



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



NOTICE OF AWARD

24 April 2019

MS. CHRISTY ANN C. MADAYAG
JOSMEF ENTERPRISES
Javellana E. Lopez, Sts.
Jaro, Iloilo City

Dear Madame,

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 Sixty Seven Thousand Four Hundred Thirty Eight Pesos (**Php 767,438.00**) inclusive of local taxes.

Item No.	Complete Specification of Items	Qty.	Unit	Brand	Unit Cost	Total Cost
47	Catheter, embolectomy, Fr. 3	3	piece	Accura	4,620.00	13,860.00
48	Catheter, embolectomy, Fr. 4	3	piece	Accura	4,620.00	13,860.00
49	Catheter, embolectomy, Fr. 5	3	piece	Accura	4,620.00	13,860.00
50	Catheter, embolectomy, Fr. 6	3	piece	Accura	4,620.00	13,860.00
52	Catheter, Foley, Fr. 8, 2-way, needle-free, inflation port, sterile	235	piece	Simplex	30.80	7,238.00
65	Catheter, Suction, Fr. 5, sterile	150	piece	Partners	10.40	1,560.00
133	Nasal cannula, pedia, disposable	2,000	piece	Partners	15.60	31,200.00
158	Plaster adhesive, 10x12 yds, hospital size	1,000	tube	Ormed	672.00	672,000.00
TOTAL AMOUNT						Php 767,438.00

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 38,371.90
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 230,231.40

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: JOSMEF ENTERPRISES

Date: May 6, 2019



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



CONTRACT AGREEMENT

THIS AGREEMENT made this 16th 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 JOSMEF ENTERPRISES of Javellana E. Lopez, Sts., Jaro, Iloilo City, Philippines (hereinafter called "the Supplier") of the other part:

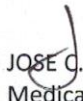
WHEREAS the Entity invited Bids for certain goods and ancillary services, viz., Various Hospital Supplies and has accepted a Bid by the Supplier for the supply of those goods and services in the sum of Seven Hundred Sixty Seven Thousand Four Hundred Thirty Eight Pesos (**Php 767,438.00**) (hereinafter called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

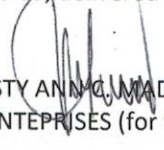
1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents shall be deemed to form and be read and construed as part of this Agreement, viz.:
 - (a) the Bid Form and the Price Schedule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


MS. CHRISTY ANN M. DAYAG
JOSMEF ENTERPRISES (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

CHRISTY ANN C. MADAYAG
Josmef Enterprises

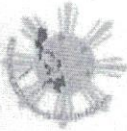
CTC No. 10-UC: 102-14005256
TIN No. 489-899-916

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 JUN 17 2019 day of 2019, in the City of Cagayan de Oro, Philippines.

Doc. No. 116
Page No. 024
Book No. 196
Series of 2019

ATTY. GIL U. BANAAG
Notary Public
Until December 31, 2019
PTR No. 4951972 1/3/19
IBP No. 068610 1/10/19
MCLE No. VI-0000704 9/29/16
Roll No. 37946 06/03/92
TIN: 134-404-153
Cagayan de Oro City



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_rdo@yahoo.com Website www.doh.gov.ph/nmmc
FORM NO. 100-1 (Rev. 10/2008)



NOTICE TO PROCEED

18 June 2019

MS. CHRISTY ANN C. MADAGAY
Josmef Enterprises
Javellana E. Lopez, Sts.
Jaro, Iloilo City


Dear Ma'am,

The attached Contract Agreement having been approved, notice is hereby given to **JOSMEF ENTERPRISES** that work may commence for the supply and delivery of various Hospital Supplies for Northern Mindanao Medical Center, effective upon 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 20, 2019

Name of the Representative of the Bidder: CHRISTY ANN MADAGAY

Authorized Signature: 