



NOTICE OF AWARD

December 18 2023

INNOVALITE INC.

Jenny's Ave cor. Pearl St. Greenland Subdivision
Rosario, Pasig, City
Tel no.: 8628-0605 loc. 106; 0932-254-5254
Email: sales2@innovalitephilippines.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 VARIOUS OFFICE FURNITURE AND EQUIPMENT CY 2023**, the following item is hereby awarded to your company:

NO.	QTY	UNIT	ITEM/SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
SUPPLY AND DELIVERY: Delivery Period: 30 calendar days upon receipt of NTD					
1	18	piece	Emergency Light, Fully adjustable eyeball 20hrs charging time JED EL251 IR LED	1,000.00	18,000.00
2	287	piece	Rechargeable twin head emergency lamp FEL 201L	1,485.00	426,195.00
SUPPLY AND DELIVERY: Delivery Period: 60 calendar days upon receipt of Notice to Deliver (NTD) Warranty Period: 1 year from the date of delivery, inspection and acceptance					
3	25	unit	Emergency Light Dual Optic JED EL251 IR LED	1,000.00	25,000.00
TOTAL AMOUNT					₱469,195.00

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 VARIOUS OFFICE FURNITURE AND EQUIPMENT CY 2023**

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:

"There is no Health without Mental Health"

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:

 Authorized Representative (Name & Signature)

 Date and Time