FORM A: PROPOSAL

(See B8)

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

		CENTRE COMPOSI	E 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 ur	der 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 u	sed in the Contract shall ha	eve the meanings	

ascribed to them in the General Conditions and D3.

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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)			

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FORM B (R1): FEES (See B9)

Item No.	Description	Fee(\$)	Allowable Disbursement (\$)	Total Fee(\$)
1.	Project Management			
2.	Subsurface Utility Engineering (Quality Level B to D)			
3.	Contract Admin and Engineering related to Quality Level A			
4.	Composite Base Plan			
5.	Total Fixed Fee			
(In W	/ords)			
(In W	ords)			
(In W	'ords)			
(In W	/ords)			

FORM C: EXPERIENCE OF PROPONENT AND SUBCONSULTANT

Proponent	Name:		Project #:	
Subconsultant				
Project Name:				
.,				
Start Date: Month/Year		Completion Date:		
Project Description:				
Provide details of project si	milar to the scope of work.			
Role of Consultant/Subco	neultant:			
	and Consultant Services provided	1		
	,			
Consultant Services Assi	gnment Value (of scope perfor	med)		
Original and Final	gone canno (en coope perso.	,		
Identify the Project Sched	tules			
Anticipated and Actual	24100			
•				
Assignment Outcomes/A	chievements:			
Reference Name	Title/Function	on Email	Phone	
#1			Number	
#1				
#2				
#3				
	0:	0-1	and a time Oils at	
Proponent Representative	Signature:	Subconsultant repr	esentative Signature:	
Date:				

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FORM D: EXPERIENCE OF KEY PERSONNEL

Proponent/Partn	er/Subcoi	nsuitant:					
Key Personnel Na	ame:						
Current Employer							
Current Role				Current Location:			
Availability:				Residency/Citizenship			
				Status:			
Period of Commit	ment		(Commitment (Full or Part			
				Time):			
Proposed Role a	Proposed Role and Responsibilities:						
Proposed Role:							
Proposed Base Lo	ocation (C	ity,					
Country):		•					
Responsibilities:							
Capabilities, Ski							
Core Capabilities	and/or	Inc	Indicate how skills, experience and capabilities match the scope of				
Technical Skills:		sei	rvices				
Education/Trainin	g:						
Years of experien	ce related	to					
Scope of Services	s:						
Years of experien	ce with						
Company							
			D				
Role:			Project #1				
11010.							
Project:							
Project Brief:							
Dognosokilition							
Responsibilities:							
Achievements:							
Reference:	N:	ame	Title/Function	Email	Phone Number		
. (3/3/3/100.	146		Thio, anotion	Linaii			
#1							

Signature:

Title:

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#2					
Repeat the above for each reference project on additional sheets					
Proponent/Parti	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:					
	available on a full/part duration required of	Name:		Signature:	

Name: