

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

Quezon Avenue, Quezon City 1100

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### NOTICE OF AWARD NOA-2022-044-005

#### NATRAPHARM INC.

The Patriot Bldg., KM 18,Wet Service Rd., South Luzon Expressway, Parañaque City Tel. No.(632) 8588-1800 Fax. No. 8823-8508

Dear Sir / Madam:

This is to inform you that based on the result of the Public Bidding conducted on December 7, 2021 for Various Pharmaceutical Supplies CY2022 under Invitation to Bid No. IB-2022-036, as per BAC Resolution No. R2022-00-053, your proposal was found to be the Lowest Calculated and Responsive Bid (LCRB):

| SET | ITEM<br>NO. | QTY   | UNIT | ITEM<br>DESCRIPTION                             | BRAND, PA<br>SPECIFICATI  | The state of the s | MANUFACTURER                | UNIT<br>COST | TOTAL<br>AMOUNT |
|-----|-------------|-------|------|---|---|--|-----------------------------|--------------|-----------------|
| VAT | -EXEM       | PT    |      |   |   |  |                             |              |                 |
| В   | 12          | 350   | bt   | Co-amoxiclav<br>susp bt<br>228.5mg/5mL,<br>70mL | Co-amoxiclav<br>susp bt<br>228.5mg/5mL<br>Powder for<br>Suspension,<br>70ml | Natravox   | Llyod Laboratories,<br>Inc. | 104.50       | 36,575.00       |
| В   | 13          | 1,000 | bt   | Co-amoxiclav<br>susp bt<br>457mg/5mL,<br>70mL   | Co-amoxiclav<br>susp bt<br>457mg/5mL<br>Powder for<br>Suspension,<br>70ml   | Natravox   | Llyod Laboratories,<br>Inc. | 168.00       | 168,000.00      |

GRAND TOTAL = Php 204,575.00

#### Terms and Conditions:

- 1. The prices of the awarded item(s) shall be valid until December 31, 2022.
- 2. Conforme on the attached Terms of Reference, if applicable
- 3. Staggered delivery, staggered payment.
- 4. Delivery Schedule: Within Seven (7) working days upon receipt of Delivery Order Slip.
- Drugs and Medicines to be delivered should have expiration of at least one (1) year and longer or as expressed/required by Pharmacy Division.
- 6. The quantities specified are estimated requirements during the period and may be decreased depending upon the actual need of PCMC. It is understood therefore that PCMC is not bound to order / purchase all the items / quantities called for on this Notice of Award.
- 7. The supplier should submit Materials Safety Data Sheet upon initial delivery, if applicable.



## NOTICE OF AWARD NOA-2022-044-005 NATRAPHARM INC.

You are hereby required to provide on or before following form:

Date

2 1 JAN 2022 the Performance Security in either of the

| FORM OF PERFORMANCE SECURITY   | AMOUNT OF PERFORMANCE SECURITY<br>(Equal to Percentage of the Total Contract Price) |  |  |
|--|---|--|--|
| a) Cash or cashier's/ manager's check issued by a Universal or<br>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   | Php10,228.75  |  |  |
| c) Surety bond callable upon demand issued by a surety or insurance<br>company duly certified by the Insurance Commission as authorized<br>to issue such security.   | Thirty percent (30%)  Php61,372.50  |  |  |
| ilure to provide the Performance Security shall constitute sufficient groun nalties/forfeiture corresponding to the Bid Security posted.   | d for cancellation of the award and imposition                                      |  |  |
|  |   |  |  |
| ery truly yours,  ### Sonzalez, MD, MScHSM, MPM  |   |  |  |
|  |   |  |  |
| Molecynly<br>ONIA B. GONZALEZ, MD, MScHSM, MPM   |   |  |  |
| Monthson Monthson Medicer-in-Charge, Executive Director  | ign all related documents and hold the compar                                       |  |  |
| ONIA B. GONZALEZ, MD, MScHSM, MPM  fficer-in-Charge, Executive Director  onforme:  his is to certify that the company has authorized me to accept this award, s  |   |  |  |
| ONIA B. GONZALEZ, MD, MScHSM, MPM  fficer-in-Charge, Executive Director  onforme:  his is to certify that the company has authorized me to accept this award, so und by rules and laws applicable thereto.  further certify that I have chosen the following mode (as checked) as  |   |  |  |
| DNIA B. GONZALEZ, MD, MScHSM, MPM  fficer-in-Charge, Executive Director  onforme:  his is to certify that the company has authorized me to accept this award, sund by rules and laws applicable thereto.  further certify that I have chosen the following mode (as checked) as ider R.A. 9184 Sec. 62.1.  | the form of retention money required of us  |  |  |
| DNIA B. GONZALEZ, MD, MScHSM, MPM  fficer-in-Charge, Executive Director  ponforme:  his is to certify that the company has authorized me to accept this award, so und by rules and laws applicable thereto.  Further certify that I have chosen the following mode (as checked) as ider R.A. 9184 Sec. 62.1.   | the form of retention money required of us  |  |  |
| DNIA B. GONZALEZ, MD, MScHSM, MPM  fficer-in-Charge, Executive Director  onforme:  his is to certify that the company has authorized me to accept this award, so und by rules and laws applicable thereto.  Further certify that I have chosen the following mode (as checked) as ider R.A. 9184 Sec. 62.1.  [ ] Bank Guarantee   [ ] 1% Deduction from claims on the first payment to authorized Signatory  | the form of retention money required of us  |  |  |
| DNIA B. GONZALEZ, MD, MScHSM, MPM  fficer-in-Charge, Executive Director  ponforme:  In is is to certify that the company has authorized me to accept this award, so und by rules and laws applicable thereto.  Further certify that I have chosen the following mode (as checked) as ider R.A. 9184 Sec. 62.1.  Bank Guarantee  Bank Guarantee  Director  Position of the first payment of the firs | the form of retention money required of us  |  |  |