FORM A: PROPOSAL

(See B7)

| 1. | Contract Title | REQUEST FOR PROPOSA SERVICES FOR | AL FOR PROFESSIONAL CONS | JLTING |
|----|--------------------------------|--|--|--------------|
| 2. | Proponent | | | |
| | | Name of Proponent (Legal Name) | | |
| | | Usual Business Name of Propone | nt as it appears on Invoice (if different fron | n 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 appli | cable) Province | Postal Code |
| | | 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 a represent the Proponent for | authorizes the following contac r purposes of the Proposal. | ct person to |
| | | Contact Person | Title | |
| | | Telephone Number | Facsimile Number | |
| 4. | Definitions | All capitalized terms use | d in the Contract shall have t | he meanings |

ascribed to them in the General Conditions.

Template Version: SrC120180312 - Consulting Services RFP

| 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 of the Work | The Proponent agrees that no Services shall commence until he/she is in 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. | Time | This offer shall be open for acceptance, binding and irrevocable for a period of one hundred and twenty (120) Calendar Days following the Submission Deadline. |
| 11. | 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. |

| 12. | Signatures |
|-----|------------|
| | |

| The Prop | conent or the Proponent's authorized officialis | al or officials have |
|----------|--|----------------------|
| | day of | |
| | nature of Proponent or oponent's Authorized Official or Officials | |
| | nt here name and official capacity of individual who ears above) | ose signature |
| , | nt here name and official capacity of individual who | ose signature |

FORM P: PERSON HOURS

(See B8)
REQUEST FOR PROPOSAL FOR PROFESSIONAL CONSULTING SERVICES FOR AN OPERATIONAL REVIEW OF THE WINNIPEG FLEET MANAGEMENT AGENCY

| 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 and Preliminary Design | | | | | | | | | | | | |
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| | _ | | | | | | | | | | | |
| Hours | | | | | | | | | | | | |
| Fees | | | | | | | | | | | | |
| Stage 1 Examine current structure, organization and overall operation | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| Hours | | | | | | | | | | | | |
| Fees | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Stage 2 Identifying best practices and methods | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Name of Proponent

FORM P: PERSON HOURS

(See B8)
REQUEST FOR PROPOSAL FOR PROFESSIONAL CONSULTING SERVICES FOR AN OPERATIONAL REVIEW OF THE WINNIPEG FLEET MANAGEMENT AGENCY

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