



National Center for Mental Health

NOTICE OF AWARD

January 18, 2024

EURO PACIFIC HEALTHCARE DISTRIBUTOR INC.

05 Pine St., West Fairview, Quezon City
Tel No.: (02) 8 938-6306/ 8 938 -1496
Email: europacific.phil@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 MEDICAL SUPPLIES CY 2024**, the following items are hereby awarded to your company:

NO.	QTY	UNIT	ITEM/SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
360	5,500	piece	Dialysis Needle for Fistula and Graft, G16, venous , 1.6 x 25mm, with metal stainless needle, smooth insertion, with fixed wing, with at least 24 months expiration Country of Origin: China	15.45	84,975.00
362	720	piece	Dialysis Needle for Fistula and Graft, G17, venous , 1.6 x 25mm, with metal stainless needle, smooth insertion, with fixed wing, with at least 24 months expiration Country of Origin: China	15.45	11,124.00
369	1,200	piece	High Flux Dialyzer, effective surface area 1.5 - 1.8 m2, UF coeff 52-67 ml/hr/mmHg2. (must be compatible with 4008s Hemodialysis Machine) with at least 24 months expiration " Country of Origin: China	655.00	786,000.00
373	26	sack	Industrial Salt, high sodium chloride content, chunky crystals, low impurities, reliable supply, 12.5 kg per pack Country of Origin: China	767.50	19,955.00
TOTAL AMOUNT					₱902,054.00

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

"There is no Health without Mental Health"



- 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


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, MMH_oA
 Medical Center Chief II

CONFORME:



Authorized Representative (Name & Signature)

01-30-24

Date and Time