



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

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**NOTICE OF AWARD**  
**NOA-2022-018**

**SERVO-TREAT PHILIPPINES, INC.**

Zone 6, Brgy. Pinmapulod,  
Urdaneta City, Pangasinan  
Contact No.: 0917-630-4103  
Email Add: [servotreat\\_phils@yahoo.com](mailto:servotreat_phils@yahoo.com)

Dear Sir / Madam:

This is to inform you that based on the result of the conducted Public Bidding for the project stated below under Invitation to Bid No. IB-2022-032 as per BAC Resolution No. R2022-00-031, your proposal was found to be responsive.

ITEM DESCRIPTION	TOTAL COST
<b>Two (2) years Service Contract for HEALTHCARE WASTE COLLECTION</b> (Conforme to all the details contained in the attached Terms of Reference)	<b>Php 2,160,000.00</b> <b>for the 1st year</b> <b>(Php 12.00/kg)</b>

You are hereby required to provide on or before 21 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%) <b>Php108,000.00</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>Php648,000.00</b>

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**Two (2) years Service Contract for HEALTHCARE WASTE COLLECTION**  
**SERVO-TREAT PHILIPPINES, INC.**

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

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

