



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

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**NOTICE OF AWARD**  
**NOA-2024-076**

**PINNACLE TECHNOLOGIES, INC.**  
52 8<sup>th</sup> Avenue, Caloocan City  
Tel. No. 0917-3009361 / (02)8961-9999  
Email Add.: [hmasilang@pinnacleasia.com](mailto:hmasilang@pinnacleasia.com)

Dear Sir / Madam:

This is to inform you that based on the result of the conducted Negotiated Procurement - Two Failed Biddings for the project stated below under Request for Quotation No. RFQ-2024-042 as per BAC Resolution No. R2024-05-277, your proposal was found to be responsive.

ITEM DESCRIPTION	TOTAL COST
<b>One (1) Lot Supply, Delivery, Installation and Testing of Audio Visual Equipment</b> <b>Brand/Model: UniNet</b> <i>(See Annex "A" for detailed specification)</i>	<b>Php2,988,000.00</b>

You are hereby required to provide on or before 09 JUN 2024 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>Php149,400.00</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>Php896,400.00</b>

*Kindly disregard and report any form of solicitation using the name of the Executive Director and/or the PCMC.  
These unsanctioned requests are unlawful and will not be tolerated*

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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,

  
**SONIA B. GONZALEZ, MD, MScHSM, MPM**  
Executive Director 

**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

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