

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

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NOTICE OF AWARD NOA-2022-004

MEDLINK MARKETING

Suite 301 77 Visayas Avenue Quezon City

Tel No.: 8928-7690 / 8695-9047

Email: alma_bobos@medlink-mktg.com

Dear Sir / Madam:

This is to inform you that based on the result of the Competitive Bidding conducted on November 8, 2021 for the procurement of One (1) Lot Supply and Delivery of supplies/consumables under Machine Placement Agreement for three (3) years for Apheresis kits with anticoagulant under Invitation to Bid No. IB-2022-003, as per BAC Resolution No. R2022-00-014, your proposal was found to be the Single Calculated and Responsive Bid (SCRB):

Item Description	Total Cost
One (1) Lot Supply and Delivery of supplies/consumables under Machine Placement Agreement for three (3) years for Apheresis kits with anticoagulant (Refer to Terms of Reference and Annex "A" for detailed offer)	Php1,254,400.00 per year

You are hereby required to provide on or before

2 4 JAN 2022 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 (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%) Php62,720.00
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%) Php376,320.00



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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.

Very truly yours,
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SONIA B. GONZALEZ, MD, MScHSM, MPM Officer-in-Charge, Executive Director
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.
I further certify that I have chosen the following mode (as checked) as the form of retention money required of us under RA 9184 Sec. 62.1.
[] Bank Guarantee
[] 1% Deduction from claims on the first payment for staggered deliveries
Authorized Signatory (Signature over printed name)
Designation
Date