



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

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**NOTICE OF AWARD**  
**NOA-2023-037**

**AD PINEDA CONSTRUCTION**

46 Sampaguita Street,  
Balubaran, Malinta,  
Valenzuela City  
Tel. No. 8282-3940

Dear Sir / Madam:

This is to inform you that based on the result of the Public Bidding conducted on November 7, 2022 for the project stated below under Invitation to Bid No. IB-2022-139, as per BAC Resolution No. R2022-12-670, your proposal was found to be the Lowest Calculated and Responsive Bid (LCRB):

ITEM DESCRIPTION	TOTAL COST
<b>One (1) Lot Supply of Labor and Materials for the Construction of Three (3) Storey Eskwelahang Munti</b>	<b>Php9,799,066.41</b> <i>(Nine Million Seven Hundred Ninety-Nine Thousand Sixty-Six Pesos and 41/100)</i>

You are hereby required to provide on or before 26 FEB 2023 the following:

1. Necessary contract for this purpose
2. Payment of Performance Security in **any** 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	Ten percent (10%)
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>Php979,906.64</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>Php2,939,719.92</b>



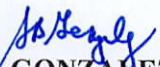

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**One (1) Lot Supply of Labor and Materials for the Construction of Three (3) Storey Eskwelahang Munti**

**AD PINEDA CONSTRUCTION**

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.

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.

\_\_\_\_\_  
Authorized Signatory (Signature over printed name)

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Date