

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-2020-058

RG MEDITRON, INC.

LFG Building, 82 Panay Avenue,

Quezon City

Tel. No.: 372-3846 to 55 loc. 121

Fax No.: 372-3256

E-mail Add: pulmo@rg-meditron.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-2019-137 as per BAC Resolution No. R2020-01-090, your proposal was found to be responsive.

QTY	UNIT	ITEM DESCRIPTION	TOTAL COST (Php)
3		Supply and Delivery of Pressure/Volume Ventilator (3-in-1) Brand/Model: VYAIRE (Carefusion)/ AVEA Ventilator (see Annex "A" for detailed specifications)	Php 5,400,000.00 (Php 1,800,000.00 per unit)

You are hereby required to provide on or before either of the following form:

0 4 FEB 2020 the Performance Security in

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	Php270,000.00	
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%) Php1,620,000.00	



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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,			
WILLIAM TECCHONIS	NIP PP4 GEGG W		
JULIUS A. LECCIONES, MD,	PhD, DPA, CESO III		
Executive Director	Jak .		
Conforme:			
This is to certify that the company	y has authorized me to a	accept this award, s	ign all related documents an
hold the company bound by rules			
Authorized Signatory (Signature of	over printed name)		
Designation			
Date			