FORM A: PROPOSAL

(See B8)

1.	Contract Title	PESTICIDE APPLICATION MANAGEMENT SYSTEM			
2.	Proponent				
		Name of Proponent 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 a	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.	Definitions	All capitalized terms u	sed in the Contract shall have	the meanings	

ascribed to them in the General Conditions and D5.

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5.	Offer	e Proponent hereby offers to perform the Work in accordance with the ntract for the price(s), in Canadian funds, set out on Form B: Prices, pended hereto.				
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 Work	ne Proponent agrees that no Work shall commence until he/she is in ceipt of a notice of award from the Award Authority authorizing the ommencement of the Work.				
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				
		, 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)

PESTICIDE APPLICATION MANAGEMENT SYSTEM

UNIT PRICES

ITEM NO.	DESCRIPTION	SPEC. REF.	UNIT	APPROX. QUANTITY	UNIT PRICE	AMOUNT
1.	Pesticide Application Management System, including installation, configuration, documentation, and training.	E3 E4 E5	Each	1		
2.	Support and Maintenance	E6	Year	3		
				Name of Proponent		