



National Center for Mental Health

NOTICE OF AWARD

February 20, 2024

GETZ BROS. PHILIPPINES, INC.

5/F West Wing, Estancia Offices, Capitol Commons,
Meralco Ave., Barangay Oranbo, Pasig City
Tel. No.: (02) 8784-0400 Fax No.: (02) 8631-1636
Email: aljenpamantoc@getzhealthcare.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 Drugs and Medicines (Service Patients) CY 2024**, the following item(s) are hereby awarded to your company:

ITEM CODE	QTY	UNIT	ITEM/SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
DM-056	1,000	BOTTLE	Lactulose 3.3g/5ml , 120 ml Brand: LILAC 3.35g/ 5ml Syrup Box of 1's Origin: Pakistan	₱ 95.00	₱ 95,000.00
DM-057	40,000	CAPSULE	Ursodeoxycholic Acid 250 mg Brand: EULIV 250mg Capsule Box of 30's Origin: India	13.00	520,000.00
TOTAL AMOUNT					₱ 615,000.00

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 Drugs and Medicines (Service Patients) CY 2024**

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

- Notarized Performance Securing Declaration; **or**
- Performance Security in any forms and amount stipulated below:

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

B. Surety Bond callable upon demand issued by a surety or insurance company duly certified by Insurance Commission / GSIS	Thirty Percent (30%) of the Total Contract Price
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- LABELLING:

For each box, bottle, and corrugated carton, the following should be legibility imprint:

**"Philippine Government Property
Department of Health
NOT FOR SALE"**

Failure to provide any of the above-mentioned requirements 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



CONFORME:


ALVEN S. PAMANTOC
Name and Signature (Authorized Representative)

2/28/24
Date and Time