



Republic of the Philippines
Department of Health
CENTER FOR HEALTH DEVELOPMENT 4A
CaLaBaRZon

QMMC Compound, Project 4, Quezon City
Trunkline: (02)990-4032; Telefax 440-3443
Email Add: chd4a_doh_calabarzon@yahoo.com



May 12, 2021

Notice of Award

THE MANAGER

PRONET SYSTEMS INTEGRATED NETWORK SOLUTION, INC.

33 West Avenue, Quezon City

Tel. No. 8376 6616

Email: j.urmatam@pronet.com.ph.

Sir/Ma'am:

This is to inform you that, as a result of a **Competitive Bidding** conducted last April 27, 2021 for the **Procurement of IT Supplies/Software and IT Equipment under IB 2021-GS-019A**, your bid for the items below is awarded to your company with the corresponding contract price.

Item No.	Qty	Unit	Description	Unit Price	Total
2	12	unit	Desktop, Processor Intel Core i5-10400 Brand: Acer Origin: Taiwan Model: Aspire TC-875	46,055.00	552,660.00
3	8	unit	Printer Refillable ink tank wireless All-in-one with Fax for high volume printing Brand: Canon Origin: Japan Model: PIXMA G4010	13,000.00	104,000.00
9	76	pcs	WinPro 10 SNGL OLP Legalization Operating System- Windows 10 Pro Licensed Brand: Microsoft Origin: USA Model: FQC-09478	10.318.00	784.168.00
10	76	pcs	OfficeProPlus 2019 OLP NL Gov Microsoft Application – MS Office Pro 2019 Brand: Microsoft Origin: USA Model: 79P-05738	27,360.00	2,079,360.00
Delivery Period: 60 Calendar Days upon receipt of P.O.				TOTAL	P3,520,188.00

You are requested to post a Performance Bond at the Procurement Section within ten (10) working days upon receipt of this notice in the form of (a) cash or cashier/manager's check, Bank Draft / Guarantee or Irrevocable Letter of Credit issued by a Universal or Commercial Bank equivalent to five percent (5%) of the Total Contract Price or (b) Surety Bond (Callable upon Demand) equivalent to thirty percent (30%) of the Total Contract Price as guarantee for the faithful performance of the obligation.

Please acknowledge by signing under the word **"CONFORME"**.

Very truly yours,

EDUARDO C. JANAIR, MD, MPH, CESO III
Director IV

CONFORME:

Name and Signature of Authorized Representative

Date : _____