FORM A: PROPOSAL

(See B8)

1. Contract Title

PROFESSIONAL ENGINEERING CONSULTING SERVICES FOR THE NORTH END WATER POLLUTION CONTROL CENTRE COMPOSITE BASE PLAN

2.	Proponent			
		Name of Proponent (Legal Na	ame)	
		Usual Business Name of Bidd	der 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		authorizes the following contact it for purposes of the Proposal.	t person to
		Contact Person	Title	
		Telephone Number	Facsimile Number	
4.	Definitions	All capitalized terms u	used in the Contract shall ha	ave the meanings

ascribed to them in the General Conditions and D3.

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)

FORM B: FEES

	О.	Г	
(Se	e E	39)

Fixed Fee						
Item No.	Description	Fee	∌(\$)	Allowable Disbursement (\$)	Total Fee(\$)	
1.	Project Management					
2.	Subsurface Utility Engineering (Quality Level B to D)					
3.	Composite Base Plan					
4.	Total Fixed Fee					
Unit Price						
Item No	Description	Approx. Quantity	Unit	Unit rate	Total Fee(\$)	
5.	Subsurface Utility Engineering (Quality Level A Only)					
a.	Test hole – max 1m depth	10	/hole			
b.	Test hole – >1m to 2m depth	20	/hole			
C.	Test hole – >2m to 3m depth	30	/hole			
d.	Test hole – >3m to 4m depth	20	/hole			
e.	Test hole – >4m to 6m depth	5	/hole			
f.	Test hole – >6m to 10m depth	0	/hole			
g.	Test hole – >10m to 15m depth (along interceptors)	5	/hole			
h.	Surcharge for test hole in asphalt	15	/hole			
i.	Surcharge for test hole in concrete	15	/hole			
j.	Surcharge for test hole during winter conditions	90	/hole			
k.	Mobilization and demobilization	LS				
6.	Total – Unit Price Subsurface Utility Engineering (Quality Level A Only)					
	ontract Fees in Figures (Item 4 + 6)			\$		
				Name of Proponent		

The City of Winnipeg RFP No. 607-2013 Template Version: SrC120130321 - C RFP

FORM C: EXPERIENCE OF PROPONENT AND SUBCONSULTANT

☐ Proponent	Name:		Project #:
Subconsultant			
Project Name:			
r roject Name.			
Start Date: Month/Year		Completion Date:	
Project Description:			
Provide details of project si	milar to the scope of work.		
Role of Consultant/Subco	ansultant:		
	and Consultant Services provided		
	,		
Consultant Services Assi	gnment Value (of scope perforn	ned)	
Original and Final		,	
Identify the Project Sched	lules		
Anticipated and Actual			
Assignment Outcomes/A	chievements:		
Reference Name	Title/Function	n Email	Phone Number
#1			Number
#2			
#3			
	Simpatura.	Cub a manufact or or	a a matativa Ciava at vena e
Proponent Representative	oignature:	Subconsultant repre	esentative Signature:
Date:			

FORM D: EXPERIENCE OF KEY PERSONNEL

Proponent/Partn		nsultan	t:							
Key Personnel Na	ame:									
Current Employer										
Current Role				С	Current Location:					
Availability:					R	Residency/Citizenship				
				S	status:					
Period of Commitment					C	Commitment (Full or Part				
					Ti	Time):				
Proposed Role a	nd Respo	nsibilit	ies:		<u> </u>					
Proposed Role:										
Proposed Base Lo Country):	ocation (C	ity,								
Responsibilities:										
Capabilities, Skil	lls and otl	her info	rmati	ion:						
Core Capabilities	and/or		Indi	cate how s	skills, expe	erience and capabilities	match the scop	e of		
Technical Skills:			serv	rices						
Education/Trainin	g:									
Years of experien		to								
Scope of Services										
Years of experien	ce with									
Company										
-				Pro	oject #1					
Role:										
Project:										
Project Brief:										
Responsibilities:										
Achievements:										
Reference:	NI.	ame	1	Title/F	unction	Email	Phone Nun	nher		
ROIGIGIOG.	140	4111 5		1 1UC/1	anouon	Lindii	i none mun	iiD e l		
#1										

#2		

Repeat the above for each reference project on additional sheets							
Proponent/Partner/S	ubconsul	tant:					
			Project a	# 2			
Role:							
Project:							
Project Brief:							
Responsibilities:							
Achievements:							
Reference:	Nan	ne	Title/Funct	tion	Em	nail	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:							
				mai			Cianotura
I certify that I am available on a full/part time basis for the duration required of the proposed role.			Name:		Signature:		
I certify that [Insert Name] is available on the above identified basis.		N	Name:		Title:		Signature: