



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

Quezon Avenue, Quezon City 1100  
website: [www.pcmc.gov.ph](http://www.pcmc.gov.ph) email: [officeofthedirector@pcmc.gov.ph](mailto:officeofthedirector@pcmc.gov.ph)  
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

**NOTICE OF AWARD**  
**NOA-2025-053**

**CENTRO-MED ENTERPRISES**

Mabini St.,  
Cabanatuan City,  
Nueva Ecija  
Tel. No. (02) 8743-4421

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-2024-121 as per BAC Resolution No.R2025-01-081, your proposal was found to be responsive.

QTY	UNIT	ITEM DESCRIPTION	TOTAL COST (Php)
3	unit	Supply and Delivery of Heavy-Duty Surgical Suction Machine Brand: MEDELA MAKE/ MODEL : DOMINANT FLEX (see Annex "A" for detailed specifications)	Php2,098,875.00 (Php699,625.00/unit)

You are hereby required to provide on or before 09 FEB 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>Php104,943.75</b>
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%) <b>Php629,662.50</b>

**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,

*Maria E. Jopson*  
Signed Jan. 28, 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.

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

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Date

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