

FORM A: PROPOSAL
(See B8)

1. Contract Title REQUEST FOR PROPOSAL FOR PROFESSIONAL CONSULTING SERVICES FOR PILOT TESTING AN ALTERNATIVE COAGULANT FOR THE WINNIPEG WATER TREATMENT PLANT

2. Proponent

Name of Proponent (Legal Name)

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

Street

City

Province

Postal Code

Email Address of Proponent

Facsimile Number

(Mailing address if different)

Street or P.O. Box

City

Province

Postal Code

GST Registration Number (if applicable)

The Proponent is:

(Choose one)

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 D5.

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 ninety (90) 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 (R1): PRICES
(See B9)

**REQUEST FOR PROPOSAL FOR PROFESSIONAL CONSULTING SERVICES FOR
PILOT TESTING AN ALTERNATIVE COAGULANT FOR THE WINNIPEG WATER
TREATMENT PLANT**

FEE SCHEDULE

ITEM NO.	DESCRIPTION	SPEC. REF.	FEE BASIS	HOURS	TOTAL FEES
1.	Phase 1: Background Review, Benchmarking and Selection of Appropriate Coagulant to Pilot	D4.2	Fixed		
2.	Phase 2: Development of Coagulant Piloting Work Program	D4.3	Fixed		
3.	Phase 3: Coagulant Piloting				
3.1	Pilot Testing	D4.4	Time Based	1,200	
3.2	Technical Support and Project Management	D4.4	Time Based	60	
4.	Phase 4: Meetings and Reporting	D4.5	Fixed		
TOTAL BID PRICE (GST extra) (in figures) \$ _____					

Name of Bidder