



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

Quezon Avenue, Quezon City 1100

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Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE OF AWARD  
NOA-2024-112

**RESPICARE ENTERPRISES, INC.**

Narciso Bldg.II 23 Fisheries Street

Barangay Vasra, Quezon City

Tel. No. (632) 72165398

Mobile No.: 09176513686

Dear Sir / Madam:

Please be informed that we are procuring the following services to you through Direct Contracting per RFQ (DC) 2024-069

Item No.	ITEM DESCRIPTION	QTY	UNIT	ABC (Php)	TOTAL ABC (Php)
	Supply of Labor, Tools, Materials, and Installation of consumable parts, replacement, Preventive Maintenance Service, and Calibration of the Ventilator Machine (Brand: Mindray SV300) at the Pulmonary Laboratory (PN: 2104-419-3824-PULMO)				
	<b>I. Parts to be replaced</b>				
	1. Preventive Maintenance Kit (Hepa Filter, Pre-Filter, Fan Filter and Expiratory Valve Diaphragm), <b>MINDRAY</b>	1	kit	12,500.00	<b>12,500.00</b>
	2. Oxygen Sensor, <b>MAXTEC</b>	1	pc	18,500.00	<b>18,500.00</b>
	3. Battery Pack, Li-ion Rechargeable, 14.8V, 5700mAh, 84.36 Wh rated and min / 85.84 Wh typ., Model: LI241002A, <b>MINDRAY</b>	1	pc	39,000.00	<b>39,000.00</b>
	<b>Labor / Others</b>	1	lot	10,000.00	<b>10,000.00</b>
	<i>Warranty : Ninety (90) days on parts replaced</i>				
	<i>Delivery Schedule : Within seven (7) working days from receipt of Purchase Order</i>				
	<b>Total Amount</b>				<b>80,000.00</b>

**Terms and Conditions :**

» The supplier should render the services called for in the Purchase Order (PO) within the stated schedules upon receipt of approved PO through fax or personal received during office hours at the Procurement Division.

» PCMC has the right to reject any or all bids without offering any reason, waive any required formality and award the contract to any bidder whose proposals as evaluated by PCMC is the most advantageous to the government.

*S. Gonzalez*  
**SONIA B. GONZALEZ, MD MScHSM, MPM**

Executive Director *Pda*

*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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RESPICARE ENTERPRISES, INC.**

*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.

I further certify that I have chosen the following mode (as checked) as the form of retention money required of us under R.A. 9184 Sec. 62.1.

- Bank Guarantee
- 1% Deduction from claims on the first payment for staggered deliveries

\_\_\_\_\_  
Authorized Signatory  
(Signature over printed name)

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Date

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