



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 *Website www.doh.gov.ph/nmmc
"NMMC Para sa Tanan"



NOTICE OF AWARD

28 June 2018

MR, VICTOR M. OGA
TOYOTA CAGAYAN DE ORO INC.
Km 3 National Highway Kauswagan
Cagayan de Oro City

Dear Sir:

This is to inform you that based on the Negotiated Procurement conducted on May 29, 2018 for Transport Vehicle per BAC Resolution No. G-235 s. 2018 dated 26 June 2018, your proposal was found to be the Lone and Responsive Bid with a Total Contract Price of One Million Four Hundred Eighty Thousand Pesos (Php 1,480,000.00) inclusive of local taxes.

Item No.	Complete Specification of Items	Qty	Unit	Brand	Unit Cost	Total Cost
1	Transport Vehicle (for Bloodletting)	1	unit	HILUX FX	1,480,000.00	1,480,000.00
	(Please see attached complete specifications)	TOTAL AMOUNT			Php	1,480,000.00

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 74,000.00)
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 444,000.00)

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: TOYOTA CAGAYAN DE ORO

Date: 6/29/18

file: negotiated procurement 2018



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 *Website www.doh.gov.ph/nmmc
"NMMC Para sa Tanan"



CONTRACT AGREEMENT

THIS AGREEMENT made this 4th day of July 2018 between **NORTHERN MINDANAO MEDICAL CENTER**, Capitol Compound, Cagayan de Oro City, Philippines (hereinafter called "the Entity") of the one part and **TOYOTA CAGAYAN DE ORO** of Km. 3 National Highway, Kauswagan, 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., [one (1) unit Transport Vehicle (for Bloodletting) (HILUX FX)] has accepted a Bid by the Supplier for the supply of those goods and services in the sum of One Million Four Hundred Eighty Thousand Pesos (Php 1,480,000.00 (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 Request for Quotation submitted by the Bidder;
 - (b) the Schedule of Requirements;
 - (c) the Technical Specifications;
 - (d) 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:


VICTOR M. OGA
TOYOTA CAGAYAN DE ORO (for the Supplier)

ACKNOWLEDGMENT

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

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

CTC No. 02891339
TIN No. 179-202-271

January 18, 2018

CDOC

MR. VICTOR M. OGA
TOYOTA CAGAYAN DE ORO. (for the Supplier)

CTC No. 02931904
TIN No. 454-893-992

1/25/18 CDOC

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 JUL 14 2018 2018, in the City of _____, Philippines.

Doc. No. 06
Page No. 02
Book No. LX
Series of 2018

ATTY. HENRY J. BACAL
NOTARY PUBLIC

UNTIL DECEMBER 31, 2018

PTR NO. 3331938-A - JAN 6, 2017

IBP OR NO. 1059549 - JAN 6, 2017

ROLL NO. 28903

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_cdo@yahoo.com *Website www.doh.gov.ph/nmmc
"NMMC Para sa Tanan"



NOTICE TO PROCEED

16 July 2018

MR. VICTOR M. OGA
TOYOTA CAGAYAN DE ORO **INC.**
Km 3 National Highway Kauswagan
Cagayan de Oro City


Dear Sir:

The attached Contract Agreement having been approved, notice is hereby given to TOYOTA CAGAYAN DE ORO that work may commence for the supply and delivery of one (1) unit Transport Vehicle (for Bloodletting) (HILUX FX) 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 7/16/2018

Name of the Representative of the Bidder: VICTOR OGA

Authorized Signature: 