



w/ PB  
w/ contract

# National Center for Mental Health

## NOTICE OF AWARD

January 18, 2024

### **MED-CONDIS SUPPLY PHILIPPINES, INC.**

Unit 12 INDG bldg., 77 N. Roxas St., Sto Domingo, Quezon City

Tel No.: 8553-84-00 / 0915-879-6267

Email: condis24@gmail.com; medcondispriney@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 item(s) are hereby awarded to your company:

NO.	QTY	UNIT	ITEM/SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
312	100	piece	Multifix Tape - Universal securement device for effective fixation to the skin of range of medical tubing, with atraumatic pure soft silicone -re-adhesive gel strip. Gentle on skin, no skin prep required before application, leaves no sticky residue on skin upon removal, can be easily repositioned without the risk of skin and hair pulling, showerproof, breathable, hypoallergenic. LARGE Country of Origin: UK	850.00	85,000.00
<b>TOTAL AMOUNT</b>					<b>₱85,000.00</b>

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"*

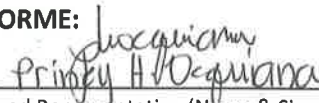
B. Surety Bond callable upon demand issued by a surety or insurance company duly certified by Insurance Commission / GSIS	Thirty Percent (30%) of the Total Contract Price
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**NOTE: Failure to provide any of the aforementioned requirements within ten (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

**CONFORME:**   
 \_\_\_\_\_  
 Authorized Representative (Name & Signature)  
 \_\_\_\_\_  
 1/30/24  
 Date and Time