## NOTICE OF AWARD

February 20, 2024

**MARCBURG PHILIPPINES INC.**
Unit 2 AB Symphony Tower 1 #06 Sgt. Esguerra St.
Cor. Timog, Ave., South Triangle, Quezon City
Tel. No.: +63 917 1271017
Email: mmmillo.marcburg@gmail.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-013 | 300 | VIAL | Vancomycin (as hydrochloride) 1 g Powder for Injection (I.V. Infusion) Brand: VANCOMARC Origin: India | ₱ 118.00 | ₱ 35,400.00 |
| | | | | **TOTAL AMOUNT** | **₱ 35,400.00** |

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 |
|---|---|
| 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 |

*"There is no Health without Mental Health"*

9 De Pebrero St., Brgy. Mauway, Mandaluyong City
Tel. No.: 8531-9001    Fax: 8531-8682    Website: www.ncmh.gov.ph

PhilHealth
Your Partner in Health
ACCREDITED

TÜVRheinland
CERTIFIED

Management System
ISO 9001:2015
www.tuv.com
ID 9105085428

- 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.**
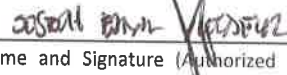
Truly yours,

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

**CONFORME:**

_____
Name and Signature (Authorized Representative)

_____
Date and Time
02/28/24

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Public Bidding (Supply and Delivery of Drugs and Medicines (Service Patients) CY 2024)

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