



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

09 January 2019

MR. AGUSTIN MARTINI L. CABRERA
QUALIFIRST HEALTH, INC.
Unit 902 Citystate Centre Bldg.,
709 Shaw Boulevard, Pasig City

Dear Sir:

This is to inform you that based on the result of the Competitive Bidding conducted on September 12, 2018 for the procurement of Various Pharmaceuticals under ITB No. 2018-09-009 as per BAC Resolution No. 006 s. 2019 dated 08 January 2019 your proposal was found to be the Lowest Calculated Responsive Bid with a Total Contract Price of Five Hundred Ninety Nine Thousand Three Hundred Pesos (Php 599,300.00) inclusive of local taxes.

Item No.	Complete Specification of Items	Qty	Unit	Brand	Unit Cost	Total Cost
244	Ceftazidime Pentahydrate 1 g injection	1,000	vial	Qualicef	45.00	45,000.00
245	Ceftriaxone Disodium Salt 1 g+ 10 ml diluent inj.	5,000	vial	Ceftriaxone	35.46	177,300.00
246	Cefuroxime Sodium Salt 750 mg injection	10,000	vial	Zinacare	24.70	247,000.00
248	Ciprofloxacin Lactate 2 mg/ml 100 ml inj.	4,000	vial	Acipro	32.50	130,000.00
TOTAL AMOUNT						Php 599,300.00

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 29,965.00
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 179,790.00

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:

Agustin Martini L. Cabrera
Signature of Authorized Representative over Printed Name

Name of Bidder: Qualifirst Health, Inc.
Date: 1/22/19