



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

Quezon Avenue, Quezon City 1100

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**NOTICE OF AWARD**  
**NOA-2019-051-002**

**HENROSE MARKETING**

52 Balete Dr. Phase 4A,  
 Sto. Niño, Meycauayan, Bulacan  
 Tel.No.: 986-6349 / 4000-361

Dear Sir / Madam:

This is to inform you that based on the result of the Public Bidding conducted on January 4, 2019, for the items stated below under Invitation to Bid No. IB-2018-063, as per BAC Resolution No. R2019-01-108, your proposals were found to be the Single/Lowest Calculated and Responsive Bids (SCRB):

QTY	UNIT	ITEM DESCRIPTION		UNIT COST	TOTAL AMOUNT
5	unit	Executive Chair	HRM-M-6501B	7,500.00	37,500.00
30	Unit	Lateral Filing Cabinet	HRM-M-SFCL4 G. 20	12,850.00	385,500.00
5	set	Sofa Set with one (1) 3-seater; two (2) single seater; one (1) center table and one (1) side table	HRM-M-YG321 (Capuccino/Wenge)	27,000.00	135,000.00
<b>Note: Technical Specifications per Attached Image</b>					
<b>TOTAL AMOUNT AWARDED</b>					<b>558,000.00</b>

You are hereby required to provide on or before 12 FEB 2019 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>Php27,900.00</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>Php167,400.00</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,

*for*  
**JULIUS A. LECCIONES, MD, PhD, DPA, CESO III**  
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