

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

Quezon Avenue, Quezon City 1100
website: www.pcmc.gov.ph email: officeofthedirector@pcmc.gov.ph
Trunkline: 588-9900 DirectLine: 924-0836 Fax No: 924-0840

NOTICE OF AWARD NOA-2020-123

PATIENT CARE CORPORATION

AMHSCO Bldg. Mac Arthur Highway, Dolores City of San Fernando Pampanga City Tel No. (02) 277-5630 Fax. No. (02) 277-5630

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-2020-75 as per BAC Resolution No. R2020-09-381, your proposal was found to be responsive.

QTY UNI	T ITEM DESCRIPTION	TOTAL COST (Php)
2 uni	Supply and Delivery of Two (2) Units Patient Temperature Management Unit Brand: 3M BAIR HUGGER, Model: 675 (see Annex "A" for detailed specifications)	Php 500,000.00 (Php 250,000.00 / unit)

You are hereby required to provide on or before 2 0 SFP 2000 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.) 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	Php25,000.00
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%) Php150,000.00



NOTICE OF AWARD NOA-2020-123 PATIENT CARE CORPORATION

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.

and imposition of penalties/ forfeiture corresponding to the Bid Security posted.	
Very truly yours,	
JULIUS A. LECCIONES, MD, PhD, DPA, CESO III Executive Director	
Conforme:	
This is to certify that the company has authorized me to accept this award, sign all relahold the company bound by rules and laws applicable thereto.	ated documents and
Authorized Signatory (Signature over printed name)	
Designation	
Date	