

**BIDS AND AWARDS COMMITTEE**

**NOTICE OF AWARD**

OCT 17 2024

**LEO P. SIRON**

Authorized Representative

**HEALTH OPTIONS ENTERPRISES**

B1, L5, Emerald St., Krystal Homes Subd.,  
Del Rosario St., San Fernando Pampanga

**Dear Mr. Siron:**

We are pleased to inform you that the Project **"Supply of 1,153 Vials of DPT-HIB-IPV Vaccine for the Augmentation for National Immunization program in Response to emergence of Pertusis cases "** under **Project Reference Number 117-DPT-HIB-IPV VACCINE-CHO-GOODS-2024** awarded to you in the amount of **TWO MILLION NINE HUNDRED NINETY SIX THOUSAND SIX HUNDRED TWENTY THREE & 94/100 ONLY (Php 2,996,623.94).**

You are therefore required, within ten (10) days from receipt of this Notice of Award to formally enter into contract with us, as well as to post the required Performance Security in the form and amount stipulated in the Instruction to Bidders. Failure to enter into the said contract and timely provide the Performance Security shall constitute sufficient ground for cancellation of this Award and forfeiture of your Bid Security.

Sincerely yours,

  
**WESLIE T. GATCHALIAN**  
City Mayor

Conforme:

  
**HEALTH OPTIONS ENTERPRISES**

Date: OCT 18 2024

**BIDS AND AWARDS COMMITTEE**

**NOTICE TO PROCEED**

OCT 22 2024

**LEO P. SIRON**

Authorized Representative

**HEALTH OPTIONS ENTERPRISES**

B1, L5, Emerald St., Krystal Homes Subd.,  
Del Rosario St., San Fernando Pampanga

**Dear Mr. Siron:**

The attached Contract Agreement having been approved, notice is hereby given to **HEALTH OPTIONS ENTERPRISES** that work may proceed on the Project **"Supply of 1,153 Vials of DPT-HIB-IPV Vaccine for the Augmentation for National Immunization program in Response to emergence of Pertusis cases"** under Project Reference Number **117-DPT-HIB-IPV VACCINE-CHO-GOODS-2024**.

Upon receipt of this Notice, you are responsible for performing the services under the terms and conditions of the Agreement and in accordance with the Implementation Schedule.

Please acknowledge receipt and acceptance of this Notice by signing both copies in the space provided below

Sincerely yours,

**WESLIE T. GATCHALIAN**  
City Mayor

I acknowledge receipt of this Notice on OCT 28 2024.

  
**HEALTH OPTIONS ENTERPRISES**