



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](mailto:nmmc_cdo@yahoo.com) \*Website [www.doh.gov.ph/nmmc](http://www.doh.gov.ph/nmmc)  
"NMMC Para sa Tanan"



## NOTICE OF AWARD

09 January 2019

MS. MAY ANNE G. GONZALES  
SANDOVAL DISTRIBUTORS, INC.  
2nd Floor AB Sandoval Bldg., Cor. Oranbo  
Dr. Shaw Blvd, Pasig City

Dear Madam:

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 08 January 2019 your proposal was found to be the Lowest Calculated Responsive Bid with a Total Contract Price of Two Hundred Seventy Four Thousand Nine Hundred Pesos (Php 274,900.00) inclusive of local taxes.

Item No.	Complete Specification of Items	Qty	Unit	Brand	Unit Cost	Total Cost
115	Immunoglobulin Normal Human 50 mg/ml 50 ml injection	50	vial	Gamma I.V.	5,498.00	274,900.00
TOTAL AMOUNT						Php 274,900.00

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 13,745.00
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 82,470.00

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:

  
KRISTINE MARIE M WAD 1/31/19  
Signature of Authorized Representative over Printed Name

Name of Bidder: SANDOVAL DISTRIBUTORS INC.  
Date \_\_\_\_\_