



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

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NOTICE OF AWARD  
NOA-2021-170

**R& A Dental Supply Center Co. ,**  
K-Juan Building, Unit 3  
No. 50 K-1st, Corner T. Gener St,  
Quezon City, 1103 Metro Manila  
Tel. No. 027-5775976/ 09178930311  
Email: [sales@randadentalsupply.com](mailto:sales@randadentalsupply.com)

Dear Sir / Madam:

This is to inform you that based on the result of the Public Bidding conducted on November 17, 2021 for Supply and Delivery of Syringe Pump under Invitation to Bid No. IB-2021-150, as per BAC Resolution No. R2021-12-548 , your proposal was found to be the Lowest Calculated and Responsive Bid (LCRB):

<i>QTY</i>	<i>UNIT</i>	<i>ITEM DESCRIPTION</i>	<i>TOTAL AMOUNT</i>
105	unit	Supply and Delivery of Syringe Pump Brand: Unifusion Sp50 Pro Shenzhen Medrena Biotech Co.LTD	Php 3,426,869.25 (Php 32,636.85/unit)

You are hereby required to provide on or before 07 FEB 2022 the Performance Security in any of the following form:

<b>FORM OF PERFORMANCE SECURITY</b>	<b>AMOUNT OF PERFORMANCE SECURITY</b> (Equal to Percentage of the Total Contract Price)
a) Cash or cashier's/ manager's check issued by a Universal or Commercial Bank	Five percent (5%) <b>Php171,343.46</b>
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	
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%) <b>Php1,028,060.78</b>

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

We will furnish you the approved Purchase Order (PO) upon receipt of funds from the Department of Budget and Management (DBM)

Very truly yours,



**SONIA B. GONZALEZ, MD MSChSM, MPM**  
**OIC, Executive Director**



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**Conforme:**

This is to certify that the company has authorized me to accept this award, sign all related documents and hold the company bound by rules and laws applicable thereto.

\_\_\_\_\_  
Authorized Signatory (Signature over printed name)

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Date

