



PRO-02
Rev. No. 0
Effectivity: 02/01/18

NOTICE OF AWARD

Date:	MARCH 15, 2021
Name of Bidder	ENDURE MEDICAL INC.
Address:	17-A BELVEDERE TOWER, SAN MIGUEL, AVENUE, ORTIGAS COMPLEX, PASIG CITY, PHILIPPINES

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. 014-2021** your proposal was found to be the Lowest Calculated Responsive Bid (LCRB) with a Total Contract Price of:

TWO MILLION SIX HUNDRED NINETY THOUSAND TWO HUNDRED EIGHTY PESOS ONLY (PHP 2,690,280.00)

Item No.	Description	Qty.	Unit	Unit Price (PHP)	TOTAL CONTRACT PRICE (PHP)
2	Coverall, PPE AUTHENTIC MEDICAL GRADE, made of impermeable material with BLUE STRIPE or secured tape at seams, Extra Large size; BRAND: XIAMEN SPRO	3,000	piece	287.00	861,000.00
3	Coverall, PPE AUTHENTIC MEDICAL GRADE, made of impermeable material with BLUE STRIPE or secured tape at seams, Large size BRAND: XIAMEN SPRO	3,000	piece	287.00	861,000.00
4	Coverall, PPE AUTHENTIC MEDICAL GRADE, made of impermeable material with BLUE STRIPE or secured tape at seams, XXL size; BRAND: XIAMEN SPRO	3,000	piece	287.00	861,000.00
7	Face shield, Plastic, CLEAR AND TRANSPARENT FILM, Adjustable Head strap, MEDICAL GRADE; BRAND: STARDEAL	6,000	piece	17.88	107,280.00
	TWO MILLION SIX HUNDRED NINETY THOUSAND TWO HUNDRED EIGHTY PESOS ONLY		GRAND TOTAL		2,690,280.00

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.

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

CONFORMED BY :

Joubee Maresang
ENDURE MEDICAL INC.

Joubee Maresang
Signature Over Printed Name

3-18-21 J.M.
Date / Designation

09076073089
Contact Number / Email Address

Email Address