



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

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**NOTICE OF AWARD  
NOA-2020-135**

**(FMEI) – FERNANDO MEDICAL ENTERPRISES, INC.**

2/F MHI Bldg., No.2-A New York St.  
Immaculate Concepcion, Cubao, Quezon City  
Tel No. 727-4993 / 727-1532  
Fax. No. 727-1489

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-2020-096 as per BAC Resolution No.R2020-10-424, your proposal was found to be responsive.

QTY	UNIT	ITEM DESCRIPTION	TOTAL COST (Php)
1	unit	<b>Supply and Delivery of Negative Pressure Wound Therapy Machine</b> <b>Brand: Activ A.C. Therapy</b> <b>Model: Ireland/ Activ A.C. Therapy</b> <i>(see Annex "A" for detailed specifications)</i>	<b>Php916,800.00</b>


You are hereby required to provide on or before 27 OCT 2020 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>Php45,840.00</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>Php275,040.00</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,

  
**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.

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Authorized Signatory (Signature over printed name)

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Designation

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Date