



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



NOTICE OF AWARD

24 April 2019

MS. JOSEPHINE F. DY
ENDURE MEDICAL, INC.
Unit 17-A, Belvedere Tower,
San Miguel Avenue, Ortigas Center
Pasig Center

Dear Ma'am,

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 Nine Hundred Thirty Six Thousand Two Hundred Seventeen Pesos and Eighty Centavos (**Php 936,217.80**) inclusive of local taxes.

Item No.	Complete Specification of Items	Qty.	Unit	Brand	Unit Cost	Total Cost
21	Bandage, Elastic 4", with velcro lock	1,500	roll	Endure	17.43	26,145.00
22	Bandage, Elastic 6", with velcro lock	1,500	roll	Endure	24.33	36,495.00
53	Catheter, Foley, Fr. 14, 2-way, needle-free, inflation port, sterile	1,750	piece	Generic	24.33	42,577.50
54	Catheter, Foley, Fr. 16, 2-way, needle-free, inflation port, sterile	2,350	piece	Generic	24.33	57,175.50
55	Catheter, Foley, Fr. 18, 2-way, needle-free, inflation port, sterile	110	piece	Generic	24.33	2,676.30
59	Catheter, Foley, Fr. 24, 2-way, needle-free, inflation port, sterile	50	piece	Generic	24.33	1,216.50
75	Cotton roll, 400g	125	pack	Dr. Ferge	97.22	12,152.50
93	Face mask, surgeon 50's, ear loop	275	box	Endure	32.00	8,800.00
119	IV Administration Set for Adult, luerlock	10,000	piece	Macroset	8.73	87,300.00
127	Volumetric Set	2,300	piece	Endure	43.22	99,406.00
138	Needle, disposable, G-23x1", sterile, 100s	350	box	Generic	89.00	31,150.00
150	Oxygen face mask, w/ tubing, adult	2,200	piece	Generic	23.49	51,678.00
152	Oxygen face mask, w/ tubing, pediatric	1,500	piece	Generic	23.49	35,235.00
159	Plaster hypoallergenic 1x12"	125	box	Endupore	140.16	17,520.00
224	Syringe, disposable, 1-ml, w/ needle, sterile, 100s	850	box	Endure	169.00	143,650.00
225	Syringe, disposable, 3-ml, G-23x1" needle, sterile, 100s	1,000	box	Endure	169.00	169,000.00
230	Syringe, disposable, 20-ml, sterile, 50's	465	box	Endure	146.50	68,122.50
287	Tube, feeding, Fr.8, 50-cm, sterile	1,200	piece	Endure	5.73	6,876.00
288	Tube, feeding, Fr. 10, sterile	350	piece	Endure	5.73	2,005.50
289	Tube, feeding, Fr. 12, sterile	425	piece	Endure	6.78	2,881.50
316	Wristlets adult white 100's	75	box	Generic	253.00	18,975.00
317	Wristlets, pedia, blue 100's	30	box	Generic	253.00	7,590.00
318	Wristlets, pedia, pink 100's	30	box	Generic	253.00	7,590.00
TOTAL AMOUNT						Php 936,217.80

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 46,810.89
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 280,865.34


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:


ANGIEBETH JUSTINIANI
Signature of Authorized Representative over Printed Name

Name of Bidder: ENDURE MEDICAL, INC.
Date: MAY 7, 2019

File: Hospital Supplies 2019



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



CONTRACT AGREEMENT

THIS AGREEMENT made this 9th day of May 2019 between NORTHERN MINDANAO MEDICAL CENTER, Capitol Compound, and Cagayan de Oro City, Philippines (hereinafter called the Entity”) of the one part and ENDURE MEDICAL, INC. of Unit 17-A, Belvedere Tower, San Miguel Avenue, Ortigas Center, 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 Nine Hundred Thirty Six Thousand Two Hundred Seventeen Pesos and Eighty Centavos (**Php 936,217.80**) (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. JOSEPHINE F. DY
ENDURE MEDICAL, INC. (for the Supplier):

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. 04269653
TIN No. 179-202-271

January 11, 2019

CDOC

JOSEPHINE F. DY
Endure Medical, Inc.

CTC No. CRN-0008-0957977-4
TIN No. 199-658-882

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 19 7 MAY 2019 2019, in the City of Cagayan de Oro, Philippines.

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Book No. 17
Series of 2019

ROWELL B. VALLEDOR
Notary Public
Until December 31, 2020
TIN No. 9330656-901
IBP R No. 020478-Lifetime
PTR No. 4102271, 01/03/2019; CDC
Roll No. 67069; NC No. 2019-59
MCLE Compliance Exempt
Contact No. 0995-704-9232
Cagayan de Oro City



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



NOTICE TO PROCEED

17 May 2019

MS. JOSEPHINE F. DY
ENDURE MEDICAL, INC.
Unit 17-A, Belvedere Tower,
San Miguel Avenue, Ortigas Center
Pasig Center


Dear Madam,

The attached Contract Agreement having been approved, notice is hereby given to ENDURE 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 June 10, 2019

Name of the Representative of the Bidder: ANGIENETH JUSTINIANI

Authorized Signature: 

file: NTP supplies 2019