FORM A: PROPOSAL (See B9)

1.	Contract Title	REQUEST FOR PROPOSAL FOR PROFESSIONAL CONSULTING SERVICES FOR THE DESIGN AND DEVELOPMENT OF THE WINNIPEG POLICE SERVICE HEADQUARTERS AT 266 GRAHAM AVENUE (FORMER CANADA POST BUILDING) IN WINNIPEG
2.	Proponent	
		Name of Proponent
		Street
		City Province Postal Code
		Facsimile Number
	(Mailing address if different)	Street or P.O. Box
		City Province Postal Code
		The Proponent is:
	(Chasse and)	a sole proprietor
	(Choose one)	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 D7.
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.

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7.	Commencement of the Services	The Proponent agrees that no Services shall commence notice of award from the Award Authority authorizing th Services.	
8.	Contract	The Proponent agrees that the Request for Proposa deemed to be incorporated in and to form a part of this not all parts thereof are necessarily attached to or accor	offer notwithstanding that
9.	Addenda	The Proponent certifies that the following addenda h agrees that they shall be deemed to form a part of the C	
		No Dated	
10.	Time	This offer shall be open for acceptance, binding and ir sixty (60) Calendar Days following the Submission Deac	
11.	Signatures	The Proponent or the Proponent's authorized official or of	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 appears above)	l whose signature
		(Print here name and official capacity of individual appears above)	I whose signature

Name of Proponent

Note: Proponents may add pages for additional disciplines as required

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TOTAL COST							
	Allowable Disbursements (Estimate)						

Fees

(Word version provided)