

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

1. Contract Title REQUEST FOR PROPOSALS FOR OCCUPATIONAL HEALTH  
PHYSICIAN SERVICES

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 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 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. Execution of Contract

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

8. Contract The Bidder 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 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	_____
	_____		_____
	_____		_____

10. Time This offer shall be open for acceptance, binding and irrevocable for a period of sixty (60) Calendar Days following the Submission Deadline.

11. 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)

REQUEST FOR PROPOSALS FOR OCCUPATIONAL HEALTH PHYSICIAN SERVICES

UNIT PRICES

ITEM NO.	DESCRIPTION	SPEC. REF.	UNIT	APPROX. ANNUAL QUANTITY	UNIT PRICE	AMOUNT
<b>ALTERNATIVE 1 – AWARD AS A WHOLE</b>						
1.	Occupational Health Physician Services – Hourly Rate (2 days per week)	E4	Hour	700	<hr/> Per hour	
TOTAL BID PRICE (GST and MRST extra) (in figures)\$ _____						
(in words) _____						
_____						

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

**FORM B: PRICES**  
(See B8)

REQUEST FOR PROPOSALS FOR OCCUPATIONAL HEALTH PHYSICIAN SERVICES

UNIT PRICES

ITEM NO.	DESCRIPTION	SPEC. REF.	UNIT	APPROX. ANNUAL QUANTITY	UNIT PRICE	AMOUNT
<b>ALTERNATIVE 2 – AWARD BY ITEM</b>						
1.	Occupational Health Physician Services – Hourly Rate (1 day per week)	E4	Hour	350	<hr/> Per hour	
TOTAL BID PRICE (GST and MRST extra) (in figures)\$ _____						
(in words) _____						
_____						

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

**FORM B: PRICES**  
(See B8)

REQUEST FOR PROPOSALS FOR OCCUPATIONAL HEALTH PHYSICIAN SERVICES

UNIT PRICES

ITEM NO.	DESCRIPTION	SPEC. REF.	UNIT	APPROX. ANNUAL QUANTITY	UNIT PRICE	AMOUNT
<b>ALTERNATIVE 2 – AWARD BY ITEM</b>						
2.	Occupational Health Physician Services – Hourly Rate (1 day per week)	E4	Hour	350	<hr/> Per hour	
TOTAL BID PRICE (GST and MRST extra) (in figures) \$ _____						
(in words) _____						
_____						

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