

FORM A: PROPOSAL
(See B10)

1. Contract Title ARC FLASH HAZARD ANALYSIS

2. Bidder

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 D4.

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 One Hundred and Twenty (120) 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)

**Arc Flash Hazard Analysis
Form B: Details of Prices (Phase 2)**

Phase and Task Description	Role/ Project							Total Person- Hours	Total Price	Average Hourly Rate (includes Disbursements)
	Name: Hourly Rate:									
Phase 2 - Indicative Pumping Station (2016 Rates - Single Station)										
1. Document Gathering and Review										
2. Site Visit and Equipment Verification										
3. Modelling within SKM										
4. Preparation of the Short Circuit Analysis and Protective device evaluation										
5. Preparation of Protective Device Coordination Study										
6. Preparation of Arc Flash Hazard Analysis										
7. Completion of Draft Report										
8. Presentation of Draft Results										
9. Finalize Report										
10. Prepare and Apply CSA Labelling										
Man-Hours - Single Station - 2016 - Indicative										
Cost of Work - Single Station - 2016 - Indicative										
Man-Hours - Ten Stations - 2017 - Indicative										
Cost of Work - Ten Stations - 2017 - Indicative										
Man-Hours - Ten Stations - 2018 - Indicative										
Cost of Work - Ten Stations - 2018 - Indicative										
Man-Hours - Ten Stations - 2019 - Indicative										
Cost of Work - Ten Stations - 2019 - Indicative										
Man-Hours - Ten Stations - 2020 - Indicative										
Cost of Work - Ten Stations - 2020 - Indicative										
Man-Hours - 2016-2020 Estimated - Indicative										
Cost of Work - 2016-2020 Estimated - Indicative										

Name of Bidder _____

Arc Flash Hazard Analysis
Form B: Hourly Prices for Assignment Work

			Rates / hour for Calendar year ***					
			2015	2016	2017	2018	2019	2020
Item	Staff Description **	Name of Personnel (Where Applicable)						
1a								
1b								
1c								
1d								
1e								
1f								
1g								
1h								
1i								
1j								

**Include a description of each classification of personnel and what their role is in the proposal
*** All disbursements shall be included in the proposed hourly rates. Calendar year rates are intended to provide for escalation. No additional escalation factors will be accepted.

Name of Bidder _____

Form C: Experience of Bidder and Subcontractor

<input type="checkbox"/> Bidder <input type="checkbox"/> Subcontractor	Name: <i>Name of Bidder or Subcontractor</i>		Project # : ____ of 3	
Project Name:				
Project Owner:				
Start Date: Month/Year				Completion Date:
Project Description: 				
Technical Details of Similar Experience (Include items such as model software used, site overall size, number of devices in the analysis model etc.) 				
Contractor/Subcontractor Services Description: 				
Project Innovations: 				
Original and Final Cost 				
Project Schedules 				
*Reference Name		Title/Function	Email	Phone Number
#1				
#2				

Bidder Representative Signature:		Subcontractor Representative Signature:
Date :		

Repeat the above for each project on additional sheets

*References may be used to confirm the information provided. Incorrect or out of date contact information may negatively impact the evaluation

Form D: Experience of Key Personnel

Name of Bidder/Subcontractor:			
Key personnel name			
Current employer			
Current role		Current location	
Availability		Residency/Citizenship status	
Period of commitment			
Proposed Role and Responsibilities:			
Proposed role			
Proposed base location (City, Country)			
Proposed responsibilities			
Capabilities, Skills and other information:			
Core capabilities and/or Technical skills	<i>Indicate how skills, experience and capabilities match the scope of services.</i>		
Education background			

and degrees				
Professional recognition and titles				
Years of experience in similar role as proposed				
Years of experience with current employer				
Project #1				
Role on the project				
Project name and owner				
Project award and completion dates				
Project description				
Responsibilities & achievements				
Reference*	Name	Title/Function	Email	Phone Number
#1				

#2				
Name of Bidder/ Subcontractor:				
Project # 2				
Role				
Project name and owner				
Project Award and completion dates				
Project description				
Responsibilities & achievements				
*Reference	Name	Title/Function	Email	Phone Number
#1				
#2				
I certify that _____	Name: _____	Title: _____	Signature: _____	
[Insert Name] is available on the above identified basis.				

*References may be used to confirm the information provided. Incorrect or out of date contact information may negatively impact the evaluation