

PART A

BID SUBMISSION

FORM A: BID
(See B8)

1. Project Title PROVISION OF MASSAGE THERAPY SERVICES

2. Bidder

Name of Bidder

Street

City

Province

Postal Code

(Mailing address if different)

Street or P.O. Box

City

Province

Postal Code

The Bidder is:

(Choose one)

☐ a sole proprietor

☐ a partnership

☐ a corporation

carrying on business under the above name.

3. Contact Person

The Bidder hereby authorizes the following contact person to represent the Bidder for purposes of the Bid.

Contact Person

Title

Telephone Number

Facsimile Number

4. Definitions

All capitalized terms used in the Contract shall have the meanings ascribed to them in the General Conditions unless the context otherwise requires.

5. Offer

The Bidder hereby offers to perform the Work in accordance with the Contract for the Total Bid Price, in Canadian funds, set out on Form B: Prices, appended hereto.

6. Commencement
of the Work

The Bidder agrees that no Work shall commence until he is in receipt of a purchase order authorizing the commencement of the Work.

7. Contract

The Bidder agrees that the Bid Opportunity in its entirety shall be deemed to be incorporated in and to form a part of this offer notwithstanding that not all parts thereof are necessarily attached to or accompany this Bid Submission.

8. Addenda

The Bidder certifies that the following addenda have been received and agrees that they shall be deemed to form a part of the Contract:

No.	_____	Dated	_____
	_____		_____
	_____		_____

9. Time

This offer shall be open for acceptance, binding and irrevocable for a period of thirty (30) Calendar Days following the Submission Deadline.

10. Signatures

In witness whereof the Bidder or the Bidder's authorized official or officials have signed this

_____ day of _____, 20____.

Signed and sealed in
the presence of:

(Witness)

(Witness)

Signature of Bidder or
Bidder's Authorized Official or Officials

(Print here name and official capacity of individual whose signature appears above)

(Print here name and official capacity of individual whose signature appears above)

SEAL

FORM B: PRICES
(SeeB9)

PROVISION OF MASSAGE THERAPY SERVICES

UNIT PRICES

ITEM NO.	DESCRIPTION	SPEC. REF.	UNIT	APPROX. QUANTITY	UNIT PRICE	AMOUNT
1.	Massage therapy	E2.1	Hours	50		
2.	Assessment	E2.2	each	1		
3.	Myofascial treatment	E2.3	each	1		
4.	Trigger point treatments	E2.4	each	1		
5.	Lymphatic drainage treatment	E2.5	each	1		

BID PRICE (GST and PST extra) (in figures) \$ _____

(in words) _____

Name of Bidder

FORM C: QUALIFICATIONS
(See B10)

PROVISION OF MASSAGE THERAPY SERVICES

Years held: _____ Qualification: _____ Contact: _____ Telephone No.: _____ Description of Qualification: _____ _____ _____ _____
Years held: _____ Qualification: _____ Contact: _____ Telephone No.: _____ Description of Qualification: _____ _____ _____ _____
Years held: _____ Qualification: _____ Contact: _____ Telephone No.: _____ Description of Qualification: _____ _____ _____ _____

Name of Bidder