REPUBLIC OF THE PHILIPPINES Department Of Health





National Center for Mental Health

NOTICE OF AWARD

January 18, 2024

HEALTHRUSH ENTERPRISES

Unit 704 West Trade Center, 134 West Ave., Phil-am, 1104 Quezon City

Tel No.: (+63) 921-9156167 / 0910-2609249

Email: ermaleenisayas@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
155	24	box	Arterial Blood Gas Calibrant (EDAN 15) (100pcs/pack) Brand: Edan, CP100 Country of Origin: China	3,765.00	90,360.00
160	3	Set	BGE LEVEL 1 (5 AMPULES / SET) Brand: Edan, BGE1 Country of Origin: China	2,400.00	7,200.00
161	3	Set	BGE LEVEL 2 (5 AMPULES / SET) Brand: Edan, BGE2 Country of Origin: China	2,400.00	7,200.00
162	3	Set	BGE LEVEL 3 (5 AMPULES / SET) Brand: Edan, BGE3 Country of Origin: China	2,400.00	7,200.00
330	100	piece	"Tracheostomy Mask, Adult -The neckband is made from a comfortable, non biting material, and the swivel tubing connector permits access from either side of the patient. The special strap clips allow the mask to be removed with minimal disturbance to the patient." Brand: Vertex, A0603 Country of Origin: China	59.00	5,900.00
	TOTAL AMOUNT				₱117,860.00

"There is no Health without Mental Health"







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:

Α.	Cash or Cashier's / Manager's Check Bank Guarantee	Five Percent (5%) of the Total Contract Price
В.	Surety Bond callable upon demand issued by a surety or insurance company duly	Thirty Percent (30%) of the Total Contract Price
	certified by Insurance Commission / GSIS	

NOTE: <u>Failure to provide any of the aforementioned requirements within ten (10) calendar days shall</u> 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:

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Authorized Representative (Name & Signature)

OI 30 14 Date and Time