

**FORM A: PROPOSAL**  
(See B9)

1. Contract Title REQUEST FOR PROPOSAL FOR OCCUPATIONAL HEALTH  
PHYSICIAN SERVICES

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 D4.

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 ninety (90) Calendar Days following the Submission Deadline.
11. Indigenous Self-Declaration The Proponent hereby declares the business is at least 51% owned by one or more Indigenous persons of Canada.
- YES

12. 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 B8)

REQUEST FOR PROPOSAL FOR OCCUPATIONAL HEALTH PHYSICIAN SERVICES

UNIT PRICES

ITEM NO.	DESCRIPTION	SPEC. REF.	UNIT	APPROX. QUANTITY	UNIT PRICE	AMOUNT
1.	Completion of Forms		Each	700		
2.	Priority Appointments (Within 24 Hours of Request)		Each	100		
3.	Non-Priority Appointments		Each	600		
4.	Additional Consultation Services		Hour	50		
TOTAL BID PRICE (GST and MRST extra) (in figures) \$ _____						

\_\_\_\_\_  
Name of Proponent