



# National Center for Mental Health

## NOTICE OF AWARD

September 20, 2022

### **INNOVATIVE FINDS CORPORATION**

149 Tolentino St., San Francisco Del Monte,  
Quezon City  
Tel. No.: (02) 8395-2838 / 0927-0324653  
Email: mpaguinto.ifc@gmail.com  
Innovativefinds.corp@gmail.com

Sir / Madam:

Please be advised that based on the results of the Public Re-Bidding conducted by the National Center for Mental Health for the **Public Re-Bidding for the Supply and Delivery of Various Office and Other Supplies (LOT) CY 2022**, the following list of items is hereby awarded to your company:

NO.	ITEM DESCRIPTION	ITEM CODE	QTY	UOM	UNIT PRICE	TOTAL PRICE
1	Continuous Forms, 5 1/2" x 9 1/2", 3-ply, plain, carbonless, 1000 set per box	OF22-01	36	Box	Php 1,256.85	Php 45,246.60
2	Continuous form 11" x 8.5", 3 ply, 500 set per box		250	Box	Php 790.00	Php 197,500.00
3	Continuous form 11" x 13.875", 3 ply, 500 set per box		50	Box	Php 1,112.00	Php 55,600.00
4	Data Folder, W 3" x H 13 3/4" x L 11", 2 ring (heavy duty lock), with plastic pocket for labelling purposes, Color: Dark Green		5,960	Piece	Php 160.00	Php 953,600.00
5	Adhesive tape, double-sided, 24 mm x 10 mm		50	Roll	Php 24.00	Php 1,200.00
6	Foam tape, double-sided, 24 mm x 10 mm		50	Roll	Php 106.00	Php 5,300.00
7	Photo paper, high gloss, A4 Size, at least 190 gsm, 10pcs / pack		36	Pack	Php 118.00	Php 4,248.00
8	Special / Vellum Paper, board, white, A4 Size, at least 200 gsm, 10pcs / pack		20	Pack	Php 34.50	Php 690.00
9	Laminating sheet, A4 size, 125 microns, 100pcs / pack		24	Pack	Php 815.30	Php 19,567.20
					<b>TOTAL AMOUNT:</b>	<b>PHP 1,282,951.80</b>

*"There is no Health without Mental Health"*

You are hereby required to provide either of the following **within ten (10) calendar days**:

- Contract Agreement Form (Legal Size) for the Public Re-Bidding for the **Supply and Delivery of Various Office and Other Supplies (LOT) CY 2022**

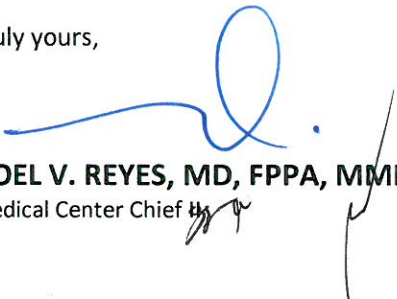
**NOTE:** The signatory shall be **NOEL V. REYES, MD, FPPA, MMHoA, MEDICAL CENTER CHIEF II**; and

- Notarized Performance Securing Declaration; **or**
- Performance Security in any forms and amount stipulated below:

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 above-mentioned requirements shall constitute sufficient ground for cancellation of this Award and forfeiture of the Bid Security.

Truly yours,



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

**CONFORME:**

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date and Time