

Republic of the Philippines DEPARTMENT OF HEALTH PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100
website: www.pcmc.gov.ph email: officeofthedirector@pcmc.gov.ph
Trunkline: 588-9900 DirectLine: 924-0836 Fax No: 924-0840

NOTICE OF AWARD NOA-2021-021

LINDE PHILIPPINES, INC.

12th Floor, Unit 1201, The Podium West Tower 12 ADB Avenue, Ortigas Center Pasig City Tel. No. (02) 8702-7500

SUBJECT:

One (1) Lot Supply and Delivery of Medical Oxygen Pipe-in Liquid for Vacuum Insulated Evaporator (VIE) and Medical Oxygen Standard for Manifold Back Up

for three (3) years

Dear Sir/Madam:

This is to inform you that based on the result of the Public Bidding conducted on December 1, 2020 for the project stated above under Invitation to Bid No. IB 2021-016, as per BAC Resolution No. R2021-00-051, your proposal was found to be the Lowest Calculated and Responsive Bid (LCRB):

| NO | QTY | UNIT | DESCRIPTION | UNIT COST | TOTAL COST |
|----|---------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| 1 | 140,000 | m³ | OXYGEN, LIQUID PIPE-IN Purity: Minimum 99.5% Odor or Taste: Without significant odor or taste Moisture/ Vapor/ Water: Less than 1 ppm Manufacturer: LINDE PHILS., INC. | 14.00 | 1,960,000.00 |
| 2 | 42 | eyl | OXYGEN, MEDICAL (STD) FOR BACK-UP MANIFOLD Purity: Minimum 99.5% Pressure: Minimum 1,800 PSI Odor or Taste: Without significant odor or taste Moisture/ Vapor/ Water: Less than 1 ppm Manufacturer: LINDE PHILS., INC. | 230.00 | 9,660.00 |
| | | | TOTAL AMOUNT AWARDED for the 1 | 1,969,660.00 | |

Other Conditions:

- 1. Compliance to Terms of Reference (see attached)
- 2. Prices of the above items are fixed for the duration of the contract.
- 3. Staggered delivery and payment.



NOTICE OF AWARD NOA-2021-021 LINDE PHILIPPINES, INC.

| You are hereby required to provide on or before | _3 | 0 | JAN | 2021 | the following: |
|-------------------------------------------------|----|---|-----|------|----------------|
|-------------------------------------------------|----|---|-----|------|----------------|

- 1. Necessary contract for this purpose
- 2. Payment of Performance Security in either of the following forms:

| FORM OF PERFORMANCE SECURITY | AMOUNT OF PERFORMANCE SECURITY | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--|--|
| a) Cash or cashier's/manager's check issued by a Universal or Commercial Bank | Five percent (5%) | | |
| b) Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank | Php98,483.00 、 | | |
| c) Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security. | Thirty percent (30%) Php590,898.00 | | |

Failure to provide the Performance Security and/or contract shall constitute sufficient ground for cancellation of the award and imposition of penaltics/forfeiture corresponding to the Bid Security posted.

| Very truly yours, | |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| JULIUS A. VECCI Executive Director | ONES, MD, PhD, DPA, CESO III |
| Conforme: | |
| | the company has authorized me to accept this award, sign all related documents and hold the ules and laws applicable thereto. |
| I further certify that of us under R.A. 9 | at I have chosen the following mode (as checked) as the form of retention money required 184 Sec. 62.1. |
| 1 |] Bank Guarantee |
| I |] 1% Deduction from claims on the first payment for staggered deliveries |
| Authorized Signature (Signature over pri | |
| Designation | |
| Date | |