

FORM A: PROPOSAL
(See B8)

1. Contract Title REQUEST FOR PROPOSAL FOR BIOSOLIDS LAND APPLICATION

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 D2.

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 eighty (180) 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)

REQUEST FOR PROPOSAL FOR BIOSOLIDS LAND APPLICATION

UNIT PRICES

ITEM NO.	DESCRIPTION	SPEC. REF.	UNIT	APPROX. QUANTITY	UNIT PRICE	AMOUNT
	Phase 1					
1 (a)	Project Plan	E2.3	LS	1		
1 (b)	Public Engagement	E3	LS	1		
1 (c)	Environment Act Proposal	E4	LS	1		
	Phase 2					
2 (a)	Pilot Biosolids Land Application	E5 to E12	Wet Tonne	5,000		
	Phase 3					
3 (a)	Full Biosolids Land Application	E5 to E12	Wet Tonne	20,000		
PHASE 1 BID PRICE (GST and MRST extra) (in figures) \$ _____						
PHASE 2 BID PRICE (GST and MRST extra) (in figures) \$ _____						
PHASE 3 BID PRICE (GST and MRST extra) (in figures) \$ _____						
TOTAL BID PRICE (GST and MRST extra) (in figures) \$ _____						

Name of Proponent

FORM C: EXPERIENCE OF PROPONENT AND SUBCONTRACTORS
See B10.2

<input type="checkbox"/> Proponent <input type="checkbox"/> Subcontractor	Name:		Project # : ___ of 3
	<i>Name of Proponent or Subcontractor</i>		
Project Name:			
Project Owner:			
Start Date: Month/Year		Completion Date:	
Project Description: <i>Include project objectives, quantity and type of biosolids, duration of contract and other relevant information</i>			
Proponent/Subcontractor Services Description: <i>Describe the role of the Proponent/Subcontractor on the project, including project management, public engagement, regulatory compliance, operations, reporting and other relevant information.</i>			
*Reference Name (Project owner)	Title/Function	Email	Phone Number
#1			
#2			

Repeat the above for each project related to B10.2 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

See B11.3 and B11.4

Name of Proponent/Subcontractor			
Key personnel name			
Current employer			
Current role		Current location	
Availability for Project			
Proposed Role and Responsibilities:			
Proposed role			
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			
Professional recognition			
Years of experience in biosolids management			
Years of experience in similar role as proposed			
Project #1			
Project Name and Owner			
Project description			
Role on the project			

Responsibilities & achievements				
Reference*	Name	Title/Function	Email	Phone Number
#1				
#2				

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

Name of Proponent/Subcontractor				
Project # 2				
Project Name and Owner				
Project description				
Role on the Project				
Responsibilities & achievements				
Reference*	Name	Title/Function	Email	Phone Number
#1				
#2				

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

**FORM E: EQUIPMENT LIST
SEE B12.3(C)**

1. Category/Type: _____

Equipment Description: _____

New or Used: _____

Registered Owner: _____

Plan for Delivery: _____

2. Category/Type: _____

Equipment Description _____

New or Used: _____

Registered Owner: _____

Plan for Delivery: _____

3. Category/Type: _____

Equipment Description _____

New or Used: _____

Registered Owner: _____

Plan for Delivery: _____

**FORM E: EQUIPMENT LIST
SEE B12.3(C)**

4. Category/Type: _____

Equipment Description _____

New or Used: _____

Registered Owner: _____

Plan for Delivery: _____

5. Category/Type: _____

Equipment Description _____

New or Used: _____

Registered Owner: _____

Plan for Delivery: _____

6. Category/Type: _____

Equipment Description _____

New or Used: _____

Registered Owner: _____

Plan for Delivery: _____