

FORM A: PROPOSAL
(See B8)

1. Contract Title SUPPLY AND DELIVERY OF AUTOMATIC CPR MACHINES

2. Proponent

Name of Proponent

Usual Business Name of Proponent as it appears on Invoice (if different from above)

Street

City

Province

Postal Code

Email Address of Proponent

Facsimile Number

(Mailing address if different)

Street or P.O. Box

City

Province

Postal Code

GST Registration Number (if applicable)

The Proponent is:

(Choose one)

a sole proprietor

a partnership

a corporation

carrying on business 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

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 Proponent 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 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 Work The Proponent 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 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: PRICES
(See B9)

SUPPLY AND DELIVERY OF AUTOMATIC CPR MACHINES

UNIT PRICES

ITEM NO.	DESCRIPTION	SPEC. REF.	UNIT	APPROX. QUANTITY	UNIT PRICE
Phase One (1)					
1.	Trial Automatic CPR Machine with Batteries and Charger		Each	2	
2.	Load Distributing Band/suction cup		Each	70	
3.	Shoulder Restraint/stabilization strap		Each	12	
Phase Two(2)					
4.	Automatic CPR Machine with Battery		Each	5	
5.	Battery Charger		Each	5	
6.	Extra batteries		Each	15	
7.	Load Distributing Band/suction cup		Each	500	
8.	Shoulder Restraint/stabilization strap		Each	20	
9.	Extended 3 year Warranty (after manufacturing warranty expires)		Each	5	
10.	Service Agreement		Each	1	

Name of Proponent