

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-2022-159

SUPERSERVE CORPORATION

18 Mother Ignacia Avenue, Brgy. Pligsahan, Quezon City Tel No. (02) 88332-166

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-2022-118 as per BAC Resolution No.R2022-09-457, your proposal was found to be responsive.

QTY	UNIT	ITEM DESCRIPTION	TOTAL COST (Php)
1	lot	Supply of Labor and Materials for the Upgrading of Powerhouse to accommodate the normal and permanent emergency power supply of the LINAC, CT Simulator, and MRI of the Cancer Center Building (see Annex "A" for details)	Php6,809,000.00

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	Php340,450.00
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%) Php2,042,700.00

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 mode (as checked) as the form of retention money required of us under R.A. 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

Page 2 of 2