

FORM A: BID
(SeeB8)

1. Contract Title SUPPLY AND DELIVERY OF MEDICAL GASES

2. Bidder

Name of Bidder

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

Street

City

Province

Postal Code

Email Address of Bidder

Facsimile Number

(Mailing address if different)

Street or P.O. Box

City

Province

Postal Code

GST Registration Number (if applicable)

The Bidder is:

(Choose one)

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 sixty (60) Calendar Days following the Submission Deadline.

10. Indigenous Self-Declaration The City is requesting that Bidders identify if their business is at least 51% owned by one or more Indigenous persons of Canada.

YES, 51% or more Indigenous ownership

NO, it is not

This information is being gathered for statistical purposes only and will not be used for purposes of evaluation.

11. 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(R1): PRICES
 (See B9)

SUPPLY AND DELIVERY OF MEDICAL GASES

UNIT PRICES

Item No.	City ID Number	Description	Spec. Ref.	Unit	Approx. Annual Qty	Unit Price
1.	1445	Oxygen .42 M ³ Medical D Aluminum	E2.1	Cyl.	4485	_____
2.	1449	Oxygen 3.5 M ³ Medical M	E2.1	Cyl.	2	_____
3.	1444	Cylinder Dumurrage Lot Price (approximately 480 cylinders/month)	E2.1	Month	12	_____
4.	1448	Oxygen 6.9 M ³ Medical K	E2.1	Cyl.	2	_____
5.	23534	Oxygen 1.89 M ³ CGA 540 M60	E2.1	Cyl.	1020	_____
6.	28025	Oxygen 4.16 M ³ – Refill Only (City owned tank) Medical “S”	E2.1	Each	10	_____
7.	28026	Oxygen 2.55 M ³ – Refill Only (City owned tank) Medical “M90”	E2.1	Each	2	_____

 Name of Bidder