



Republic of the Philippines
 Department of Health
CARAGA REGIONAL HOSPITAL
 Surigao City

NOTICE OF AWARD

Date:	MARCH 23, 2021
Name of Bidder	ALVEZ COMMERCIAL INC
Address:	UNIT 1, ALVEZ BUILDING, M.H.DEL PILAR CORNER T. CLAUDIO STS., TACLOBAN CITY

Sir/Madam:
 This is to inform you that based on the result of the Competitive Bidding conducted on FEBRUARY 17, 2021 for the PROCUREMENT OF PPE GEARS AND SUPPLIES under IB NO. 2021-02-17 (05), as per HBAC Resolution No. 017-2021 your proposal was found to be the Lowest Calculated Responsive Bid (LCRB) with a Total Contract Price of:
ONE MILLION FOUR HUNDRED FORTY THOUSAND PESOS ONLY

Item No.	Description	Qty.	Unit	Unit Price (PHP)	TOTAL CONTRACT PRICE (PHP)
5	Eye Protection Goggles, with anti-fog coating and Clear Vision 20:20 Lens, splash proof, resistant to scratches and chemicals on the outside, secure fit, mist-proof polycarbonate lenses, High quality, Wind And Dust Resistant, MEDICAL GRADE,	6000	PIECE	240.00	1,440,000.00
ONE MILLION FOUR HUNDRED FORTY THOUSAND PESOS ONLY				GRAND TOTAL	1,440,000.00

Other Terms and Conditions:
 Technical and Eligibility Requirements and Financial Requirements, and Technical Specification that have been submitted by the Bidder are also form a part of this Award / Contract.
 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) and further to confer with the Head of the Procurement Service, for instruction regarding the execution of this award:

FORMS OF PERFORMANCE SECURITY	AMOUNT OF PERFORMANCE SECURITY (Equal to percentage of the Total Contract Price)
(A) CASH or CASHIER's / MANAGER's CHECK issued by a Universal or Commercial Bank	FIVE PERCENT (5%)
(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 verified by the Insurance Commission as authorized to issue such security, and / or	THIRTY PERCENT (30%)
(D) Any combination of the foregoing.	Proportionate to share of form with respect to total amount of security

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.

Cheryl A. Gotinga
CHERYL A. GOTINGA, MD, FPPS
 Medical Center Chief - I

CONFORMED BY:

ALVEZ COMMERCIAL INC.

FREN ALVEZ
 Signature Over Printed Name

PRESIDENT 3/24-21
 Date / Designation

0920 985-5335
 Contact Number / Email Address



Republic of the Philippines
Department of Health
CARAGA REGIONAL HOSPITAL
Surigao City

NOTICE OF AWARD

Date:	MARCH 15, 2021
Name of Bidder	ALVEZ COMMERCIAL INC
Address:	UNIT 1, ALVEZ BUILDING, M.H.DEL PILAR CORNER T. CLAUDIO STS., TACLOBAN CITY

Sir/Madam:
This is to inform you that based on the result of the Competitive Bidding conducted on FEBRUARY 17, 2021 for the PROCUREMENT OF PPE GEARS AND SUPPLIES under IB NO. 2021-02-17 (05), as per HBAC Resolution No. 004-2021 your proposal was found to be the Lowest Calculated Responsive Bid (LCRB) with a Total Contract Price of:

FOUR HUNDRED THIRTY FIVE THOUSAND PESOS ONLY (PHP 435,000.00)

Item No.	Description	Qty.	Unit	Unit Price (PHP)	TOTAL CONTRACT PRICE (PHP)
9	N95 DUCKBILL TYPE, Disposable Particulate Respirator Mask, AUTHENTIC MEDICAL GRADE, 4 to 5 PLY FILTRATION, NIOSH certified, with Polyurethane elastic headbands; BRAND: BTL FLATFIT HEALTHCARE RESPIRATOR	3,000	piece	145.00	435,000.00
FOUR HUNDRED THIRTY FIVE THOUSAND PESOS ONLY				GRAND TOTAL	435,000.00

Other Terms and Conditions:
Technical and Eligibility Requirements and Financial Requirements, and Technical Specification that have been submitted by the Bidder are also form a part of this Award / Contract.

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) and further to confer with the Head of the Procurement Service, for instruction regarding the execution of this award:

FORMS OF PERFORMANCE SECURITY	AMOUNT OF PERFORMANCE SECURITY (Equal to percentage of the Total Contract Price)
(A) CASH or CASHIER's / MANAGER's CHECK issued by a Universal or Commercial Bank	FIVE PERCENT (5%)
(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; and / or	THIRTY PERCENT (30%)
(D) Any combination of the foregoing.	Proportionate to share of form with respect to total amount of security

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.

Gotinga
CHERYL A. GOTINGA, MD, FPPS
Medical Center Chief - I

CONFORMED BY:
ALVEZ COMMERCIAL INC.
EFREN M. ALVEZ
Signature Over Printed Name
MARCH 18, 2021 MANAGER
Date / Designation
0920 985-5335
Contact Number / Email Address
alvezcommercial@yahoo.com
Email Address