



Republic of the Philippines  
DEPARTMENT OF JUSTICE  
BUREAU OF CORRECTIONS  
NBP Reservation, 1776 Muntinlupa City



## NOTICE OF AWARD

January 28, 2015

**PHARMA & HEALTHCARE SPECIALISTS INC.**  
9 B Sta. Maria Industrial Estate, Bagumbayan  
Taguig City

Sir/Madam:


This is to inform you that your Bid dated 04 November 2014 for the *Supply and Delivery of Various Medicines for New Bilibid Prison Hospital (NBPH) Correctional Institution for Women (CIW) and Reception and Diagnostic Center (RDC) for 1<sup>st</sup> and 2<sup>nd</sup> Quarter of 2015 (Lot 2)* with item nos. 1, 3, 4, 5, 6, 12, 15, 18, 19, 20, 21, 22, 27, 30, 31, 33, 34, 38, 40, 41, 45, 46, 47, 49, 53, 56, 57, 58, 60, 63, 66, 72, 73, 75, 77, 78, 79, 81, 87, 88, 89, 90, 92, 93, 94, 98, 99, 102, 114, 120, 126, 142, 151, 152, 156, 160, 163, 166, 167, 169, 170, 171, 174, 182, 186, 190, 193, 196, 197, 206, 210, 211, 216, 217, 218, 224, 227, 229, 236, 251, 254, 257, 258, 259, 260, 261, 262, 266, 267, 270, 274 & 276 (92 Items) for the Contract Price equivalent to *Two Million Five Hundred Sixty Five Thousand Nine Hundred Forty Three Pesos & 96/100 (Php2,565,943.96)* as corrected and modified in accordance with the Instructions to Bidder is hereby accepted.

You are hereby requested to post your Performance Security equivalent to the total Contract Price of the acceptable forms as listed below within ten (10) calendar days from receipt of the Notice of Award (NOA).

Form of Performance Security	Amount of Performance Security (Equal to Percentage of the Total Contract price)
1. Cash or cashier's/manager's check issued by a Universal or Commercial Bank.	Five Percent (5%)
2. 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%)

Please bear in mind that failure to provide the performance security shall constitute sufficient ground for recession of the award

Very truly yours,

  
**FRANKLIN JESUS B. BUCAYU**  
Director General, Bureau of Corrections

I acknowledge receipt of this notice.

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**PHARMA & HEALTHCARE SPECIALISTS INC.**