

**FORM A: BID**  
(See B7)

1. Contract Title PROVISION OF CHECK POINT PRODUCTS

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 under 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.

6. Commencement  
of the Work

The Bidder agrees that no Work shall commence until he is in receipt of a notice of award authorizing the commencement of the Work.

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.

8. Addenda

The Bidder certifies that the following addenda have been received and 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 thirty (30) Calendar Days following the Submission Deadline.

10. Signatures

The Bidder or the Bidder's authorized official or officials have signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Bidder or  
Bidder'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: PRICES**  
 (See B8)

**PROVISION OF CHECK POINT PRODUCTS**

**UNIT PRICES**

ITEM NO.	DESCRIPTION	SPEC. REF.	UNIT	APPROX. QUANTITY	UNIT PRICE	AMOUNT
1.	Check Point UTM-1 2073 Appliance Product # CPAP-SG2073	E2.2	each	1		
2.	Secondary Check Point UTM-1 2073 Appliance Product # CPAP-SG2073-HA	E2.2	each	1		
3.	Premium Support, CPES-SS-PREMIUM for CPAP-SG2073, 01-July-2010 to 01-Apr-2012	E2.4	each	1		
4.	Premium Support, CPES-SS-PREMIUM for CPAP-SG2073-HA, 01-July-2010 to 01-Apr-2012	E2.5	each	1		
5.	21 hours on-site consulting time	E2.6	Each	lot		

TOTAL BID PRICE (GST and MRST extra) (in figures)\$ \_\_\_\_\_

(in words)

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Name of Bidder