

FORM A: PROPOSAL
(See B8)

1. Contract Title EMPLOYEE FAMILY ASSISTANCE PLAN SERVICE PROVIDER

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 By submitting a bid in response to this RFP, the Proponent certifies that it has read, understands, and agrees to the terms and conditions of this RFP and that the RFP, 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.

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 B7)

EMPLOYEE FAMILY ASSISTANCE PLAN SERVICE PROVIDER

UNIT PRICES

ITEM NO.	DESCRIPTION	SPEC. REF.	UNIT	APPROX. QUANTITY	UNIT PRICE	AMOUNT
1.	Counselling	D2	Hour	2250	<hr/> Per hour	
2.	Addiction Counselling					
2a	Individual assessment	D2	Per person	10	<hr/> Per person	
2b	Group treatment for up to ten (10) weeks;	D2	Per person	8	<hr/> Per person	
2c	Follow up group for up to twelve (12) weeks.	D2	Per person	8	<hr/> Per person	
3.	Other Counselling (not included in Item Numbers 1 or 2a-2c)	D2	Hour	100	<hr/> Per hour	
4.	On-site critical incident stress debriefings - Groups	D2	Session	2	<hr/> Per hour	
5.	On-site critical incident stress debriefings - individuals	D2	Session	8	<hr/> Per hour	
6.	Consultation to Management	D2	Hour	10	<hr/> Per hour	

Name of Proponent