

## NOTICE OF AWARD

January 24, 2025

## RPD CHEM ENTERPRISES

73-E 12<sup>th</sup> Ave., Brgy. Socorro, Cubao, Quezon City Tel No: (02) 8556-2711; 09688544149 Email: rpdchem\_enterprises@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-10	5,000	tube	TOOTHPASTE, anti-cavity, fluoride protection, 100ml/tube Country of Origin: Philippines	₱ 70.00	₱ 350,000.00 .
TOTAL AMOUNT					₱ 350,000.00	

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.	
В.	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

"There is no Health without Mental Health"

9 De Pebrero St., Brgy. Mauway, Mandaluyong City Trunkline: 8531-9001 Website: www.ncmh.gov.pH









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 Medical Center Chief II

gr

CONFORME

Authorized Representative (Name & Signature

2-25-25

Date and Time