

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: 8588-9900 DirectLine: 8924-0836 Fax No: 8924-0840

NOTICE OF AWARD NOA-2022-091

VMED MEDICAL COMPANY

1331 Dagupan St., Tondo Manila

Tel. No.: 8254-0018

Email: vmedcompany@gmail.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-2022-075 as per BAC Resolution No R2022-04-195, your proposal was found to be responsive.

QTY	UNIT	ITEM DESCRIPTION	TOTAL COST (Php)
25	units	Stretcher Bed with IV pole and Oxygen Holder Brand: VMED Brand Hydraulic Stretcher (see Annex "A" for detailed specifications)	Php 3,211,950.00 @ Php128,478.00 / unit

You are hereby required to provide on or before 2 0 MAY 2022 the Performance Security in either of the following form:

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.) 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	Php160,597.50
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%) Php963,585.00

NOTICE OF AWARD NOA-2022-091 VMED MEDICAL COMPANY

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 Executive Director	
Conforme:	
This is to certify that the company has authorized me to accept this award, sign hold the company bound by rules and laws applicable thereto.	n all related documents and
Authorized Signatory (Signature over printed name)	
Designation	
Date	