## **FORM A: PROPOSAL**

(See B7)

1.	Contract Title	CONSULTING SERV RENEWAL PROGRA	POSAL FOR PROFESSION ICES FOR 2015/2016 REGI M – ST. JAMES STREET – MAROONS ROAD TO PO	ONAL STREET
2.	Proponent			
		Name of Proponent (Legal Na	me)	
		Usual Business Name of Bidd	er as it appears on Invoice (if different	from above)
		Street		
		City	Province	Postal Code
		Email Address of Bidder		
	(Mailing address if different)	Facsimile Number		
	(Mailing address if different)	Street or P.O. Box		
		City	Province	Postal Code
		GST Registration Number (if a	pplicable)	
	(Choose one)	The Proponent is:		
		a sole proprietor		
		a partnership		
		a corporation		
		carrying on business un	der the above name.	
3.	Contact Person		uthorizes the following contact for purposes of the Proposal.	person to
		Contact Person	Title	

Telephone Number

Facsimile Number

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4.	Definitions	All capitalized terms used in the Contract shall have the meanings ascribed to them in the General Conditions and D5.		
5.	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.		
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 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.		
8.	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.		
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		Signatures
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	day of	, 20
	of Proponent or t's Authorized Official or	· Officials
(Print here n	ame and official capacity of in	ndividual whose signature appear

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## **FORM B: FEES**

(See B8)

## REQUEST FOR PROPOSAL FOR PROFESSIONAL CONSULTING SERVICES FOR 2015/2016 REGIONAL STREET RENEWAL PROGRAM – ST. JAMES STREET RECONSTRUCTION – MAROONS ROAD TO PORTAGE AVENUE

## FEE SCHEDULE

Item	Scope of Work	Fee Basis	Fee	Disbursements	Total Fee
1	Project Planning and Preliminary Design	LS			
2	Detailed Design and Contract (Bid Opportunity) Preparation	LS			
3	Contract Administration Services	TB (with max. allowable			
4	Post-Construction Services	TB (with max. allowable)			
	TOTAL BID PRICE				