



Republic of the Philippines
Department of Health
Regional Health Office - 10
NORTHERN MINDANAO MEDICAL CENTER
Capitol Compound, Cagayan de Oro City
Telephone No. (088) 856-4147; (08822) 72-6362 Fax No. (08822) 72-1794
Email address: nmmc_cdo@yahoo.com *Website www.doh.gov.ph/nmmc
"NMMC Para sa Tanan"



NOTICE OF AWARD

20 December 2018

MS. GERALDINE V. ALCULAR
BEROVAN MARKETING
J.R. Borja corner Daumar Sts.
Cagayan de Oro City
Philippines

Dear Sir:

This is to inform you that based on the result of the Competitive Bidding conducted on December 10, 2018 for the Rebidding of Autoclave Machine and various Laboratory Reagents and Supplies under ITB No. 2018-12-012 as per BAC Resolution No. G-576 s. 2018 dated 18 December 2018, your proposal was found to be the Lowest Calculated Responsive Bid with a Total Contract Price of Thirty Three Thousand Three Hundred Pesos (Php 33,300.00) inclusive of local taxes.

Item No.	Complete Specification of Items	Qty	Unit	Brand	Unit Cost	Total Cost
20	Glucose Strip (With Control Reagent -Level 1, Level 2, Level 3) Free use of device.	10	kits	Nova Stat Strip Express	3,330.00	33,300.00
	(Please see attached complete specifications)	TOTAL AMOUNT			Php	33,300.00

You are hereby requested to post your Performance Security equivalent to the percentage of the Total Contract Price of the acceptable forms as listed below within ten (10) calendar days from receipt of the Notice of Award (NOA).

The required amount of the above forms of security shall be in accordance with the following schedule:

Form of Performance Security	Amount of Performance Security (Not less than the required percentage of the Total Contract Price)
a) Cash or cashier's/manager's check issued by a Universal or Commercial Bank.	Five percent (5%) (Php 1,665.00)
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%) (Php 9,990.00)

The original NOA with signature on "CONFORME" shall be returned within two (2) working days upon receipt of the approved NOA.

Please bear in mind that failure to provide the performance security shall constitute sufficient ground for recession of the award.

Very truly yours,

JOSE C. CHAN, MD, FPOA, FPCS, MHA, FPCHA
Medical Center Chief II

Conforme:

Signature of Authorized Representative over Printed Name

Name of Bidder: Berovan mktg. Inc.
Date: 01-04-19



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CONTRACT AGREEMENT

THIS AGREEMENT made this 14th day of January 2019 between **NORTHERN MINDANAO MEDICAL CENTER**, Capitol Compound, Cagayan de Oro City, Philippines (hereinafter called "the Entity") of the one part and **BEROVAN MARKETING**, J.R. Borja corner Daumar Sts., Cagayan de Oro City, Philippines (hereinafter called "the Supplier") of the other part:

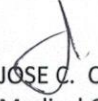
WHEREAS, the Entity invited Bids for certain goods and ancillary services, viz., [Ten (10) kits Glucose Strip (With Control Reagent - Level 1, Level 2, Level 3) Free use of device [Nova Stat Strip Express] has accepted a Bid by the Supplier for the supply of those goods and services in the sum of Thirty Three Thousand Three Hundred Pesos (Php 33,300.00) (hereinafter called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents shall be deemed to form and be read and construed as part of this Agreement, viz.:
 - (a) the Bid Form and the Price Schedule submitted by the Bidder;
 - (b) the Schedule of Requirements;
 - (c) the Technical Specifications;
 - (d) the General Conditions of Contract;
 - (e) the Special Conditions of Contract; and
 - (f) the Entity's Notification of Award.
3. In consideration of the payments to be made by the Entity to the Supplier as hereinafter mentioned, the Supplier hereby covenants with the Entity to provide the goods and services and to remedy defects therein in conformity in all respects with the provisions of the Contract
4. The Entity hereby covenants to pay the Supplier in consideration of the provision of the goods and services and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of the contract at the time and in the manner prescribed by the contract.

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with the laws of the Republic of the Philippines on the day and year first above written.

Signed, sealed, delivered by (for the Entity):


JOSE C. CHAN, MD, FPOA, FPCS, MHA, FPCHA
Medical Center Chief II

Signed, sealed, delivered by:


MS. GERALDINE V. ALCULAR
BEROVAN MARKETING

ACKNOWLEDGMENT

BEFORE ME, a notary public for and in the City of JAN 21 2019, Philippines personally appeared:

JOSE C. CHAN, MD, FPOA, FPCS, MHA, FPCHA
Medical Center Chief II

CTC No. 04269653
TIN No. 179-202-271

January 11, 2019

CDOC

MS. GERALDINE V. ALCULAR
BEROVAN MARKETING (for the Supplier):

CTC No. 1704274301
TIN No. 906-444-145

January 8, 2019

CDOC

Known to me to be same persons who executed the foregoing instrument and acknowledge the same to be their voluntary act and deed.

WITNESS MY HAND AND SEAL this CITY OF CAGAYAN DE ORO day of JAN 21 2019 2019, in the City of _____, Philippines.

Doc. No. 403
Page No. 051
Book No. 193
Series of 2019

ATTY. GIL U. BANAAG
Notary Public
Until December 31, 2019
PTR No. 8638500 1/3/18
IBP No. 1080240 1/3/18
MCLE No. VI-0000704 9/29/16
Roll No. 37946 06/03/92
TIN: 134-404-153
Cagayan de Oro City



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NOTICE TO PROCEED

22 January 2019

MS. GERALDINE V. ALCULAR
BEROVAN MARKETING
J.R. Borja corner Daumar Sts.
Cagayan de Oro City
Philippines

Dear Madam:

The attached Contract Agreement having been approved, notice is hereby given to BEROVAN MARKETING that work may commence for the supply and delivery of ten (10) kits Glucose Strip (With Control Reagent - Level 1, Level 2, Level 3) Free use of device [Nova Stat Strip Express]) for Northern Mindanao Medical Center, effective after the receipt of this notice.

Thus, you shall be responsible for performing the services under the terms and conditions of the Agreement and in accordance with the Implementation Schedule.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one copy and return the other to the Northern Mindanao Medical Center.

Very truly yours,

JOSE C. CHAN, MD, FPOA, FPCS, MHA, FPCHA
Medical Center Chief II

I acknowledge receipt of this Notice on 01-24-19

Name of the Representative of the Bidder: Gallemit, Maria Tiffany A.

Authorized Signature: _____