



Republic of the Philippines  
Department of Health  
Regional Office I  
**MARIANO MARCOS MEMORIAL HOSPITAL AND MEDICAL CENTER**  
City of Batac, Ilocos Norte  
Trunk line 077-792-3144; Fax line 077-792-3133  
e-mail address: [mmmh\\_doh@yahoo.com](mailto:mmmh_doh@yahoo.com)  
"PHIC Accredited Health Care Provider"  
"ISO 9001:2015 Certified"

004-BACNOA

## NOTICE OF AWARD

April 17, 2018

### THE MANAGER

### BLUE SKY TRADING CO., INC.

Blue Sky Building, 416 Dasmariñas St., Binondo Manila

TIN No.: 000 309 461 000

Dear Sir/Ma'am,

This is to inform you that based on the result of the Competitive Bidding conducted on March 7, 2018 for the Project: **SUPPLY, DELIVERY AND INSTALLATION OF ONE (1) UNIT MECHANICAL VENTILATOR (NEONATAL, PEDIATRIC, ADULT)** as per **BAC RESOLUTION NO. 099-2018-04** your proposal was found to be the *Lowest Calculated Responsive Bid* with a Total Contract Price of **ONE MILLION SEVEN HUNDRED EIGHTY THREE THOUSAND PESOS ONLY (P 1,783,000.00)** inclusive of local taxes.


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 Director of the Procurement Service, for instructions regarding the execution of this award:

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.	Goods and Consulting Services – Five percent (5%)  Infrastructure Projects – Ten percent (10%)
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%)

**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.

**Recommending Approval:**

  
4.17.18  
**BERNADETTE G. IPAC, MHA**  
Chief Administrative Officer



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Approved By:

**MARIA LOURDES K. OTAYZA, M.D., MHA, CESO V, FPOGS**

Medical Center Chief II

Date: 17 APRIL 2018

Conforme:

\_\_\_\_\_  
Signature over Printed Name

Date: \_\_\_\_\_