



W/P 3

National Center for Mental Health

NOTICE OF AWARD

January 18, 2024

CHEMVALLEY RESOURCES INC.

168 West Riverside St., SFDM, Quezon City
Tel No.: +632 8372-9093 / +63 917-8959612
Email: cagolmaricon@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 MEDICAL SUPPLIES CY 2024**, the following items are hereby awarded to your company:

NO.	QTY	UNIT	ITEM/SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
216	36	Gallon	High Level Disinfectant Solution Ortho-Phthalaldehyde, Ready-to-use for Medical Instruments, 6mins contact time, at least 28days use-life. At least 5L/Gallon Contains: 0.55% Ortho-Phthalaldehyde active ingredients. Effective against wide array of microorganisms. It kills vegetative bacteria, mycobacteria viruses and fungi. (with at least 24 months expiration). Brand: Detro Opa Country of Origin: Turkey	1,800.00	64,800.00
TOTAL AMOUNT					₱64,800.00

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 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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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,

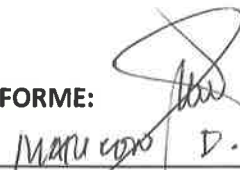


NOEL V. REYES, MD, FPPA, MMHoA

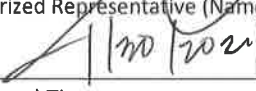
Medical Center Chief II

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CONFORME:



 Authorized Representative (Name & Signature)



 Date and Time