

FORM A: PROPOSAL
(See B8)

1. Contract Title REQUEST FOR PROPOSALS FOR A COST OF SERVICE RATES STUDY

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

The Bidder is:

(Choose one)

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 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.

5. Offer

The Bidder 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 Bidder 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 Bidder agrees that no Work shall commence until he is in receipt of a notice of award from the Award Authority authorizing the commencement of the Work.

8. Contract The Bidder 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 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	_____
	_____		_____
	_____		_____

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

11. Signatures 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)

SEAL

FORM B: PRICES
(See B9)

REQUEST FOR PROPOSALS FOR A COST OF SERVICE RATES STUDY

UNIT PRICES

ITEM NO.	DESCRIPTION	SPEC. REF.	UNIT	APPROX. QUANTITY	UNIT PRICE
1.	Staff Classification or Staff Name _____	B9.2 D2	hour	_____ No. of hours	\$ _____ Charge Out Per hour
2.	Staff Classification or Staff Name _____	B9.2 D2	hour	_____ No. of hours	\$ _____ Charge Out Per hour
3.	Staff Classification or Staff Name _____	B9.2 D2	hour	_____ No. of hours	\$ _____ Charge Out Per hour
4.	Staff Classification or Staff Name _____	B9.2 D2	hour	_____ No. of hours	\$ _____ Charge Out Per hour
5.	Staff Classification or Staff Name _____	B9.2 D2	hour	_____ No. of hours	\$ _____ Charge Out Per hour
6.	Staff Classification or Staff Name _____	B9.2 D2	hour	_____ No. of hours	\$ _____ Charge Out Per hour
7.	Staff Classification or Staff Name _____	B9.2 D2	hour	_____ No. of hours	\$ _____ Charge Out Per hour
8.	Staff Classification or Staff Name _____	B9.2 D2	hour	_____ No. of hours	\$ _____ Charge Out Per hour
9.	Staff Classification or Staff Name _____	B9.2 D2	hour	_____ No. of hours	\$ _____ Charge Out Per hour
10.	Staff Classification or Staff Name _____	B9.2 D2	hour	_____ No. of hours	\$ _____ Charge Out Per hour
11.	Staff Classification or Staff Name _____	B9.2 D2	hour	_____ No. of hours	\$ _____ Charge Out Per hour
TOTAL BID PRICE (GST and MRST extra) (in figures) \$ _____ (in words) _____ _____					

Name of Bidder