₱   **600,000.00**
9. Please **specify brand name** otherwise, bids will not be accepted
10. Quotation thru electronic mail/fax will not be accepted

LARRY B. REYES
Administrative Officer V
BAC-Chairperson

ITEM NO.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
	Biometrics Scanner and Installation	4	unit		
	Authentication Method Facial Recognition				
	Camera Resolution, Image Identification Speed, Image Capacity Features				
	Finger Print Scanner				
	Finger Print Scanner, Finger Identification Speed, Image Capacity Features				
	Device				
	CPU, Memory Log Capacity, Display , Keypad, Power				
	Interface				
	Network Interface, IO Ports				
	Software				
	Support OS, Management Software, Database Requirement				
	Specification				
	Facial recognition, Fingerprint scanning, Built-in IR LED, 500 dpi 2,000 matches in 1 second , Face Mask Detection, Anti-spoofing Optical, 10,000 matches in 1 second, 100,000 fingerprints				
	1GHz Quad Core, 2GB RAM + BGB External, 1,000,000 matches in 1 second, 100,000 fingerprints				
	LCD, Navigation Keys/touchscreen, 230V AC input, 12V DC output TCP/IP, RS 485, RS 232, USB 2,0/3,0				
	Windows 11, 10, 8.1 (64-bit)				
	Centralized management software running on a windows-based				
	PC Platform for compresive access control including user mgt. device management, and real time monitoring. Must be able to store data from biometrics machine automatically to a centralize database running on MS SQL Server 2016 or Sybase ASE 15.7				
	All requirement stated in the Database Configuration Requirementstated in the Database Configuration Requirement attached with this technical specification must be satisfied				
	Accessories				
	Cables and Connections, all necessary cables and connectors				

ITEM NO.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
	Other Requirements				
	Brand and Model: Must be an International Brand Name with existence of at least five (5) years in the Philippines unit model must be in current catalog and not end-of-life. Manufacturer's certificate is required.				
	Documentation and Media: The equipment shall be supplied with the standard manufacturer ducumentation, on any electronic storage media and hard copy version where available.				
	Warranty and Maintenance : The Supplier is required to provide a three (3) year warranty for parts and onsite labor from the data of Inspection and Acceptance Report (IAP).				
	Technical Support: The local technical support through telephone and email, 8 hours per day (8:00am- 5:00pm), 5 days aweek (Monday-Friday) for problem resolution .				
	Support shall have a response time of next business day.				
	Additional Notes: See attached database configuration for Central Office, Regional Office and District Engineering Offices.				
	Note: High Quality/ Heavy Duty				

Brand and Model : _____   **Warranty** _____

Delivery Period : _____   **Price Validity** _____

    After having carefully read and accepted your General Conditions, I/We quote you o the item(s) at prices not above. If the space for Delivery Period, Warranty and Price Validity are left blank, it means that I concur with the Terms and Conditions specified by DPWH.

                                                          Printed Name/Signature/Date

D:\BAC\new Forms GOOD'S thru shopping/R.F.Q..xls

CHECKLIST FOR GOOD'S
(Mode of Procurement: SMALL VALUE PROCUREMENT)

Attachment :

A. Eligibility and Technical Documents:

1. DTI Business Name/SEC Registration of Supplier

2. TAX Clearance & Monthly Payment of Taxes including Income/Business Tax Return

3. Certificate of PHILGEPS Registration

4. Latest/Updated Mayor's/Business Permit

5. Certificate of Registration (COR)

6. Omnibus Sworn Statement (Revised per GPPB Resolution No. 16-2020

7. Bidders shall submit original brochures showing certifications of the product (if applicable)

8. Special Power of Attorney of Liaison and Valid Identification Card   (if applicable)

B.   Financial Documents

1. Request for Quotation

Note: _Please indicate the brand for each items being offered (if applicable)_

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_____

Supplier's Signature
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