Postal Code

FORM A: PROPOSAL

(See B8)

1.	Contract Title		FOR PROFESSIONAL CONSU SEWAGE TREATMENT PLANT TATION	
2.	Proponent	Name of Proponent (Legal Name)		
		Usual Business Name of Bidder as it	appears on Invoice (if different from abo	ve)
		Street		
		City	Province	Postal Code
		Email Address of Bidder		

(Mailing address if different)

Street or P.O. Box

City

Facsimile Number

GST Registration Number (if applicable)

(Choose one) The Proponent is:

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

Province

Telephone Number Facsimile Number

4. Definitions

All capitalized terms used in the Contract shall have the meanings ascribed to them in the General Conditions and D3.

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	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: FEES (See B9)

MAIN FEE SCHEDULE

Line	Work Item	Fee	Quantity	Unit	Fee Amount	Allowable Disbursements	Total Fee
Item		Basis		Price	Α	В	A + B
Consul	tant Services Manag	gement Pl	an				
1	Consultant Services Management Plan	Fixed			\$	N/A	\$
WSTP L	_evel 2 Design						
2	Engineering Survey	Fixed			\$	\$	\$
3	Geotechnical Report	Fixed			\$	\$	\$
4	Design Development	Fixed			\$	N/A	\$
/alue E	ingineering						
5	Value Engineering Idea Evaluation	Per Unit	5 Ideas		\$	N/A	\$
WSTP I	_evel 3 Design						
6	Design Services and Tender Services	Fixed			\$	N/A	\$
Contrac	ct Administration						
7	Non-Resident Engineering Services	Time Based (Hours)	(*Estimated Minimum Hours = 300)		\$	\$	\$
8	Resident Engineering Services	Time Based (Hours)	(*Estimated Minimum Hours = 450)		\$	\$	\$
9	Commissioning Services	Time Based (Hours)	(*Estimated Minimum Hours = 190)		\$	\$	\$
10	Operations Manuals	Time Based (Hours)	(*Estimated Minimum Hours = 100)		\$	\$	\$
Post Co	onstruction						
11	Post Construction Services	Time Based (Hours)	(*Estimated Minimum Hours = 60)		\$	\$	\$
Total Fees and Allowable Disbursements							

^{*}If deviating from the estimated minimum hours, refer to B9.4.1 for additional requirements.