

FORM A: BID
(See B7)

1. Contract Title PROVISION OF WORKING ALONE MONITORING SYSTEM

2. Bidder

Name of Bidder

Usual Business Name of Bidder as it appears on Invoice (if different from above)

(Mailing address if different)

Street

City

Province

Postal Code

Email Address of Bidder

Facsimile Number

Street or P.O. Box

(Choose one)

City

Province

Postal Code

GST Registration Number (if applicable)

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 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. Commencement of the Work The Bidder agrees that no Work shall commence until he/she is in receipt of a notice of award 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.

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 thirty (30) Calendar Days following the Submission Deadline.

10. 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)

FORM B: PRICES
 (See B8)

PROVISION OF WORKING ALONE MONITORING SYSTEM

UNIT PRICES

ITEM NO.	DESCRIPTION	SPEC. REF.	UNIT	APPROX. ANNUAL QUANTITY	UNIT PRICE (Monthly cost per employee)	AMOUNT
1.	Monitoring of full time field employees (approximately 60 employees)	E2	Month	12 months	_____ /Per month	
2.	Monitoring of seasonal employees (approximately 30 employees)	E2	Month	4 months	_____ /Per month	
TOTAL BID PRICE (GST and MRST extra) (in figures) \$ _____ (in words) _____ _____						

 Name of Bidder