FORM A: BID (See B8)

1.	Project Title	WINNIPEG WATER TREATMENT PROGRAM – DEACON BOOSTER PUMPING STATION CHLORINE LINE RELOCATION				
2.	Bidder					
		Name of Bidder				
		Street				
		City	Province	Postal Code		
		Facsimile Number				
	(Mailing address if different)	Street or P.O. Box				
		City	Province	Postal Code		
	(Choose one)	The Bidder is: a sole proprietor a partnership a corporation				
		carrying on business under the above name.				
3.	Contact Person	The Bidder hereby authorizes the following contact person to represent the Bidder for purposes of the Bid.				
		Contact Person	Title			
		Telephone Number	Facsimile Number			
4.	Definitions	All capitalized terms used in ascribed to them in the Genera	h the Contract shall have the al Conditions and D3.	e meanings		
5.	Offer	The Bidder hereby offers to perform the Work in accordance with the Contract for the Total Bid Price, in Canadian funds, set out on Form B: Prices, appended hereto.				

6. Commencement of the Work The Bidder agrees that no Work shall commence until he is in receipt of a Purchase Order from the Award Authority authorizing the commencement of the Work.

7. Contract The Bidder agrees that the Bid Opportunity 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 Bid Submission.

8. Addenda The Bidder certifies that the following addenda have been received and agrees that they shall be deemed to form a part of the Contract:

No.	 Dated _		

9. Time This offer shall be open for acceptance, binding and irrevocable for a period of sixty (60) Calendar Days following the Submission Deadline.

10. Signatures In witness whereof the Bidder or the Bidder's authorized official or officials have signed this

_____ day of _____ , 20____ .

Signature of Bidder or Bidder'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)

WINNIPEG WATER TREATMENT PROGRAM – DEACON BOOSTER PUMPING STATION CHLORINE LINE RELOCATION

LUMP SUM PRICE

TOTAL BID PRICE (GST extra) (in figures) \$ _____

(in words)_____

Name of Bidder