



Republic of the Philippines
CITY GOVERNMENT OF MUNTINLUPA
Bids and Awards Committee

NOTICE TO PROCEED

STRENGTH MEDICAL & DRUG SUPPLY
Quezon City

Dear Sir / Madame:

The attached Contract Agreement having been approved, notice is hereby given **STRENGTH MEDICAL & DRUG SUPPLY** that the CONTRACT of the City Government of Muntinlupa for the "**Supply & Delivery of Pulmonary Consumable Supplies to be used by OSMUN**", shall commence effective FIVE (5) DAYS after acknowledging receipt hereof.

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement and Schedule of Delivery.

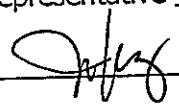
Please acknowledge receipt and acceptance of this notice by signing both copies on the space provided below. Kindly keep one (1) copy and return the other copy to the Bids and Awards Committee Secretariat.

Very truly yours,


Hon. **ROZZANO RUFINO B. BIAZON**
City Mayor

I acknowledge receipt of this Notice on April 16, 2024

Name of the Bidder or Representative GODFREY TABI FRANCA

Authorized signature 

Contract Agreement

APR 02 2024

THIS AGREEMENT made the ____ day of _____ 20____ between **CITY GOVERNMENT OF MUNTINLUPA** of the Philippines (hereinafter called "the Entity") of the one part and **STRENGTH MEDICAL & DRUG SUPPLY** with address at Quezon City (hereinafter called "the Supplier") of the other part;

WHEREAS, the Entity invited Bids for certain goods and ancillary services, particularly for the **Supply & Delivery of Pulmonary Consumable Supplies to be used by OSMUN** and has accepted a Bid by the Supplier for the supply of those goods and services in the sum of **One Million Two Hundred Fourteen Thousand Pesos (P1,214,000.00)**(hereinafter called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents as required by the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184 shall be deemed to form and be read and construed as integral part of this Agreement, *viz.*:
 - i. *Philippine Bidding Documents (PBDs)*;
 - i. Schedule of Requirements;
 - ii. Technical Specifications;
 - iii. General and Special Conditions of Contract; and
 - iv. Supplemental or Bid Bulletins, if any
 - ii. Winning bidder's bid, including the Eligibility requirements, Technical and Financial Proposals, and all other documents or statements submitted;

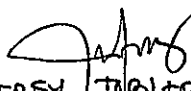
Bid form, including all the documents/statements contained in the Bidder's bidding envelopes, as annexes, and all other documents submitted (*e.g.*, Bidder's response to request for clarifications on the bid), including corrections to the bid, if any, resulting from the Procuring Entity's bid evaluation;

- iii. Performance Security;
- iv. Notice of Award of Contract; and the Bidder's conforme thereto; and
- v. Other contract documents that may be required by existing laws and/or the Procuring Entity concerned in the PBDs. **Winning bidder agrees that additional contract documents or information prescribed by the GPPB that are subsequently required for submission after the contract execution, such as the Notice to Proceed, Variation Orders, and Warranty Security, shall likewise form part of the Contract.**

3. In consideration for the sum of **One Million Two Hundred Fourteen Thousand Pesos (P1,214,000.00)** or such other sums as may be ascertained, **STRENGTH MEDICAL & DRUG SUPPLY** agrees to the **Supply & Delivery of Pulmonary Consumable Supplies to be used by OSMUN** in accordance with his/her/its Bid.
4. The City Government of Muntinlupa agrees to pay the above-mentioned sum in accordance with the terms of the Bidding.

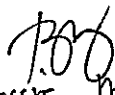
IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with the laws of the Republic of the Philippines on the day and year first above written.


Hon. ROZZANO RUFINO B. BIAZON
 City Mayor



GODFREY TABI FRANCA
 Supplier

for:
CITY GOVERNMENT OF MUNTINLUPA

for:
STRENGTH MEDICAL & DRUG SUPPLY


Belinda Blessie Macaraig

Signed in the presence of:


IRENE MADRAN DA

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
 CITY OF MUNTINLUPA)

APR 02 2024

BEFORE ME, a Notary Public for and in Muntinlupa City, this ___ day of _____ 2024, personally appeared:

NAME
 Hon. ROZZANO RUFINO B. BIAZON
GODFREY A. TABI FRANCA

GOVERNMENT ISSUED ID NO.
 Driver's License N03-86-030998
UNID CARD NO. CRJ-011-7856017-6

Known to me and to me known to be the same persons who executed the foregoing instrument and acknowledged to me that the same is their own voluntary act and deed.

WITNESS MY HAND SEAL.


 NOTARY PUBLIC **MEYNARD R. JOB**

Doc. No. 154;
 Page No. 32;
 Book No. XVII;
 Series of 2024.

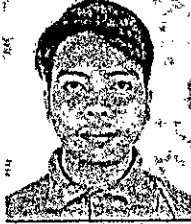
Notary Public for Muntinlupa City
 Notarial Commission No. 23-009
 Until December 31, 2024
 PTR No. 10474121 / Jan. 02, 2024- Muntinlupa City
 IBP Lifetime No. 314640 / Jan. 04, 2016
 Roll No. 49786 / PPLM
 MCLE Compliance No. VII-0016417 / April 26, 2022
 2731-C Bruger Street, Bruger Subdivision,
 Putatan, Muntinlupa City



REPUBLIC OF THE PHILIPPINES
Unified Multi-Purpose ID



CRN - 0111-7856017-0



SURNAME
TABIFRANCA
GIVEN NAME
GODFREY

MIDDLE NAME
AGANON

SEX M. DATE OF BIRTH 1991/10/06

ADDRESS
BLK 7B LOT 14 MARIGOLD ST.
ROBINSONS HOME EAST BRGY.
SAN JOSE ANTIBOLO CITY
RIZAL PROVINCE PHL 1820

Godfrey

REPUBLIC OF THE PHILIPPINES
 DEPARTMENT OF TRANSPORTATION
 LAND TRANSPORTATION OFFICE
 NON-PROFESSIONAL DRIVER'S LICENSE



Last Name, First Name, Middle Name
BLAZON, ROZANO RUFINO BUNOAN
 Nationality Sex Date of Birth Weight (kg) Height (m)
 PHIL M 1969-03-20 103 1.77

Address
 419 TAAL ST AYALA PLAZA VILLAGE,
 MINTNAUBA CITY

License No. Issue Date Expiration Date
 M-05 030078 2023/03/20 1149

Sex of Eyes Eye Color
 M BROWN

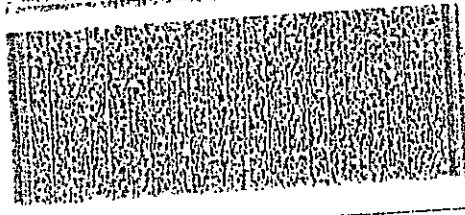
Signature of Secretary
EDGAR C. GALVANTE
 Secretary

Signature of Licensee

IN EMERGENCY CONTACTS:
 1. POLICE - 105
 2. FIRE - 101
 3. AMBULANCE - 106
 4. IN CASE OF EMERGENCY NOTIFY
 NAME AND PHONE NUMBER OF CONTACT
 ADDRESS: 3000 3000
 TEL: 105-106-101

- 1. THIS LICENSE IS VALID FOR THE PERIOD OF 10 YEARS FROM THE DATE OF ISSUANCE.
- 2. THIS LICENSE IS VALID FOR THE PERIOD OF 10 YEARS FROM THE DATE OF ISSUANCE.
- 3. THIS LICENSE IS VALID FOR THE PERIOD OF 10 YEARS FROM THE DATE OF ISSUANCE.
- 4. THIS LICENSE IS VALID FOR THE PERIOD OF 10 YEARS FROM THE DATE OF ISSUANCE.
- 5. THIS LICENSE IS VALID FOR THE PERIOD OF 10 YEARS FROM THE DATE OF ISSUANCE.
- 6. THIS LICENSE IS VALID FOR THE PERIOD OF 10 YEARS FROM THE DATE OF ISSUANCE.
- 7. THIS LICENSE IS VALID FOR THE PERIOD OF 10 YEARS FROM THE DATE OF ISSUANCE.
- 8. THIS LICENSE IS VALID FOR THE PERIOD OF 10 YEARS FROM THE DATE OF ISSUANCE.
- 9. THIS LICENSE IS VALID FOR THE PERIOD OF 10 YEARS FROM THE DATE OF ISSUANCE.
- 10. THIS LICENSE IS VALID FOR THE PERIOD OF 10 YEARS FROM THE DATE OF ISSUANCE.

057204296



[Handwritten signatures and text, likely copies or additional notes]

PURCHASE ORDER
City Government of Muntinlupa

Supplier : **STRENGTH MEDICAL AND DRUG SUPPLY** P.O. No.: **31515**
 Address : **Quezon City** Date : **April 02, 2024**
 Mode of Procurement : **BIDDING**

Gentlemen:
Please furnish and/or deliver to this office the following articles subject to the terms and conditions contained herein:

Place of delivery : _____ Delivery Term : _____
 Date of delivery : _____ Payment Term : _____

Item No.	Quantity	Unit	Description	Unit Cost	Amount
1	1,200	pc	Plastic mouthpiece peak flow meter (100's/pack)	375.00	450,000.00
2	30	pc	Bipap mask (non vented)	4,600.00	138,000.00
3	15	pc	Bipap mask (vented) with tube for yuwell machine	4,600.00	69,000.00
4	400	pc	Heparinized syringe 3cc	130.00	52,000.00
5	400	pc	Ventilator humidifier chamber disposable	1,120.00	448,000.00
6	2	pack	Plastic mouthpiece peak flow meter (100's/pack)	2,500.00	5,000.00
7	20	pc	Oxygen nasal prong adult	2,600.00	52,000.00
<p>Note : Subject for actual evaluation of items during post-qualification.</p> <p align="center">Nothing follows...</p> <p align="center">*** To be used by OSMUN. ***</p>					

Total Amounts in Words: _____ **1,214,000.00**

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed

Conforme: **STRENGTH MEDICAL AND DRUG SUPPLY**
 Signature over printed name
April 16, 2024
 Date

Very Truly yours, 
Mayor ROZZANO RUFINO B. BIAZON
 Authorized Official

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA7160 this portion must be accomplished)

Approved to be purchased thru Negotiated Purchase per Sangguniang Res. No.: _____

Certified Correct: _____
 Secretary of the Sanggunian

Requesting Office/Dept. _____

Authorized Official

Funds Available : _____
 Amount: _____

R.O. No.: _____

Chief Account

4/15/24