FORM A: BID (See B8)

1.	Contract Title	MEMORIAL GARDEN S TRANSCONA CEMETEI	TE DEVELOPMENT: BROOKS RIES	SIDE AND		
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)				
	(Choose one)	The Bidder is:				
		a sole proprietor				
		a partnership				
		a corporation				
		carrying on business unc	er 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 us ascribed to them in the G	ed in the Contract shall hav eneral Conditions.	e the meanings		

- 5. Offer The Bidder hereby offers to perform the Work in accordance with the Contract for the Total Bid Price, 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 Purchase Order from the Award Authority 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. 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: PRICES (See B9)

MEMORIAL GARDEN SITE DEVELOPMENT: BROOKSIDE AND TRANSCONA CEMETERIES

NO.	DESCRIPTION	SPEC. REF.	UNIT	APPROX. QUANTITY	UNIT PRICE	AMOUNT
	kside Cemetery			1	-	
1.	Belvedere Steps, Walls and Pillars	E17	L.S.	1		
2.	Concrete Pathways	E16	S.M.	208		
3.	Foundation – Round Columbarium	E16	Each	1		
4.	Foundation – Memorial Garden	E16	Each	1		
5.	Sign Memory Stones	E18	Each	3		
6.	Maintenance Station	E20	Each	1		
7.	Planting Bed Preparation	E19	S.M.	80		
8.	Turf Renovation	E21	S.M.	155		
Subto	otal					
Trans	scona Cemetery					
9.	Multi-Flow Drain System	E15	L.M.	65		
10.	Concrete Pathways	E16	S.M.	275		
11.	Foundation – Round Columbarium	E16	Each	1		
12.	Foundation – Square Columbarium	E16	Each	1		
13.	Foundation – Estate Columbarium	E16	Each	4		
14.	Foundation – Pedestal Niche	E16	Each	2		
15.	Memory Stones	E18	Each	8		
16.	Ossuary Pit	E16	Each	1		
17.	Maintenance Station	E20	Each	1		
	Planting Bed Preparation	E19	S.M.	193		
18.		E21	S.M.	200		
18. 19.	Turf Renovation		0.111.			