

**FORM A: PROPOSAL**  
(See B8)

1. Contract Title REQUEST FOR PROPOSAL FOR PROFESSIONAL CONSULTING SERVICES FOR SOUTH END SEWAGE TREATMENT PLANT (SEWPCC) ULTRAVIOLET (UV) DISINFECTION FACILITY LEAK INVESTIGATION AND REPAIR

2. Proponent

\_\_\_\_\_  
Name of Proponent (Legal Name)

\_\_\_\_\_  
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)

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

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 Services in accordance with the Contract for the Fees, in Canadian funds, set out in response to B9 Fees.
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 Services shall commence until he/she is in receipt of a notice of award from the Award Authority 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. Indigenous Self-Declaration The Proponent hereby declares the business is at least 51% owned by one or more Indigenous persons of Canada.
- YES, 51% or more Indigenous ownership
- NO, it is not
- This information is being gathered for statistical purposes only and will not be used for purposes of evaluation.

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: FEES**  
(See B9)

**REQUEST FOR PROPOSAL FOR PROFESSIONAL CONSULTING SERVICES FOR SOUTH END SEWAGE TREATMENT PLANT (SEWPCC) ULTRAVIOLET (UV) DISINFECTION FACILITY LEAK INVESTIGATION AND REPAIR**

**MAIN FEE SCHEDULE**

ITEM NO.	WORK ITEM DESCRIPTION	SPEC. REF.	FEE BASIS	APPROX. QUANTITY	FEE AMOUNT ( A )	ALLOWABLE DISBURSEMENTS ( B )	TOTAL FEE ( A + B )
1.	Project Management	D7.2	LS	1	\$	N/A	\$
2.	Preliminary Design Services	D7.3	LS	1	\$	\$	\$
3.	Detailed Design and Contract Preparation	D7.4	LS	1	\$	N/A	\$
4.	Contract Administration Services	D7.5	Time-Based (hours)	(*Estimated Minimum Hours=400)	\$	\$	\$
5.	Post Construction Services	D7.6	Time-Based (hours)	(*Estimated Minimum Hours=50)	\$	\$	\$
6.	Allowable Disbursements for sampling, materials testing, drilling, hazardous materials investigation, or any tasks related to the uncertainties and critical time constraints associated with this project.	B9.6.1	LS	1	N/A	\$55,000	\$55,000

\* If deviating from the indicated Estimated Minimum Hours, refer to B9.3.1 for additional requirements.

TOTAL BID PRICE (GST and MRST extra) (in figures) \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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







**FORM P: PERSON HOURS**

(See B12)

REQUEST FOR PROPOSAL FOR PROFESSIONAL CONSULTING SERVICES FOR SOUTH END SEWAGE TREATMENT PLANT (SEWPCC) ULTRAVIOLET (UV) DISINFECTION FACILITY LEAK INVESTIGATION AND REPAIR

PHASE AND TASK DESCRIPTION										SUMMARY			
	SPEC. REF.	ROLE / PROJECT ROLE								TOTAL PERSON-HOURS	LABOUR FEES	ALLOWABLE DISBURSEMENTS	TOTAL FEES
		NAME											
		HOURLY RATE											
associated with this project.													
<b>Total Person Hours</b>													
<b>Percent of Total Project Time</b>													
<b>TOTAL FEES</b>													
													Name of Proponent