



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-2024-113

JFV RICE MILL

A. Bonifacio Extension, Brgy. Tulat
San Jose City, Nueva Ecija
Contact No. 8930-9695
Email Add.: joseph_rice_center@yahoo.com

Dear Sir / Madam:

This is to inform you that based on the result of the Competitive Bidding conducted on July 26, 2024, for Supply and Delivery of Rice (2024 Mid-Year Incentive) under Invitation to Bid No. IB-2024-059, as per BAC Resolution No. R2024-08-473, your proposal was found to be Lowest Calculated and Responsive Bid (LCRB):

ITEM DESCRIPTION	TOTAL COST (Php)
Supply and Delivery of Rice (2024 Mid-Year Incentive) <i>(See Annex "A" for detailed specification and Conformance on the Terms of Reference)</i>	Php4,109,400.00

You are hereby required to provide on or before 01 SEP 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%) Php205,470.00
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%) Php1,232,820.00

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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