FORM A: PROPOSAL

(See B7)

1.	Contract Title	REQUEST FOR PROPOSAL FOR PROFESSIONAL CONSULTING SERVICES FOR 2019-2021 SEWER CONDITION ASSESSMENT								
2.	Proponent									
		Name of Proponent (Legal Name	ame)							
		Usual Business Name of Pro	ponent as it appears on Invoice (if differen	t 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 ur	nder the above name.							
3.	Contact Person	oy authorizes the following co t for purposes of the Proposal.	ontact person to							
		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 D5.

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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 B8 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 City is requesting that Proponents identify if their 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.

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12.	Signatures	
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Proponent or the Proponent's authorized official or officials have d this
 , 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 P: PERSON HOURS

(See B8) REQUEST FOR PROPOSAL FOR PROFESSIONAL CONSULTING SERVICES FOR 2019-2021 SEWER CONDITION ASSESSMENT

Phase and Task Description	Summary											
	Role/ Project Role:	Total Person- Hours							Labour Fees	Allowable Disbursements	Other Disbursements	Total Fees
	Name:											
	Hourly Rate:											
1. Program Management												
Hours												
Fees												
2. Program Development												
Hours												
Fees												
3. Contract Administration Services												
Drawing and Bid Document Preparation												
Procurement Process												
Non-Resident Services												
Resident Services												
Hours												
Fees												
4. Analytical Services												
Hours												
Fees												

Name of Proponent

FORM P: PERSON HOURS

(See B8) REQUEST FOR PROPOSAL FOR PROFESSIONAL CONSULTING SERVICES FOR 2019-2021 SEWER CONDITION ASSESSMENT

Phase and Task Description								Summary				
	Role/ Project Role:	Total Person- Hours							Labour Fees	Allowable Disbursements	Other Disbursements	Total Fees
	Name:											
	Hourly Rate:											
5. Summary Report												
Hours												
Fees												
6. NASSCO Certification Training												
Hours												
Fees												
Total Hours												
TOTAL FEES												
Allowance for Information Technology Configuration												
Configuration NASSCO Certification Training – Additional Attendees												