#### FORM A: PROPOSAL (See B7)

1.	Contract Title		DSAL FOR PROFESSIONAL CON T OPERATIONS PROGRAM REV RVICE	
2.	Proponent			
		Name of Proponent (Legal Na	me)	
		Usual Business Name of Prop	onent as it appears on Invoice (if different fi	rom 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) Province	Postal Code
		The Proponent is:		
	(Choose one)	a sole proprietor		
		a partnership		
		a corporation		
		carrying on business un	der the above name.	
3.	Contact Person		y authorizes the following cont t for purposes of the Proposal.	tact person to
		Contact Person	Title	
		Telephone Number	Facsimile Number	
4.	Definitions		used in the Contract shall have General Conditions and D5.	the meanings

5. Offer The Proponent hereby offers to perform the Services in accordance with the Contract for the Fees, in Canadian funds, set out in response to B8 Fees. 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 The Proponent agrees that no Services shall commence until he/she is in of the Work receipt of a notice of award from the Award Authority 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.TimeThis offer shall be open for acceptance, binding and irrevocable for a<br/>period of ninety (90) Calendar Days following the Submission Deadline.
- 11.Indigenous Self-<br/>DeclarationThe City is requesting that Bidders identify if their business is at least 51%<br/>owned by one or more Indigenous persons of Canada.

YES, 51% Indigenous ownership

NO, it is not

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

12.	Signatures	The Proponent or	r 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 P: PERSON HOURS

# (See B8) REQUEST FOR PROPOSAL FOR PROFESSIONAL CONSULTING SERVICES FOR FLIGHT OPERATIONS PROGRAM REVIEW OF THE WINNIPEG POLICE SERVICE

Phase and Task Description						Summary			
	Role/ Project Role:	Total Person- Hours				Labour Fees	Allowable Disbursements	Other Disbursements	Total Fees
	Name:								
	Hourly Rate:								
Phase 1 Project Planning									
1.1 Framework and Methodology									
Phase 1, Hours									
Phase 2, Fees									
Phase 2 Program Review									
2.1 Analyze quantitative data									
2.2 Analyze qualitative data									
2.3 Public survey									
2.4 Assessment/cost benefit analysis									
Phase 2, Hours									
Phase 2, Fees									
Phase 3 Written Report									
3.1 Draft report									
3.2 Final report									
Phase 3, Hours									
Phase 3, Fees									

### FORM P: PERSON HOURS

# (See B8) REQUEST FOR PROPOSAL FOR PROFESSIONAL CONSULTING SERVICES FOR FLIGHT OPERATIONS PROGRAM REVIEW OF THE WINNIPEG POLICE SERVICE

Phase and Task Description		Summary											
	Role/ Project Role:	Total Person- Hours								Labour Fees	Allowable Disbursements	Other Disbursements	Total Fees
	Name:												
	Hourly Rate:												
Total Hours													
TOTAL FEES													