

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

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### NOTICE OF AWARD NOA-2023-024

#### **CERTICON - Certified Pest Control Services**

146-C 3rd Street, 10th Avenue,

Caloocan City

Tel. No.: 8361-1065

Email Add: certipest@yahoo.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-2023-020 as per BAC Resolution No. R2023-00-031, your proposal was found to be responsive.

ITEM DESCRIPTION	TOTAL COST
One (1) Lot Comprehensive Termite and Pest Control of the grounds and building. Regular maintenance of the hospital building and grounds including rat and cat control, mosquitoes and flying insects (Multi-Year) for two (2) years (Conforme to all the details contained in the attached Terms of Reference)	Php 528,528.00 for the 1st year

You are hereby required to provide on or before

2 3 JAN 2023

the following:

- 1. Necessary contract for this purpose
- 2. Payment of Performance Security in either of the following forms:

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%) Php26,426.40
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	
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%) Php158,558.40

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## One (1) Lot Comprehensive Termite and Pest Control (Multi-Year) for two (2) years CERTICON - Certified Pest Control Services

Failure to provide the Performance Security and/or contract shall constitute sufficient ground for cancellation of the award and imposition of penalties/forfeiture corresponding to the Bid Security posted.

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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.
Authorized Signature over printed name)
Designation
Date