



REPUBLIC OF THE PHILIPPINES  
Department of Health

**NATIONAL CENTER FOR MENTAL HEALTH**



## NOTICE OF AWARD

February 5, 2025

**NEW MIDES ENTERPRISES, INC.** ✓

#226 Ma. Clara Street, 11<sup>th</sup> Avenue

Grace Park, Caloocan City

Tel No: 8361-5417 Fax No.: 8366-7564; 0975-0817436

Email: newmides@yahoo.com

carlotasantos143@yahoo.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 GENERAL SUPPLIES CY 2025 (EARLY PROCUREMENT ACTIVITY)**, the following items are hereby awarded to your company:

NO.	ITEM CODE	QTY	UNIT	ITEM/SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
1	MG-08	3,000	piece	SOAP, unscented mild soap, 90 grams, free of dyes and heavy perfumes, lather, WHITE <i>Offer: 115 GMS</i> <i>Brand: Tendercare</i> <i>Country of Origin: Philippines</i>	₱ 58.28	₱ 174,840.00
<b>TOTAL AMOUNT</b>						<b>₱ 174,840.00</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 GENERAL SUPPLIES CY 2025 (EARLY PROCUREMENT ACTIVITY)**

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

- 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
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*"There is no Health without Mental Health"*

**9 De Pebrero St., Brgy. Mauway, Mandaluyong City**

Trunkline: 8531-9001 Website: [www.ncmh.gov.ph](http://www.ncmh.gov.ph)




B. 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,

**NOEL V. REYES, MD, FPPA, MMH<sub>o</sub>A**  
 Medical Center Chief 

CONFORME:  Authorized Representative (Name & Signature) 17 March, 2025 Date and Time
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