



Republic of the Philippines
Department of Health
Center for Health Development – Northern Mindanao
NORTHERN MINDANAO MEDICAL CENTER
Capitol Compound, Cagayan de Oro City
Email Address: nmmc_cdo@yahoo.com * Website: nmmc.doh.gov.ph
"NMMC Para Sa Tanan"



NOTICE OF AWARD

02 September 2020

MR. JULIUS G. YUCOR
Savelink Pharma and Trading Co.
Dr. 5 & 6 Caballero Bldg.,
Zone 1, Apovel, Bulua
Cagayan de Oro City

Dear Sir:

This is to inform you that based on the result of the Competitive Bidding conducted on June 29, 2020 for the procurement of Various Pharmaceuticals under ITB No. 2020-03-003 as per BAC Resolution No. 597 s. 2020 dated 18 August 2020 your proposal was found to be the Lowest Calculated Responsive Bid with a Total Contract Price of One Million Seven Hundred Seventy Two Thousand Four Hundred Ten Pesos (Php 1,772,410.00) inclusive of local taxes.

Item No.	Complete Specification of Items	Qty	Unit	Brand	Unit Cost	Total Cost
VARIOUS DRUGS AND MEDICINES						
10	Allopurinol 100mg tablet	5,000	tab		1.90	9,500.00
11	Allopurinol 300mg tablet	3,000	tab		3.98	11,940.00
31	BCG Vaccine freeze-dried powder, 100 micrograms/0.1 mL, 1 mL vial (ID)	800	vial		499.00	399,200.00
32	Betahistine (as HCl or diHCl) 16mg tablet	2,000	tab	Vertikind	10.50	21,000.00
44	Calcium Carbonate 1.5g tablet	50,000	tab		4.50	225,000.00
47	Captopril 25mg tablet	1,000	tab	Biopril	0.89	890.00
61	Clonidine 150mcg tablet	3,000	tab		11.00	33,000.00
63	Colchicine 500mcg tablet	2,000	tab		4.10	8,200.00
64	Combined Glucose-Amino Acid Solutions 500mL bottle (IV)	1,200	btl	Aminolife	550.00	660,000.00
73	Diphenhydramine HCl 25mg capsule	500	cap		1.98	990.00
77	Domperidone 1mg/mL suspension, 60mL	100	btl	Domphy	85.00	8,500.00
97	Furosemide 40mg tablet	1,000	tab		1.79	1,790.00
179	Oral Rehydration Salts 20.5g sachet	20,000	sachet	Dehydrosol	5.90	118,000.00
184	Paracetamol 250mg/5mL, 60mL (alcohol-free)	500	btl	Tempmed	24.00	12,000.00
225	Tamsulosin 200mcg tablet	2,000	tab	Sultam	9.10	18,200.00
226	Tamsulosin 400mcg prolonged release tablet	2,000	tab	Sultam	15.00	30,000.00
231	Tramadol HCl 50mg capsule	2,000	cap	Saphtram	2.10	4,200.00
246	Amikacin sulfate 250mg/mL, 2mL ampule/vial (IM, IV)	5,000	amp/vial	Amicare	42.00	210,000.00
TOTAL AMOUNT						Php 1,772,410.00

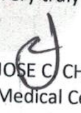
You are hereby requested to post your Performance Security equivalent to the percentage of the Total Contract Price of the acceptable forms as listed below within ten (10) calendar days from receipt of the Notice of Award (NOA).

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

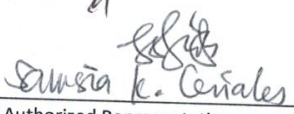
Form of Performance Security	Amount of Performance Security (Not less than the required percentage of the Total Contract Price)
a) Cash or cashier's/manager's check issued by a Universal or Commercial Bank.	Five percent (5%) Php 88,620.50
b) Bank draft/guarantee or irrevocable letter of credit issued 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 531,723.00

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: Savelink Pharma and Trading Co,
Date 10-05-20

ACKNOWLEDGMENT

BEFORE ME, a notary public for and in the City of Cagayan de Oro, Philippines personally appeared:

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

CTC No. 01473433
TIN No. 179-202-271

Issued On
January 3, 2020

Issued At
CDOC

MR. JULIUS G. YUCOR

SAVELINK PHARMA AND TRADING CO. (for the Supplier):

CTC No.

TIN No. 931-74274

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 _____ day of _____ 2020, in the
City of Cagayan de Oro, Philippines.

Doc. No. _____
Page No. _____
Book No. _____
Series of 2020 _____



Republic of the Philippines
Department of Health
Center for Health Development – Northern Mindanao
NORTHERN MINDANAO MEDICAL CENTER
Capitol Compound, Cagayan de Oro City
Email Address: nmmc_cdo@yahoo.com * Website: nmmc.doh.gov.ph
"NMMC Para Sa Tanan"



CONTRACT AGREEMENT

THIS AGREEMENT made this 7th day of October 2020 between **NORTHERN MINDANAO MEDICAL CENTER**, Capitol Compound, Cagayan de Oro City, Philippines (hereinafter called the Entity") of the one part and **SAVELINK PHARMA AND TRADING CO.** of Dr. 5 & 6 Caballero Bldg., Zone 1, Apovel, Bulua, 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., Various Pharmaceuticals and has accepted a Bid by the Supplier for the supply of those goods and services in the sum of One Million Seven Hundred Seventy Two Thousand Four Hundred Ten Pesos (**Php 1,772,410.00**) (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

SUBSCRIBED AND SWORN to before me this **OCT 19 2020** in
Cagayan de Oro City, Philippines.

Signed, sealed, delivered by:


MR. JULIUS G. YUCOR
SAVELINK PHARMA AND TRADING CO. (for the Supplier):

Doc. No. **487**
Page No. **98**
Book No. **CXIX**
Series of **2020**


RAMIL G. CARRASQUILLO
Notary Public (J-2181)-04
Until December 31, 2021
PTR No. 4550217, 1-08-2020
e. 00256, 01-13-2020
TIN: 922-710-679
Roll No. 51523 5-10-2006
Cagayan de Oro City
BIR Reg. No. 21-0002744, 04-04-2018



Republic of the Philippines
Department of Health
Center for Health Development – Northern Mindanao
NORTHERN MINDANAO MEDICAL CENTER
Capitol Compound, Cagayan de Oro City
Email Address: nmmc_cdo@yahoo.com * Website: nmmc.doh.gov.ph
"NMMC Para Sa Tanan"



NOTICE TO PROCEED

19 October 2020

MR. JULIUS G. YUCOR
Savelink Pharma and Trading Co.
Dr. 5 & 6 Caballero Bldg.
Zone 1 Apovel, Bulua
Cagayan de Oro City


Dear Sir:

The attached Contract Agreement having been approved, notice is hereby given to **SAVELINK PHARMA AND TRADING CO.** that work may commence for the supply and delivery of various Pharmaceuticals 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 (1) copy and return the other to the Northern Mindanao Medical Center.

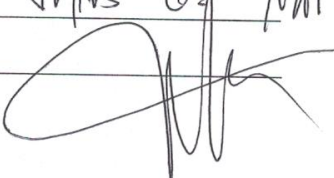
Very truly yours,


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

I acknowledge receipt of this Notice on _____

Name of the Representative of the Bidder: _____

Authorized Signature: _____

10/19/20
Julius G. Yucor




Republic of the Philippines
Department of Health
Center for Health Development – Northern Mindanao
NORTHERN MINDANAO MEDICAL CENTER
Capitol Compound, Cagayan de Oro City
Email Address: nmmc_cdo@yahoo.com * Website: nmmc.doh.gov.ph
"NMMC Para Sa Tanan"



NOTICE OF AWARD

30 September 2020

MR. JULIUS G. YUCOR
Savelink Pharma and Trading Co.
Dr. 5 & 6 Caballero Bldg.,
Zone 1, Apovel, Bulua
Cagayan de Oro City

Dear Sir:

This is to inform you that based on the result of the Competitive Bidding conducted on June 29, 2020 for the procurement of Various Pharmaceuticals under ITB No. 2020-03-003 as per BAC Resolution No. 774 s. 2020 dated 29 September 2020 your proposal was found to be the Lowest Calculated Responsive Bid with a Total Contract Price of Four Hundred Eighty Thousand Pesos (Php 480,000.00) inclusive of local taxes.

Item No.	Complete Specification of Items	Qty	Unit	Brand	Unit Cost	Total Cost
VARIOUS DRUGS AND MEDICINES						
181	Oxytocin (synthetic) 10IU/mL, 1mL ampule (IM,IV)	15,000	ampule		32.00	480,000.00
TOTAL AMOUNT						Php 480,000.00

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 24,000.00
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 144,000.00

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: Savelink Pharma and Trading Co.,
Date: 10-05-20



Republic of the Philippines
Department of Health
Center for Health Development – Northern Mindanao
NORTHERN MINDANAO MEDICAL CENTER
Capitol Compound, Cagayan de Oro City
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WHEREAS the Entity invited Bids for certain goods and ancillary services, viz., Various Pharmaceuticals and has accepted a Bid by the Supplier for the supply of those goods and services in the sum of Four Hundred Eighty Thousand Pesos (**Php 480,000.00**) (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

SUBSCRIBED AND SWORN to before me this **OCT 19 2020**
Cagayan de Oro City, Philippines.

Signed, sealed, delivered by:


MR. JULIUS G. YUCOR
SAVELINK PHARMA AND TRADING CO. (for the Supplier):

Doc. No. 488
Page No. 98
Book No. (XX)
Series of 20


RAMIL G. CARREON
Notary Public NO. 2020-04
Until December 31, 2021
PTR No. 4550217, 1-08-2020 DOCC
256, 01-13-2020
TIN: 922-710-579
Roll No. 51823 6-10-2006
Cagayan de Oro City
M.L.A. Comp. No. 148000702, 2006

ACKNOWLEDGMENT

BEFORE ME, a notary public for and in the City of Cagayan de Oro, Philippines personally appeared:

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

CTC No. 01473433
TIN No. 179-202-271

Issued On
January 3, 2020

Issued At
CDOC

MR. JULIUS G. YUCOR

SAVELINK PHARMA AND TRADING CO. (for the Supplier):

CTC No.

TIN No. 931-745274

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 _____ day of _____ 2020, in the
City of Cagayan de Oro, Philippines.

Doc. No. _____
Page No. _____
Book No. _____
Series of 2020



Republic of the Philippines
Department of Health
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NORTHERN MINDANAO MEDICAL CENTER
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NOTICE TO PROCEED

19 October 2020

MR. JULIUS G. YUCOR
Savelink Pharma and Trading Co.
Dr. 5 & 6 Caballero Bldg.
Zone 1 Apovel, Bulua
Cagayan de Oro City


Dear Sir:

The attached Contract Agreement having been approved, notice is hereby given to **SAVELINK PHARMA AND TRADING CO.** that work may commence for the supply and delivery of various Pharmaceuticals 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 (1) 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 _____

Name of the Representative of the Bidder: _____

Authorized Signature: _____

10/19/20
Julius G. Yucor
