## **FORM A: PROPOSAL**

		(566	; B7)	
1.	Contract Title		SOR FOR THE NORTH END WA NTROL CENTER POWER SUPPL	
2.	Proponent			
		Name of Proponent (Leg	gal Name)	
		Usual Business Name o	f Bidder as it appears on Invoice (if different fro	om above)
		Street		
		City	Province	Postal Cod
		Email Address of Bidder		
		Facsimile Number		
	(Mailing address if different)	Street or P.O. Box		
		City	Province	Postal Cod
		GST Registration Numb	er (if applicable)	
	(Choose one)	The Proponent is:		
		a sole proprieto	r	
		a partnership		
		a corporation		
		carrying on busines	s under the above name.	
3.	Contact Person	The Proponent hereby authorizes the following contact person to represent the Proponent for purposes of the Proposal.		
		Contact Person	Title	

Telephone Number

## 4. **Definitions**

All capitalized terms used in the Contract shall have the meanings ascribed to them in the General Conditions and D3.

Facsimile Number

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.

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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 ninety (90) Calendar Days following the Submission Deadline.		
11.	Signatures	The Proponent or the Proponent's authorized official or officials have signed this		
		, 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)		

The City of Winnipeg RFP No. 10-2015

Template Version: SrC120131129 - Consulting Services RFP

## FORM B: EXPERIENCE OF PROPONENT AND SUBCONSULTANT

Propor	ent	Name:		Project # :		
Subco	nsultant					
Project Na						
	: Month/Year		Completion Date:			
	<b>Project Description:</b> Include project owner, project objectives, and other relevant information demonstrating similarity to project criteria in B9.3.					
Conquitor	ut Sarvigas Dags	arintian.				
	nt Services Descrear and compreh	ensive description of the consulta	nt services, details of the re	ole of the consultant/		
Subconsul	tant, and assigni	ment outcomes and achievements	i.			
	#1: References dministrator.	should have worked directly on th	ne projects described, such	as the Project Manager or		
Name:						
Title/Funct	ion:					
Email:						
Phone Nui	mber:					
<b>Reference #2:</b> References should have worked directly on the projects described, such as the Project Manager or Contract Administrator.						
Name:						
Title/Function:						
Email:						
Phone Number:						
Proponent	Proponent Representative Signature: Subconsultant Representative Signature:					
Date:						

Repeat the above for each project related to B9.3 on additional sheets

The City of Winnipeg
RFP No. 10-2015

Proposal Submission
Page 4 of 5

Template Version: SrC120131129 - Consulting Services RFP

## FORM C: EXPERIENCE OF KEY PERSONNEL

Proponent/Partner/Subconsultant:				
Key personnel name				
Current employer				
Current role			Current location	
Availability			Residency/Citizenship	
			status	
Period of commitmer	nt		Commitment (Full or Part	
			Time)	
Proposed Role and	Responsibili	ties:		
Proposed role				
Proposed base locati	ion (City,			
Country) Proposed responsibil	litios			
·				
Capabilities, Skills				
Core capabilities and	/or skills		kperience and capabilities n	natch the scope of
		services		
Education backgroun	nd and			
degrees				
Professional recognit	tion and titles			
Years of experience	in similar role			
as proposed				
Years of experience	with current			
employer				
		Project #	<del>!</del> 1	
Role				
Project name and				
owner				
Project Award and				
completion dates				
Project description Include how		your project meets the criteria in B9.3		
Responsibilities	Indicate wha	t you were responsible i	for on the proiect	
maida mai			.e. e. a.e p. ejeet	
List of Tasks Indicate how you met your responsibilities by explaining what you did in detail			ou did in detail	
Achievements	Indicate your	r project accomplishmer	nts	

Reference #1:	References should have worked directly on the project described, such as the Project Manager or Contract Administrator.		
Name:			
Title/Function:			
Email:			
Phone Number:			
Reference #2:	References should have worked directly on the project described, such as the Project		
Name:	Manager or Contract Administrator.		
Title/Function:			
Email:			
Phone Number:			

Project # 2			
Role			
Project name and owner			
Project Award and completion dates			
Project description	Include how your project meets the criteria in B9.3		
Responsibilities	Indicate what you were responsible for on the project		
List of Tasks	Indicate how you met your responsibilities by explaining what you did in detail		
Achievements	Indicate your project accomplishments		
Reference #1:	References should have worked directly on the project described, such as the Project		
Name:	Manager or Contract Administrator.		
Title/Function:			
Email:			
Phone Number:			
Reference #2:	References should have worked directly on the project described, such as the Project		
Name:	Manager or Contract Administrator.		
Title/Function:			
Email:			
Phone Number:			

I certify that	Name:	Title:	Signature:
[Insert Name] is available on			_
the above identified basis.			