## **NOTICE OF AWARD**

January 24, 2025

## VARIANCE TRADING CORPORATION

AGGT-CT Bldg., V. Luna Road, Corner Matapat St., Brgy. Pinyahan, District 4, Quezon City

Tel. No.: 0919-0757567

Email: jeric.villados@variancetradingcorporation.com

## Sir / Madam:

Please be advised that a Negotiated Procurement – Direct Contracting is used by the National Center for Mental Health – Bids and Awards Committee of Goods for the Supply, Delivery, Installation, Configuration, and Testing of Replacement Parts / Repair for GE OEC ONE II V2 (C-ARM Unit) CY 2024 – Lot Item. The

following items are hereby awarded to your company:

ITEM NO.	QTY	UOM	ITEM DESCRIPTION	UNIT PRICE	TOTAL COST
1	1	Unit	5085800 Misc, DC Power Supply Brand: GE Healthcare	<b>P</b> 193,200.00	₱ 193,200.00
2	1	Unit	5075919 FRU, Fuse Kit Brand: GE Healthcare	79,900.00	79,900.00
3	1	Unit	5085800 Misc, DC Power Supply Brand: GE Healthcare	775,000.00	775,000.00
		¥			P 1,048,100.00
20 % discount:					<b>P</b> 209,620.00
				TOTAL AMOUNT:	P 838,480.00

You are hereby required to submit the following within ten (10) calendar days:

Performance Security in any forms and amount stipulated below:

A.	Cash or Cashier's / Manager's Check issued by a Universal of Commercial Bank.	Five Percent (5%) of the Total Contract Price
----	---	--

## "There is no Health without Mental Health"











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: <u>Failure to provide any of the aforementioned requirements within ten (10) calendar days shall constitute sufficient grounds for cancellation of this Award.</u>

Truly yours,

NOEL V. REYES, MD, FPPA, MMHoA

Medical Center Chief II

CONFORME:

Authorized Representative (Name & Signature)

Date and Time