



# National Center for Mental Health

## NOTICE OF AWARD

January 18, 2024

### **ENSUREMED INC.**

# 72 Richmack Bldg., Unit 117 & 118  
Mindanao Ave., Proj. 6, Quezon City  
Tel No.: +632 7900-2926; +63 922-8524650  
Email: ensuremed.inc@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
341	200	PAIR	Ortho Gloves size 7.0, sterile, powder free, thick and elastic, not easily tore. (with at least 24 months expiration). Brand: Medispo Orthopedic Country of Origin: China	53.00	10,600.00
342	200	PAIR	Ortho Gloves size 7.5, sterile, powder free, thick and elastic, not easily tore. (with at least 24 months expiration). Brand: Medispo Orthopedic Country of Origin: China	53.00	10,600.00
343	200	PAIR	Ortho Gloves size 8.0, sterile, powder free, thick and elastic, not easily tore. (with at least 24 months expiration). Brand: Medispo Orthopedic Country of Origin: China	53.00	10,600.00
<b>TOTAL AMOUNT</b>					<b>₱31,800.00</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

*"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, MMHoA**

Medical Center Chief II

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**CONFORME:**



Authorized Representative (Name & Signature)

Date and Time

1-30-24