



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-2025-037

NEW GENERATION LAUNDRY CORP.

Purok 7 Tramo San Jose,
Mesulo, Arayat,
Pampanga
Tel No.: 0955-437-8851
Email Add: nglaundrycorp@gmail.com

Dear Sir / Madam:

This is to inform you that based on the result of the conducted Public Bidding for the project stated below under Invitation to Bid No. IB-2025-036 as per BAC Resolution No.R2025-00-035, your proposal was found to be the Single Calculated and Responsive Bid (SCRB):

| ITEM DESCRIPTION | TOTAL COST (Php) |
|---|---|
| One (1) Lot Laundry Services for Three (3) Years (see attached conformed Terms of Reference) | Php3,237,222.50 (for the 1st year) 39.50/kg |

You are hereby required to provide on or before 17 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%) Php161,861.13 |
| 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%) Php971,166.75 |

**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,

M. Jopson
signed Jan. 7, 2025

MARIA EVA I. JOPSON, MD, MScHSM, MPM
Officer-in-Charge Executive Director *FEK*

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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