



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-2025-015

FAS DIAGNOSTIC GROUP INC.
1468 Lantin Street,
Manila
Email Add: czarina.quimoyog@fas.ph

Dear Sir / Madam:

This is to inform you that based on the result of the Public Bidding conducted on November 20, 2024, for the project stated below under Invitation to Bid No. IB 2025-025, your proposal was found to be the Single Calculated and Responsive Bid (SCRB):

ITEM DESCRIPTION	TOTAL COST
One (1) Lot Supply and Delivery of reagents/consumables under Reagent Tie-Up Agreement for three (3) years of Automated microbial identification analyzer using MALDITOF technology <i>(Refer to Terms of Reference and Annex "A" for detailed offer)</i>	Php925,000.00 <i>(for the 1st year)</i>

You are hereby required to provide on or before 20 JAN 2025 the Performance Security in either of the following form:

FORM OF PERFORMANCE SECURITY	AMOUNT OF PERFORMANCE SECURITY
a) Cash or cashier's/ manager's check issued by a Universal or Commercial Bank	Five percent (5%) <u>Php46,250.00</u>
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%) <u>Php277,500.00</u>

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 and/or contract shall constitute sufficient ground for cancellation of the award and imposition of penalties/forfeiture corresponding to the Bid Security posted.

Very truly yours,



MARIA EVA I. JOPSON, MD, MSChSM, MPM
Officer-in-Charge 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 RA 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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