



62
w/ PD
w/ contract
For sig

National Center for Mental Health

NOTICE OF AWARD

October 26, 2023

INDOPLAS PHILIPPINES, INC.

888 Lot 2, Blk 2A, Muralla Subd.,
Brgy. Iba, Meycuayan, Bulacan
Tel No.: 8743-2288; 8731-0022;
0917-8083080; 0919-2172518
Email: tlb@indoplasphil.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 Medical Supplies and Devices CY 2023**, the following items are hereby awarded to your company:

NO.	QTY	UNIT	ITEM CODE / SPECIFICATION	UNIT PRICE	TOTAL PRICE
MSMD-058	3,750	piece	Underpads Super Dry, 60x90cm, disposable. (with at least 24 months expiration). Brand: Elite Tokyo Japan	11.78	44,175.00
MSMD-091	100,000	piece	Mask, surgical disposable, 3 PLY, Elastic without glass fibres, hypoallergenic, very low resistance to breathing, nose bar adaptable, high filtration capacity, perfect fitting, EAR-LOOP	0.74	74,000.00
TOTAL AMOUNT:					₱ 118,175.00

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 Medical Supplies and Devices CY 2023**

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"

NOTE: Failure to provide any of the above-mentioned 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

g m q

CONFORME:


Authorized Representative (Name & Signature)

11-9-23 9:05 am
Date and Time