



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

**NOTICE OF AWARD**

**MS. TRISHA ANN M. MARIANO**

**JAN 31 2020**

Authorized Representative

**ENDURE MEDICAL, INC.**

17 A Belvedere Tower, San Miguel Ave.,

Ortigas Complex, Pasig City

Tel. No.: 02-792-2989

Fax No.: 02-696-6457

E-mail address: [emi.enduremedical@gmail.com](mailto:emi.enduremedical@gmail.com)

Dear Ms. Mariano,

This is to inform you that based on the result of the Competitive Bidding for the Procurement of Auto-disable Syringe with Needle 0.05mL under IB No. 2019-292, this project is hereby awarded to your company as the bidder having been declared with the Lowest Calculated and Responsive Bid (LCRB) at a Total Contract Price of **Five Million Four Hundred Fifty-Seven Thousand Philippine Pesos (PhP5,457,000.00)** inclusive of local taxes, for the items listed below:

Item No.	Item Description	Qty	Unit	Unit Cost	Total Amount (PhP)
1	Auto-disable Syringe with Needle 0.05mL	3,000,000	Piece	1.819	5,457,000.00

You are hereby requested to indicate your concurrence of the award by signing this NOA on the space below and return the same to the Procurement Service on or before **FEB 05 2020**.

You are also required to post the Performance Security in an amount not less than the required percentage of the total contract price in accordance with the following schedule:

Form of Performance Security	Amount of Performance Security (Equal to Percentage of the Total Contract price)
a) Cash or Cashier's/Manager's check issued by a Universal or Commercial Bank	Five Percent (5%)
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.	
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%)

You are required, **within ten (10) calendar days** from receipt of this Notice to submit a Performance Security and enter into contract with the Department of Health by signing the Purchase Order which will be provided to you once you submit your performance security. Failure to do so shall constitute a sufficient ground for the cancellation of this award and forfeiture of the bid security.

By Authority of the Secretary of Health:

**RUBY C. CONSTANTINO, MD, MPH, CESO IV**  
Director IV  
Disease Prevention and Control Bureau

Conforme: *[Signature]*  
Trisha Ann M. Mariano

Product Specialist

Printed Name and Signature of Representative

Name of Bidder: *Endure Medical, Inc.*

Date: *2/3/20*

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