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WITH



# National Center for Mental Health

## NOTICE OF AWARD

February 12, 2024

### **FRESENIUS MEDICAL CARE PHILIPPINES INC.**

18 FLR., AEON CENTER, ALABANG MUNTINLUPA CITY

Tel. No.: (+63) 917-8375163

Email: rialene.santos@fmc-asia.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
MS24-357	5,000	Piece	Arterio-Venous Fistula (AVF) kit, inclusive of 4pcs sterile cherry balls, 1pc drape, 2pcs sterile gauze, 2pcs antiseptic pads, 3pcs 10cc syringes with needle g.21, and 2pcs sterile gauze pillows, with at least 24 months expiration. Country of Origin: Philippines	135.00	675,000.00
MS24-371	115	Piece	Dialysis Fluid Filter for existing Fresenius Hemodialysis Machines, effective surface 2.2m <sup>2</sup> , weight 170g, polypropylene housing material, polyurethane potting material, silicone sealings, filtration rate of 5ml/min x mmhg, operating time: max 12 weeks or 100 treatments, with at least 24 months expiration, will not require technical adjustments/service prior usage, so as not to void warranty of equipment supplier. (must be compatible with 4008s Hemodialysis Machine) Country of Origin: Germany	6,000.00	690,000.00
<b>TOTAL AMOUNT</b>					<b>₱1,365,000.00</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

*"There is no Health without Mental Health"*



- 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

**CONFORME:**

*Rialene S. Samtor*

Authorized Representative (Name & Signature)

*February 16, 2024*

Date and Time