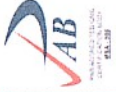




Republic of the Philippines
Department of Health
CARAGA REGIONAL HOSPITAL
Surigao City



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

NOTICE OF AWARD

Date: **FEBRUARY 23, 2021**

Name of Bidder: **SUGECO OF CEBU, INC.**

Address: **BORRAMEO STREET, SURIGAO CITY**

Sir/Madam:

This is to inform you that based on the result of the Competitive Bidding conducted on **FEBRUARY 15, 2021** for the **Procurement of MEDICAL OXYGEN ADAPTER** under **IB No. 2020-02-15 (03)**, as per **HBAC Resolution No. 008-2021** your proposal was found to be the **Lowest Calculated Responsive Bid (LCRB)** with a **Total Contract Price of:**

ONE MILLION SIX HUNDRED FIFTY THREE THOUSAND PESOS ONLY (PHP 1,653,000.00)

ITEM NO.	DESCRIPTION	QTY	UNIT OF MEASUREMENT	UNIT COST	TOTAL COST
	MEDICINES CORRECTING WATER/ELECTROLYTES/IV FLUIDS				
1	MEDICAL OXYGEN ADAPTER, 5 LITERS, 1800 PSI, FILLED	4350	TANK	380.00	1,653,000.00
	ONE MILLION SIX HUNDRED FIFTY THREE THOUSAND PESOS ONLY		GRAND TOTAL		1,653,000.00

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
(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	THIRTY PERCENT (30%)
(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	Proportionate to share of form with respect to total amount of security
(D) Any combination of the foregoing.	
(E) Bid Securing Declaration	

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:

SUGECO OF CEBU, INC.

Romeo M. C. Claro
Signature Over Printed Name

March 4, 2021
Date

TRUCK HANTER
Designation / Position

0909506811

Contact Number / Email Address