



NOTICE OF AWARD

August 7, 2024

JIMMY G. MAYOR
DYNAMED HEALTHCARE INCORPORATED
42 Tomas Morato Avenue, Quezon City, Philippines

Dear Mr. Mayor,

We are happy to notify you that your Bid date July 2, 2024 for the **SUPPLY, INSTALLATION, TESTING AND COMMISSIONING OF MEDICAL EQUIPMENTS (2024-06-063-G)** for the contract price of equivalent to **FOUR MILLION FOUR HUNDRED EIGHTY SIX THOUSAND THREE HUNDRED SIXTY PESOS (Php4,486,360.00)** as corrected and modified in accordance with the Instructions to Bidders is hereby accepted.

QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
2	Unit	Fetal Doppler Portable	50,000.00	100,000.00
2	unit	Phototherapy	299,000.00	598,000.00
4	unit	Suction Machine heavy Duty	198,500.00	794,000.00
4	Unit	ICU Bed	399,540.00	1,598,160.00
5	unit	Infusion Pump	99,540.00	497,700.00
3	unit	Patient Monitor with ET co2	299,500.00	898,500.00
Total				4,486,360.00

You are hereby required to provide within ten calendar (10) days from the receipt of the Notice of Award (NOA) the performance security in any acceptable forms stipulated below equivalent to the percentage of the total contract price.

Form 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	<i>Goods and Consulting Services-</i> Five Percent (5%) <i>Infrastructure-</i> 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%)

Failure to provide the performance security shall constitute sufficient ground for cancellation of the award and forfeiture of the bid security.

Very truly yours,

(Original signed)
MARLENE L. LUBO, MD, FPPS, MHA
Medical Center Chief
Conforme:

NAME: _____
SIGNATURE: _____
DATE: _____

