

FORM A: PROPOSAL
(See B11)

1. Contract Title TRANSIT ELECTRONIC FARE PRODUCT INDEPENDENT SALES
AGENT-PHASE 2

2. Bidder

Legal Name of Bidder

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 Bidder is:

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/she 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 ninety (90) 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: COMMISSIONS
(See B12)

TRANSIT ELECTRONIC FARE PRODUCT INDEPENDENT SALES AGENT-PHASE 2

UNIT COMMISSIONS

| ITEM NO. | DESCRIPTION | SPEC. REF. | UNIT | PROPOSED COMMISSION PERCENTAGE RATE |
|----------|---------------------------------|------------|-------------------------------|-------------------------------------|
| 1. | Load or Reload Smart Cards | E8 | % of Value Loaded | |
| 2. | Sell Reloadable Smart Cards | E8 | EACH | |
| 3. | Sell Non-Reloadable Smart Cards | E8 | % of Face Value of Cards Sold | |

Name of Bidder

FORM N: BUSINESS PLAN
(See B14)

TRANSIT ELECTRONIC FARE PRODUCT INDEPENDENT SALES AGENT-PHASE 2

HOURS OF OPERATION

1. State the current hours of operation of the Bidder's retail location and the proposed hours of operation for the Fare Product Sales Agent (FPSA) role.

Bidder's Response

LOCATION ADDRESSES

2. State the current address of the Bidder's location.

Bidder's Response

FORM N: BUSINESS PLAN
(See B14)

TRANSIT ELECTRONIC FARE PRODUCT INDEPENDENT SALES AGENT-PHASE 2

| AAVM LOCATION | |
|-------------------|--|
| 3. | State the Bidder's plan for locating the Attended Add Value Machine (AAVM) in its retail location listed above. |
| Bidder's Response | |
| CUSTOMER BASE | |
| 4. | State the daily average number of all customers patronising your store |

FORM N: BUSINESS PLAN
(See B14)

TRANSIT ELECTRONIC FARE PRODUCT INDEPENDENT SALES AGENT-PHASE 2

| STAFFING | |
|--|---|
| 5. | State the Bidder's current staffing and proposed staffing of its retail location relative to the FPSA role. |
| Bidder's Response | |
| CONTACT INFORMATION | |
| 6. | State the contact information as requested below. |
| <p>Bidder's Response:</p> <p>Retail Contact: _____</p> <p>Job Title _____</p> <p>Phone Number _____</p> <p>E-mail address _____</p> | |
| <p>Contact for Technical related issues : _____</p> <p>Job Title _____</p> <p>Phone Number _____</p> <p>E-mail address _____</p> | |
| <p>Location address _____</p> <p>Location Contact: _____</p> <p>Job Title _____</p> <p>Phone Number _____</p> <p>E-mail address _____</p> | |

FORM N: BUSINESS PLAN
(See B14)

TRANSIT ELECTRONIC FARE PRODUCT INDEPENDENT SALES AGENT-PHASE 2

| STAFF TURNOVER | |
|-----------------------|---|
| 7. a) | State the current rate of staff turnover on an annual basis at the retail location. |
| Bidder's Response: | |
| 7. b) | What is your total annual complement of full time employees? |
| Bidder's Response: | |
| 7. c) | What is your total annual attrition of full time employees? |
| Bidder's Response: | |
| 7. d) | What is your total annual complement of part time employees? |
| Bidder's Response: | |
| 7. e) | What is your total annual Attrition of part time employees? |
| Bidder's Response: | |

FORM N: BUSINESS PLAN
(See B14)

TRANSIT ELECTRONIC FARE PRODUCT INDEPENDENT SALES AGENT-PHASE 2

| DROP OFF POINTS | |
|------------------------|--|
| 8. | State the drop off location for distribution of Transit Fare Products if different than "2." above |
| Bidder's Response: | |

Name of Bidder

FORM O: TRAINING PLAN
(See B15)

TRANSIT ELECTRONIC FARE PRODUCT INDEPENDENT SALES AGENT-PHASE 2

Staff Training Procedures

1. Describe how you will orient and train new staff selling Transit Fare Products as a FPSA. .

Bidder's Response

2. Describe how your organization as a FPSA will address staff errors or weaknesses in the sale of Transit fare products.

Name of Bidder