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## FORM A: BID (See B7)

1.	Contract Title	SUPPLY AND DELIVER	Y OF PARAMEDIC POLO SHIR	TS
2.	Bidder			
		Name of Bidder		
		Street		
		City	Province	Postal Code
		Facsimile Number		
	(Mailing address if different)	Street or P.O. Box		
		City	Province	Postal Code
		The Bidder is:		
	(Choose one)	a sole proprietor		
		a partnership		
		a corporation		
		carrying on business und	er the above name.	
3.	Contact Person	The Bidder hereby authorizes the following contact person to represent the Bidder for purposes of the Bid.		
		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 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.		
5.	Commencement of the Work	The Bidder agrees that no Work shall commence until he is in receipt of a purchase order authorizing the commencement of the Work.		

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7.	Contract	The Bidder agrees that the Bid Opportunity 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 Bid Submission.		
8.	Addenda	The Bidder certifies that the following addenda have been received agrees that they shall be deemed to form a part of the Contract:		
		No Dated		
9.	Time	This offer shall be open for acceptance, binding and irrevocable for a		
		period of sixty (60) Calendar Days following the Submission Deadline.		
10.	Signatures	In witness whereof the Bidder or the Bidder's authorized official or officials have signed this		
		, 20		
	(If no corporate seal) Signed and sealed in the presence of:	Signature of Bidder or Bidder's Authorized Official or Officials		
	(Witness)			
		(Print here name and official capacity of individual whose signature appears above)		
	(Witness)			
		(Print here name and official capacity of individual whose signature appears above)		

SEAL

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## FORM B: PRICES

(See B8)

## SUPPLY AND DELIVERY OF PARAMEDIC POLO SHIRTS

## **UNIT PRICES**

ITEM NO.	DESCRIPTION	SPEC. REF.	UNIT	APPROX. QUANTITY	UNIT PRICE
1.	Paramedic Polo Shirts Short Sleeved	E2			
	a) small		ea	25	
	b) medium		ea	50	
	c) large		ea	75	
	d) x-large		ea	2	
	e) xx-large		ea	2	
2.	Paramedic Polo Shirts Long Sleeved (Tall)	E2			
	a) small		ea	2	
	b) medium		ea	2	
	c) large		ea	25	
	d) x-large		ea	25	
	e) xx-large		ea	2	
3.	Polo Shirts Short Sleeve with Reflective Tape only	E2			
	a) small		ea	2	
	b) medium		ea	2	
	c) large		ea	2	
	d) x-large		ea	5	
	e) xx-large		ea	5	
4.	Polo Shirts Long Sleeve with Reflective Tape only (Tall)	E2			
	a) small		ea	2	
	b) medium		ea	2	
	c) large		ea	2	
	d) x-large		ea	2	
	e) xx-large		ea	2	

Name of Bidder	