



Republic of the Philippines
 DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
AGUSAN DEL SUR 2ND DISTRICT ENGINEERING OFFICE
 San Francisco, Agusan del Sur, Region XIII



| | | | |
|--------------------------|--------------------------------|----------------------------------|-------------------|
| Name of Procuring Entity | DPWH Agusan del Sur 2nd DEO | Request for Quotation (P.R No.): | 024-12-624 |
| Revised on | : | Date: | 12/27/2024 |
| Standard form/Title | : REQUEST FOR QUOTATION | Office/End-User: | ICT Unit |
| Mode of Procurement | : Small Value | | |
| COMPANY NAME | : | PHILGEPs No.: | |
| ADDRESS | : | TCC No.: | |
| TEL NO./FAX No. | : | TIN No.: | |

Please quote your lowest price on the items listed below, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative not later than **December 31, 2024 @ 10:00am** and submit the hard copy to the BAC Secretariat for Goods at DPWH ADS 2nd DEO Brgy. Karaos, San Francisco, Agusan del Sur.

TERMS & CONDITIONS:

- All entries must be typewritten or legibly written.
- Delivery period with **90 calendar days** upon receipt of the approved funded Purchase Order (P.O). Administrative penalties pursuant to Sec. 69 of the revised IRR of RA 9184 shall be imposed for non-delivery without valid reason.
- Warranty shall be for a minimum of three (3) months for supplies & materials; one (1) year for Equipment; three (3) years IT Equipment from date of acceptance by the end-user.
- Price validity shall be for a period of sixty (60) calendar days.
- Shall be attached upon submission of the quotation.
 - Mayor's/Business Permit
 - Professional License/Curriculum Vitae (Consulting Services)
 - PHILGEPs Registration Certificate
 - PCAB License (Infra)
 - Income/BusinessTax Return (for ABCs above P500K)
 - Omnibus Sworn Statement (for ABCs above P50K)
- Bidders shall submit original brochures of the product.
- Please indicate the brand and model for each items being offered.
- The awarding for this RFQ will be on a lump-sum basis. Prospective Suppliers must quote for all of the items. Otherwise they will be subjected for disqualification.
- The approved budget ceiling for this procurement/s is **Php248,583.80**


WILFRED R. VISAYA
 OIC-Assistant District Engineer
 BAC-Chairperson

| Item No. | ITEMS & DESCRIPTION | QTY | UNIT | UNIT PRICE | TOTAL PRICE |
|----------|---|-----|-------|------------|-------------|
| 1 | IP Phones (see attached Technical Specs) Note: Must be compatible with existing PABX of DPWH | 4 | units | | |
| | End-Users: 2 units for Administrative Section, 1 unit for Quality Assurance Section, 1 unit for Construction Section | | | | |
| 2 | Pan-Tilt-Zoom (PTZ) Camera Technical Specs: | 1 | unit | | |
| | High Quality imaging with 4MP resolution, Excellent low-light performance with powered-by-darkfighter technology, Audio visual alarm: the white flashing light and audible warning can be triggered by certain events, 32x optical zoom and 16x digital zoom provide close up views over expansive areas, Expansive night view with up to 200 m IR distance Focuses on human and vehicle targets classification based on deep learning, face capture: Up to 5 faces captured at the same time | | | | |
| 3 | Label Marker (Rechargeable Handheld) | 1 | unit | | |
| 4 | Wireless HDMI Transmitter and Reciever Kit (includes 1 Transmitter and 1 Reciever) | 2 | unit | | |
| | 2.4/5GHz Wireless HDMI Extender Up to 165 feet from source | | | | |
| | | | | | |
| | | | | | |

Purpose: For replacement of damaged (1) One unit PTZ Camera for CCTV; for replacement of damaged IP Phone units for various sections. 2 units for Admin Section, 1 unit for Quality Assurance Section and 1 unit for Construction Section.

Please specify brand names and model, if applicable

Delivery Period: _____ Warranty: _____
 Price Validity: _____

After having carefully read and accepted your General Conditions, I/We quote you on the item(s) at prices note 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.

Tel. No.: _____ Telefax: _____ Printed Name/Signature/Date

Tel No./Cellphone No./ mail address