



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

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**NOTICE OF AWARD**  
**NOA-2022-178**

**UNDECIM Medical Supplies**

Unit 103-105 Holy Spirit Residence  
Don Antonio Heights, Holy Spirit  
Quezon City

Tel Nos: (02) 7278-6632 /09177121132

Email Address: [undecimmedicalsupsupplies@gmail.com](mailto:undecimmedicalsupsupplies@gmail.com)

Dear Sir / Madam:

This is to inform you that based on the result of the Public Bidding conducted on October 11, 2022 for Various Medical Semi-Expendable Supplies under Invitation to Bid No. IB-2022-123, as per BAC Resolution No. R2022-11-599 your proposal was found to be the Single Calculated and Responsive Bid (SCRB):

ITEM DESCRIPTION	TOTAL AMOUNT
<b>VARIOUS MEDICAL SEMI EXPENDABLE SUPPLIES</b> (see attached Annex "A" for the detailed offer)	<b>Php 733,000.00</b>

**GRAND TOTAL = Php 733,000.00**

**Terms and Conditions :**

- 1 The prices of the awarded item(s) shall be valid until December 31, 2022.
- 2 Delivery Schedule: Within Thirty (30) working days upon receipt of Purchase Order.

You are hereby required to provide on or before 11 DEC 2022 the Performance Security in any of the following form:

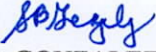
FORM OF PERFORMANCE SECURITY	AMOUNT OF PERFORMANCE SECURITY
	(Equal to Percentage of the Total Contract Price)
a) Cash or cashier's/ manager's check issued by a Universal or Commercial Bank	Five percent (5%)
b.) Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank	<b><u>Php36,650.00</u></b>
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><u>Php219,900.00</u></b>

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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.

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

