

**FORM A: PROPOSAL**  
(See 0)

1. Contract Title REQUEST FOR PROPOSALS FOR THE PROVISION OF EMPLOYEE ASSISTANCE (COUNSELLING) SERVICES

2. Bidder

Name of Bidder

Usual Business Name of Bidder as it appears on Invoice (if different from above)

Street

City

Province

Postal Code

Email Address of Bidder

Facsimile Number

(Mailing address if different)

Street or P.O. Box

City

Province

Postal Code

GST Registration Number (if applicable)

(Choose one)

The Bidder is:

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 Proposal.

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.

5. Offer The Bidder hereby offers to perform the Work in accordance with the Contract for the Price(s), in Canadian funds, set out on Form B: Prices, appended hereto.
6. Execution of Contract The Bidder agrees to execute and return the Contract no later than seven (7) Calendar Days after receipt of the Contract, in the manner specified in C4.1.
7. Commencement of the Work The Bidder agrees that no Work shall commence until he/she is in receipt of a notice of award from the Award Authority authorizing the commencement of the Work.
8. Contract The Bidder agrees that the Request for Proposal 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 Proposal.
9. 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 | _____ |
|     | _____ |       | _____ |
|     | _____ |       | _____ |
10. Time This offer shall be open for acceptance, binding and irrevocable for a period of ninety (90) Calendar Days following the Submission Deadline.
11. Signatures The Bidder or the Bidder's authorized official or officials have signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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)

**FORM B: PRICES**  
(See B8)

REQUEST FOR PROPOSALS FOR THE PROVISION OF EMPLOYEE ASSISTANCE (COUNSELLING) SERVICES

UNIT PRICES

ITEM NO.	DESCRIPTION	SPEC. REF.	UNIT	APPROX. QUANTITY	UNIT PRICE	AMOUNT
<b>Part One</b>						
1.	Counselling	D2	Hour	2250	<hr/> Per hour	
2.	Addiction Counselling					
2a	Individual assessment	D2	Per person	10	<hr/> Per hour	
2b	Group treatment for up to ten (10) weeks;	D2	Per person	8	<hr/> Per hour	
2c	Follow up group for up to twelve (12) weeks.	D2	Per person	8	<hr/> Per hour	
3.	On-site critical incident stress debriefings - Groups	D2	Session	2	<hr/> Per hour	
4.	On-site critical incident stress debriefings - individuals	D2	Session	8	<hr/> Per hour	
5.	Consultation to Management	D2	Hour	10	<hr/> Per hour	
6.	Any other additional cost required to complete the Work of the Contract	D2	Session	1	<hr/> Per hour	
TOTAL BID PRICE (GST and MRST extra) (in figures)\$ _____						
(in words) _____						
_____						

\_\_\_\_\_  
Name of Bidder

ITEM NO.	DESCRIPTION	SPEC. REF.	UNIT	APPROX. QUANTITY	UNIT PRICE
<b>Part Two</b>					
7.	Wellness workshops	D2.3	Hour	30	<hr/> Per hour