

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-2022-103

HUNDREDFOLDS INDUSTRIES CORP.

HIC Bldg., Lot B4C, Park Ave., Jereza Subd.

Brgy. Wilfredo Aquino, Agdao

Davao City

Tel No.: 286-2536/228-8560/09773596160 E-mail Address: hundredfolds@yahoo.com

Dear Sir / Madam:

This is to inform you that based on the result of the Public Bidding conducted on May 4, 2022 for the project stated below under Invitation to Bid No. IB-2022-078, as per BAC Resolution No. R2022-05-242, your proposal was found to be the Single Calculated and Responsive Bid (SCRB):

| ITEM DESCRIPTION | TOTAL AMOUNT AWARDED |
|--|---|
| One (1) Lot Quarterly Preventive Maintenance for Oxygen Generating Plant (Parts and Labor) for One (1) year (Brand/Model: NOXERIOR OXYSWING) (Refer to Terms of Reference and Annex "A" for detailed offer) | Php 2,650,000.00 @ Php 662,500.00 per quarter |

| You are hereby required to provide on or before | 1 0 JUN 2022 | the following |
|---|--------------|---------------|
|---|--------------|---------------|

1. Payment of Performance Security in either of the following forms:

| FORM OF PERFORMANCE SECURITY | AMOUNT OF PERFORMANCE SECURITY |
|---|------------------------------------|
| 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 | Php132,500.00 |
| 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%) Php795,000.00 |

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HUNDREDFOLDS INDUSTRIES CORP.

| Failure to provide the | Performance Security | and/or contract sha | all constitute | sufficient g | ground for | cancellation | of the |
|------------------------|-------------------------|----------------------|----------------|--------------|------------|--------------|--------|
| award and imposition | of penalties/forfeiture | corresponding to the | he Bid Secur | ity posted. | | | |

| award and imposition of penalties/forfeiture corresponding to the Bid Security posted. |
|---|
| 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 all related documents and hold the company bound by rules and laws applicable thereto. |
| I further certify that I have chosen the following |
| Bank Guarantee |
| [] 1% Deduction from claims on the first payment for staggered deliveries |
| Authorized Signatory (Signature over printed name) |
| Designation |
| Date |