



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

Quezon Avenue, Quezon City 1100  
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Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

**NOTICE OF AWARD**  
**NOA-2023-042**

**COSMO MEDICAL, INC.**  
Unit 2310 High Street South,  
Corporate Plaza Tower 2,  
26th St., corner 11th Ave., BGC,  
Taguig City  
Tel. No.: 8564-2262  
Email Add: [cristina.calpe@cosmomedical.com.ph](mailto:cristina.calpe@cosmomedical.com.ph)

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-2022-126 as per BAC Resolution No. R2023-01-083, your proposal was found to be responsive.

QTY	UNIT	ITEM DESCRIPTION	TOTAL COST
2	unit	Supply and Delivery of Portable X-ray Machine DR High-End Brand/Model: FUJI FDR GO PLUS (see Annex "A" for detailed specifications)	Php 25,140,000.00 (Php 12,570,000.00 per unit)

You are hereby required to provide on or before 9 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>Php1,257,000.00</b>
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%) <b>Php7,542,000.00</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.

We will furnish you the approved Purchase Order (P.O.) upon receipt of funds from the Department of Budget and Management (DBM).

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

