



REPUBLIC OF THE PHILIPPINES  
Department of Health

**NATIONAL CENTER FOR MENTAL HEALTH**



**NOTICE OF AWARD**

January 24, 2025

**NEW MIDES ENTERPRISES, INC.**

#226 Ma. Clara Street, 11<sup>th</sup> Avenue  
Grace Park, Caloocan City  
Tel No: 8361-5417 Fax No.: 8366-7564; 0975-0817436  
Email: newmides@yahoo.com  
carlotasantos143@yahoo.com

Sir / Madam:

Please be advised that based on the results of the **PUBLIC BIDDING** conducted by the National Center for Mental Health for the **SUPPLY AND DELIVERY OF GENERAL SUPPLIES CY 2025 (EARLY PROCUREMENT ACTIVITY)**, the following items are hereby awarded to your company:

NO.	ITEM CODE	QTY	UNIT	ITEM/SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
1	MG-04	250	piece	PADLOCK laminated steel, 50mm thick iron, hardened steel shackle, double locking lever, rust and water resistant, anti-smash, includes 3 keys, heavy duty, branded <i>Brand: Yale</i> <i>Country of Origin: Philippines</i>	₱ 758.00	₱ 189,500.00
<b>TOTAL AMOUNT</b>						<b>₱ 189,500.00</b>

You are hereby required to submit the following **within ten (10) calendar days**:

- Notarized Contract Agreement Form (Legal Size) for the **PUBLIC BIDDING FOR THE SUPPLY AND DELIVERY OF GENERAL SUPPLIES CY 2025 (EARLY PROCUREMENT ACTIVITY)**

*NOTE: The signatory shall be NOEL V. REYES, MD, FPPA, MMHoA,  
MEDICAL CENTER CHIEF II*

- Performance Security in any forms and amount stipulated below:

A. Cash or Cashier's / Manager's Check issued by a Universal of Commercial Bank.	Five Percent (5%) of the Total Contract Price
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*"There is no Health without Mental Health"*

9 De Pebrero St., Brgy. Mauway, Mandaluyong City

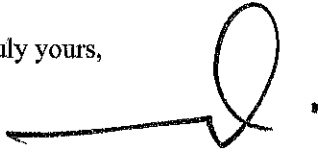
Trunkline: 8531-9001 Website: www.ncmh.gov.ph



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.	Five Percent (5%) of the Total Contract Price
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%) of the Total Contract Price

**NOTE: Failure to provide any of the aforementioned requirements within ten (10) calendar days shall constitute sufficient grounds for cancellation of this Award and forfeiture of the Bid Security.**

Truly yours,



**NOEL V. REYES, MD, FPPA, MMHoA** *q*  
 Medical Center Chief II *q*



CONFORME: <input checked="" type="checkbox"/>
<i>ARLON S. GARDON</i> Authorized Representative (Name & Signature)
<i>25 Nov 2025</i> Date and Time