NOTICE OF AWARD

January 15, 2025

ORO OXYGEN CORPORATION

KM 74 MC Arthur Highway, Sindalan, San Fernando, Pampanga

Tel No.: 8899-4401; +63 949-9934479 Email: jimmy.lumahang@orooxygen.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 OXYGEN CY 2025 - LOT (EARLY PROCUREMENT ACTIVITY), the following items are hereby awarded to your company:

| TTEM CODE | QTY | UNIT | ITEM/SPECIFICATIONS | UNIT PRICE | TOTAL PRICE |
|--------------|-------|--|--|---------------|--------------|
| MO25-01 | 4,255 | cylinder | MEDICAL OXYGEN REFILL Standard size, 5.66 cu.m, Pressure gauge of 1,880 psi at least 50lbs. (No delivery charge and service for the use of equipment and gas containers, and for other services. | 450.00 | 1,914,750.00 |
| | 600 | cylinder MEDICAL OXYGEN PORTABLE REFILL, 5 lbs 15 lbs. | | 350.00 | 210,000.00 |
| | 50 | tank | MEDICAL OXYGEN TANK - Portable, 5 lbs. | 7,500.00 | 375,000.00 |
| | | ₱ 2,499,750.00 | | | |

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 MEDICAL OXYGEN CY 2025 - LOT (EARLY PROCUREMENT ACTIVITY)

NOTE: The signatory shall be NOEL V. REYES, MD, FPPA, MMHoA, MEDICAL CENTER CHIEF II; and

"There is no Health without Mental Health"

9 De Pebrero St., Brgy. Mauway, Mandaluyong City Trunkline: 8531-9001 Website: www.ncmh.gov.pH









• Performance Security in any forms and amount stipulated below:

| A. | Cash or Cashier's / Manager's Check issued by a Universal of Commercial Bank. | |
|----|---|---|
| В. | Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, That it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank. | Five Percent (5%) of the Total Contract Price |
| C. | Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security. | 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,

M I IN W

NOEL V. REYES, MD, FPPA, MMHoA Medical Center Chief II

CONFORME:

Authorized Representative (Name & Signature)

- TAMILAGI / 21 2005

Date and Time