

FORM A: PROPOSAL
(See B8)

1. Contract Title **PROFESSIONAL ENGINEERING CONSULTING SERVICES
FOR THE NORTH END WATER POLLUTION CONTROL
CENTRE COMPOSITE BASE PLAN**

2. Proponent

Name of Proponent (Legal Name)

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 Proponent is:

a sole proprietor

a partnership

a corporation

carrying on business under the above name.

3. Contact Person

The Proponent hereby authorizes the following contact person to represent the Proponent 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 and D3.

5. Offer The Proponent hereby offers to perform the Services in accordance with the Contract for the Fees, in Canadian funds, set out in the Proposal Submission.
6. Execution of Contract The Proponent 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 Services The Proponent agrees that no Services shall commence until it is in receipt of a notice of award from the City authorizing the commencement of the Services.
8. Contract The Proponent 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 Proponent 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 one hundred and twenty (120) Calendar Days following the Submission Deadline.
11. Signatures The Proponent or the Proponent's authorized official or officials have signed this

_____ day of _____, 20_____ .

Signature of Proponent or
Proponent'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 (R3): FEES
(See B9)

Item No.	Description	Fee Basis	Fee(\$)	Allowable Disbursement (\$)	Total Fee(\$)
1.	Project Management	Fixed Fee			
2.	Subsurface Utility Engineering (Quality Level B to D)	Fixed Fee			
3.	Tender and Procurement	Fixed Fee			
4.	Resident Contract Administration Services	Time Basis			
5.	Non-Resident Contract Administration Services	Fixed Fee			
6.	Composite Base Plan (Quality Level A)	Fixed Fee			
7.	Total				

Total Contract Fees in Figures (GST and MRST extra) \$ _____

(In Words) _____

Name of Proponent

FORM C: EXPERIENCE OF PROPONENT AND SUBCONSULTANT

<input type="checkbox"/> Proponent	Name:		Project # :
<input type="checkbox"/> Subconsultant			
Project Name:			
Start Date: Month/Year		Completion Date:	
Project Description: <i>Provide details of project similar to the scope of work.</i>			
Role of Consultant/Subconsultant: <i>Indicate details of the role and Consultant Services provided</i>			
Consultant Services Assignment Value (of scope performed) <i>Original and Final</i>			
Identify the Project Schedules <i>Anticipated and Actual</i>			
Assignment Outcomes/Achievements:			
Reference Name	Title/Function	Email	Phone Number
#1			
#2			
#3			
Proponent Representative Signature:		Subconsultant representative Signature:	
Date:			

FORM D: EXPERIENCE OF KEY PERSONNEL

Proponent/Partner/Subconsultant:			
Key Personnel Name:			
Current Employer			
Current Role		Current Location:	
Availability:		Residency/Citizenship Status:	
Period of Commitment		Commitment (Full or Part Time):	
Proposed Role and Responsibilities:			
Proposed Role:			
Proposed Base Location (City, Country):			
Responsibilities:			
Capabilities, Skills and other information:			
Core Capabilities and/or Technical Skills:	<i>Indicate how skills, experience and capabilities match the scope of services</i>		
Education/Training:			
Years of experience related to Scope of Services:			
Years of experience with Company			

Project #1				
Role:				
Project:				
Project Brief:				
Responsibilities:				
Achievements:				
Reference:	Name	Title/Function	Email	Phone Number
#1				

#2				
----	--	--	--	--

Repeat the above for each reference project on additional sheets

Proponent/Partner/Subconsultant:				
Project # 2				
Role:				
Project:				
Project Brief:				
Responsibilities:				
Achievements:				
Reference:	Name	Title/Function	Email	Phone Number
#1				
#2				

Each proposed Key Personnel and an authorized representative from the Proponent should sign a declaration certifying the Key Personnel Availability for the Project.

Certifying statements should be in the form:

I certify that I am available on a full/part time basis for the duration required of the proposed role.	Name:	Signature:
	_____	_____

I certify that _____ [Insert Name] is available on the above identified basis.	Name:	Title:	Signature:
	_____	_____	_____