



Republic of the Philippines  
Department of Health  
Center for Health Development – Northern Mindanao  
**NORTHERN MINDANAO MEDICAL CENTER**



NOTICE OF AWARD

24 April 2019

MR. ROJELLO TYRELL V. CASTAÑARES  
COSMO MEDICAL INC.  
Lot 92B Electronics Rd., IT Complex  
Taguig City

Dear Sir,

This is to inform you that based on the result of the Competitive Bidding conducted on January 21, 2019 for the procurement of Various Hospital Supplies under ITB No. 2018-14-014 as per BAC Resolution No. 295 s. 2019 dated April 23, 2019 your proposal was found to be the Lowest Calculated Responsive Bid with a Total Contract Price of Seven Hundred Fifty Seven Thousand (**Php 757,000.00**) inclusive of local taxes.

Item No.	Complete Specification of Items	Qty.	Unit	Brand	Unit Cost	Total Cost
118	IV Administration Set for Blood, luerlock	2,000	piece	Cosmed	26.00	52,000.00
126	IV Cannula G-26, with wings	15,000	piece	Suruflo	13.00	195,000.00
226	Syringe, disposable, 3-ml, without needle, sterile, 100s	1,000	box	Cosmed	170.00	170,000.00
227	Syringe, disposable, 5-ml, G-23" needle, sterile, 100s	1,000	box	Cosmed	170.00	170,000.00
228	Syringe, disposable, 5ml, without needle, 100s	1,000	box	Cosmed	170.00	170,000.00
TOTAL AMOUNT						<b>Php 757,000.00</b>

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 37,850.00
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 227,100.00

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:

*Rojello Tyrell V. Castañares*  
Signature of Authorized Representative over Printed Name

Name of Bidder:

Date: 5/6/19



Republic of the Philippines  
Department of Health  
Center for Health Development – Northern Mindanao  
**NORTHERN MINDANAO MEDICAL CENTER**



CONTRACT AGREEMENT

THIS AGREEMENT made this 9<sup>th</sup> day of May 2019 between NORTHERN MINDANAO MEDICAL CENTER, Capitol Compound, Cagayan de Oro City, Philippines (hereinafter called the Entity") of the one part and COSMO MEDICAL INC. of Lot 92B Electronics Rd., IT Complex, Taguig City, Philippines (hereinafter called "the Supplier") of the other part:


WHEREAS the Entity invited Bids for certain goods and ancillary services, viz., Various Hospital Supplies and has accepted a Bid by the Supplier for the supply of those goods and services in the sum of Seven Hundred Fifty Seven Thousand Pesos (**Php 757,000.00**) (hereinafter called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

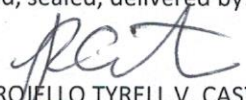
1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents shall be deemed to form and be read and construed as part of this Agreement, viz.:
  - (a) the Bid Form and the Price Schedule 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

Signed, sealed, delivered by:

  
MR. ROJELLO TYRELL V. CASTAÑARES  
COSMO MEDICAL INC. (for the Supplier):

SUBSCRIBED AND SWORN TO BEFORE ME  
this 10 MAY 2019, in Taguig City.

  
RACHEL GINAYA W. COPANUT-PANGWA  
NOTARY PUBLIC UNTIL DEC. 31, 2019  
PTR NO. A-4248764/1-3-19, Taguig City  
IBP O.R. NO. 056215/12-06-2018, RSM  
MCLE Comp. No. V-0004480  
ROLL NO. 61627  
Com. Appt. 19





Republic of the Philippines  
Department of Health  
Center for Health Development – Northern Mindanao  
**NORTHERN MINDANAO MEDICAL CENTER**



NOTICE TO PROCEED

17 May 2019

MR. ROJELLO TYRELL V. CASTAÑARES  
COSMO MEDICAL INC.  
Lot 92B Electronics Rd., IT Complex  
Taguig City


Dear Sir,

The attached Contract Agreement having been approved, notice is hereby given to COSMO MEDICAL INC. that work may commence for the supply and delivery various Hospital Supplies 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 5/30/19

Name of the Representative of the Bidder: AMADOR L. CUNYAN

Authorized Signature: \_\_\_\_\_