

REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to procure License for Cybersecurity Enterprise Subscription										
ES:	ıll be undertaken in accordance w		Section 52.1(b) (Shopping)							
			o. 9184, with an Approved Budget of the							
		700,000.00	Seven Hundred Thousand Pesos							
Please quote your best offer for the item/s described herein, subject to the Terms and Conditions provided										
below. Submit your quotation duly signed by you or your duly authorized representative not later than										
way	01,2024 at 11.	through email at	<u>bac-secretariat@psa.gov.ph</u> and <u>bacsecretariat.psa@gmail.com</u>							
For any clarification, you may contact us at telephone no. (02) 8374-8263 or email address at gsdprocurement.psa@gmail.com										
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			MINERVA ELOISA P. ESQUIVIAS							
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			hairperson, Bids and Awards Committee							
		TERMS AND CON	NOITIONS							
1	Ridders shall provide correct and	accurate information required in this form	SECRETARION SPACE SECRETARIO SECR							
2		or a period of thirty (30) calendar days f								
3		ited in Philippine peso, shall include all ta								
4	Quotations exceeding the ABC shall be rejected.									
5	and the second s	to the lowest calculated and responsive b	bid (LCRB).							
6	Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or your duly authorized representative.									
7	(5)		B, the PSA shall adopt and employ "draw lots" as the tie-breaking method							
		ing bidder in accordance with GPPB Circ								
8	The item/s shall be delivered acco	ording to the requirements specified in the	ne Purchase Request (PR).							
9	The PSA shall have the right to inspect and/or test the goods to confirm their conformity to the Technical Specifications.									
10	Payment shall be made after deliv-	very and upon submission of the required	d supporting documents, i.e. Order Slip and/or Billing Statement, by the							
			s, shall credit the amount due to the identified bank of the supplier not							
			hours, upon receipt of our advice. Please note that the corresponding bank							
11	transfer fee, if any, shall be chard	geable to the account of the supplier.	the value of the goods not delivered within the prescribed period shall be							
3.0	imposed per day of delay. The PS	one terrification on the contract once the cu	umulative amount of liquidated damages reaches ten percent (10%) of the							
		railldica to other courses of action and ra								
	Documents to be submitted	Deadline	Remarks							
	Document of the second of the	-								
Copy of the 2023 Mayor's/Business Permit and valid PhilGEPS Registration		not later than \(\frac{\frac{1}{0}\dagger{24}}{at}\)	together with the quotation							



REQUEST FOR QUOTATION PR No. 24-04-0342

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows:

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Item(s) and Specification(s), minimum		Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)			
					Yes	No		
License for Cybersecurity Enterprise Subscription	lot	1						
Number of Users: 12								
Duration: One (1) Year								
I. Novice								
a. Exploit Development Student								
b. Penetration Testing								
c. Enterprise Defense Administrator								
II. Professional								
a. Web Defense Professional								
b. Web Application Penetration Testing								
c. Threat Hunting Professional								
d. Digital Forensics Professional								
e. Penetration Testing Professional								
f. Mobile Application Penetration Testing Professional								
g. Network Defense Professional								
h. Incident Handling and Response Professional								
i. Malware Analysis Professional								
j. Reverse Engineering Professional								
*Includes Online Training Mode, Self-paced Learning, Virtual laboratories, Mobile App and Team Progress Tracking (gives you the ability to track course completion rates, learner progress, active learners and other metrics to measure the effectiveness of your training program.)								
Total amount in words:								
Printed name of the authorized representative:		Signature:						
Name of Company: Position:								
Address: Email address: _								
Fax No.: Mobile No.:								
Date:								