

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

Quezon Avenue, Quezon City 1100

website: www.pcmc.gov.ph email: officeofthedirector@pcmc.gov.ph Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

#### NOTICE OF AWARD NOA-2025-003-14

#### KOHL INDUSTRIES CORPORATION

68 East Service Road C5 Avenue Bagong Ilog, Pasig C 927-1170 Tel. No.:

8534-0533

E-mail Add

kohl industries@yahoo.com

#### Dear Sir / Madam:

This is to inform you that based on the result of the Public Bidding conducted on October 28, 2024 for the Supply and Delivery of Various Common Medical Supplies CY 2025 under Invitation to Bid No. IB-2025-003, as per BAC Resolution No. R2025-00-010 your proposal was found to be the Single/Lowest Calculated and Responsive Bid (S/LCRB):

ITEM DESCRIPTION	TOTAL AWARDED AMOUNT	
Supply and Delivery of Various Common Medical		
Supplies for CY 2025	Php895,800.00	
(see Annex "A" for detailed specifications)		

#### Terms and Conditions:

- 1. The prices of the awarded item(s) shall be valid until December 31, 2025
- 2. Staggered delivery, staggered payment.
- 3. Delivery Schedule: Within Seven working days upon receipt of Delivery Order Slip.
- 4. The quantities specified are estimated requirements during the period and may be decreased depending upon the actual need of PCMC. It is understood therefore that PCMC is not bound to order / purchase all the items / quantities called for on this Notice of Award.
- 5. The supplier should submit Materials Safety Data Sheet upon initial delivery, if applicable.
- 6. Conforme on the attached Terms of Reference, if applicable

You are hereby required to provide on or before 2 0 JAN 2025 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	Php44,790.00
<ul> <li>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.</li> </ul>	Thirty percent (30%) Php268,740.00

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





### NOTICE OF AWARD NOA-2025-003-14 KOHL INDUSTRIES CORPORATION

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.

Wery truly yours,  M. S. Jun  MARIA EVA I. JOPSON, MD, MScHSM, MPM  OIC-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.
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

#### NOA-2025-003-14

Supply and Delivery of Various Common Medical Supplies CY 2025

ITEM	OTY	UNIT	ITEM DESCRIPTION	KOHL INDUSTRIES CORPORATION				
NO.	QII	UNII	II HEM DESCRIPTION	Brand, Packing, S	pecification, etc.	Manufacturer	UNIT COST	TOTAL COST
11	1,000	gal	Alcohol Ethyl 70% 4L	Alcohol Ethyl 70% 4L	DOCTOR J	KOHL INDSUTRIES CORPORATION	398	398,000.00
12	10,000	bt	Alcohol Ethyl 70% bt soln 500mL	Alcohol Ethyl 70% bt soln 500mL	DOCTOR J	KOHL INDSUTRIES CORPORATION	49.78	497,800.00
							Php	895,800.00



#### PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

## TERMS OF REFERENCE CY 2025

## ALCOHOL, ETHYL 70%

- 1. The winning Supplier shall have a one-year contract in supplying the requirements of PCMC.
- 2. Product to be bidded shall pass the end-user's evaluation
- 3. The IPCC/End-user shall conduct random sampling of the alcohol, Ethyl 70% delivered for test analysis for bacteria
- 4. The supplier shall replace the item/s taken as sample (same batch) and pay the cost of test analysis of the product subjected to random testing
- 5. The supplier shall be provided with a copy of the result of test analysis done on their product/s
- The supplier shall submit CPR which must be valid during the entire duration of contract or proof of renewal in case of expiration
- 7. The supplier shall submit valid MSDS (2 copies)
- The Supplier shall provide and install alcohol dispensers to all identified wards, clinic areas, and units of the hospital within the contract period (see attached list).
   The supplier shall also provide the stand/wall cabinet of the alcohol dispenser to identified areas.
- 9. The Supplier shall be responsible for the monthly preventive maintenance of the alcohol dispensers installed with no additional cost to PCMC. This shall include:
  - Repair of the dispenser
  - b. Replacement of defective parts (if applicable)
  - Replacement of the dispenser if found defective and beyond repair
- 10. The Supplier shall accommodate emergency calls during office hours in the event that any of the dispensers in the hospital is non-operational.
- 11. The winning Supplier shall be responsible in collecting and disposing empty alcohol containers (Take-Back System)

CERTIFIED TRUE COPY

# LIST OF WARDS/ CLINICS/ UNITS TO BE PROVIDED WITH ALCOHOL DISPENSER:

Ward/ Clinic/Unit	Quantity
Emergency Room	10
ER Triage	15
Cancer & Hematology Ward	15
Hema OPD	15
CNS	9
1B subspecialty	5
1B Surgery	5
New Born Services	10
Ward 2A	18
Ward 2B	25
Ward 2D	15
Isolation Ward	25
Pathology	10
PICU	30
NICU	25
SICU	16
ICNC	5
Operating Room	20
Perinatal	10
Post Partum	10
OPD/Triage/Dengue rooms	40
Rehabilitation Medicine	15
Pharmacy	10
Sterilization Room	5
Radiology	15
Employee's Clinic	2
Diagnostic Area	10
Cardiology Unit	4
Peritoneal Dialysis Unit	6
CV Laboratory	2
Hemodialysis Unit	25
Swabbing Area	10
Various Offices	50
	487

CONFORME
Authorized Signatory
Signature over printed name Contact Number: 1417 160 9078
FILM INDUITING CONFORMAN

CERTIFIED TRUE COPY

Kehl-Industries crypho. com
Company's Official E-mail Address

Name of Company/Firm

にアリーのようカ Company's Official Contact Number