

FORM A: PROPOSAL
(See B8)

1. Contract Title REQUEST FOR PROPOSAL FOR PROFESSIONAL CONSULTING SERVICES FOR FACILITY RENOVATION AND SYSTEMS UPGRADE AT 2055 NESS AVENUE- ST. JAMES CIVIC CENTRE

2. Proponent

Name of Proponent (Legal Name)

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. Offer

The Proponent hereby offers to perform the Services in accordance with the Contract for the Fees, in Canadian funds, set out in the Proposal Submission.

5. 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.
6. Commencement of the Services The Proponent agrees that no Services shall commence until it is in receipt of a notice of award from the City authorizing the commencement of the Services.
7. 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.
8. 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 |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
9. Time This offer shall be open for acceptance, binding and irrevocable for a period of ninety (90) Calendar Days following the Submission Deadline.
10. 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 B9)

REQUEST FOR PROPOSAL FOR PROFESSIONAL CONSULTING SERVICES FOR FACILITY
RENOVATION AND SYSTEMS UPGRADE AT 2055 NESS AVENUE- ST. JAMES CIVIC CENTRE

FEE SUMMARY

Item No.	Scope of Services	Specification	Fee Type	Fee Amount
PHASE 1 WORK				
1	Systems Study	D7	Fixed Fee	
2	Project Planning, Preliminary Design, Cost Estimates	D8	Fixed Fee	
3	Phase 1 - Allowable Disbursements		Fixed Fee	
PHASE 2 WORK				
4-1	Detailed Design – Design Option 1	D9	Time-Based Fee	
4-2	Detailed Design – Design Option 2	D9	Time-Based Fee	
4-3	Detailed Design – Design Option 3	D9	Time-Based Fee	
4-4	Detailed Design – Design Option 4	D9	Time-Based Fee	
4-5	Detailed Design – Design Option 5	D9	Time-Based Fee	
5	Phase 2 - Allowable Disbursements		Fixed Fee	
PHASE 3 WORK				
6-1	Contract Administration – Design Option 1	D10	Time-Based Fee	
7-1	Post Construction Services – Design Option 1	D11	Time-Based Fee	
6-2	Contract Administration – Design Option 2	D10	Time-Based Fee	
7-2	Post Construction Services – Design Option 2	D11	Time-Based Fee	
6-3	Contract Administration – Design Option 3	D10	Time-Based Fee	
7-3	Post Construction Services – Design Option 3	D11	Time-Based Fee	
6-4	Contract Administration – Design Option 4	D10	Time-Based Fee	
7-4	Post Construction Services – Design Option 4	D11	Time-Based Fee	
6-5	Contract Administration – Design Option 5	D10	Time-Based Fee	
7-5	Post Construction Services – Design Option 5	D11	Time-Based Fee	
8	Phase 3 - Allowable Disbursements		Fixed Fee	
Additional Work				
9	Additional Work	D10.18	Fixed Fee	

(GST and MRST are extra to all Fees above)