

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

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NOTICE OF AWARD NOA-2020-172

OMNIBUS BIO-MEDICAL SYSTEMS, INC.

4th Floor Wilson Corporate Center, 225 Wilson St. Greenhills

San City Tel.: 722-4607, 727-1058

Fax: 722-4605

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-2020-128 as per BAC Resolution No. R2020-12-553, your proposal was found to be responsive.

| QTY | UNIT | ITEM DESCRIPTION | TOTAL COST (Php) |
|-----|------|--|------------------|
| 1 | unit | Supply and Delivery of Biomedical / Laboratory Freezer Brand: PHCbi (formerly Panasonic)MDF-U334- PK (see Annex "A" for detailed specifications) | Php217,000.00 |

You are hereby required to provide on or before 2 3 JAN 2021 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 | Php10,850.00 | |
| 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%) Php65,100.00 | |



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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, | | | |
|--|-----------------|-----------------------------|--------------------|
| JULIUS A. LECCIONES, MD, PhD, Executive Director | , DPA, CESO III | | |
| | | | |
| Conforme: | | | |
| This is to certify that the company has a hold the company bound by rules and la- | | t this award, sign all rela | ated documents and |
| Authorized Signatory (Signature over pr | sinted name) | | |
| Authorized Signatory (Signature over pr | rinted name) | | |
| Designation | | | |
| Date | | | |
| | | | |