



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

Quezon Avenue, Quezon City 1100  
 website: [www.pcmc.gov.ph](http://www.pcmc.gov.ph) email: [officeofthedirector@pcmc.gov.ph](mailto:officeofthedirector@pcmc.gov.ph)  
 Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

**NOTICE OF AWARD**  
**NOA-2022-216**

**FAIRBRIGHT ENTERPRISES, INC.**

LG 29-32 146 Alfaro Place L.P.

Leviste Street Makati City

Tel. No: 8815-9331 to 32

Dear Sir / Madam:

This is to inform you that based on the result of the Competitive Bidding conducted on October 12, 2022 for Supply and Delivery of Various Equipment for Rehabilitation Medicine under Invitation to Bid No. IB-2022-125-B, as per BAC Resolution No. R2022-12-686, your proposal was found to be the Single/Lowest Calculated and Responsive Bid

ITEM DESCRIPTION	TOTAL COST (Php)
Supply and Delivery of Various Equipment for Rehabilitation Medicine (B. Non-Medical Gym Equipment) <i>(See Annex "A" for detailed specification)</i>	<b>Php1,085,000.00</b>

You are hereby required to provide on or before 02 FEB 2023 the Performance Security in either of the following form:

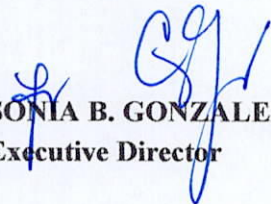

FORM OF PERFORMANCE SECURITY	AMOUNT OF PERFORMANCE SECURITY (Equal to Percentage of the Total Contract Price)
a) Cash or cashier's/ manager's check issued by a Universal or Commercial Bank	Five percent (5%)
b.) Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank	<b>Php54,250.00</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>Php325,500.00</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** 

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**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.

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Authorized Signatory (Signature over printed name)

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Designation

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Date