#### **FORM A: PROPOSAL**

(See B7)

1.	Contract Title		. FOR PROFESSIONAL CONSU ER MAIN RISK ASSESSMENT	JLTING
2.	Proponent			
		Name of Proponent (Legal Name)		
		Usual Business Name of Proponent	as it appears on Invoice (if different from	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 applica	ble) Province	Postal Code
		The Proponent is:		
	(Choose one)	a sole proprietor		
		a partnership		
		a corporation		
		carrying on business under th	ne above name.	
3.	Contact Person	The Proponent hereby au represent the Proponent for p	nthorizes the following contact ourposes of the Proposal.	ct person to
		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 and D5.

Template Version: SrC120180115 - 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 ninety (90) 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.

Template Version: SrC120180115 - Consulting Services RFP

12.	Signatures	The	Proponent	or	the	Pro
12.	Olgitatares	1110	1 Topononic	O.	uic	

Proponent or the Proponent's authorized official or officials have ed 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 THE FEEDER MAIN RISK ASSESSMENT

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 Management									
.1. Sub Phase									
.2. Sub Phase									
Hours									
Fees									
Phase 2 Record Information Review									
2.1. Sub Phase									
2.2. Sub Phase									
Hours									
ees									
Phase 3 Pipe Loading Review									
3.1. Sub Phase									
3.2. Sub Phase									
Hours									
ees									

#### FORM P: PERSON HOURS

# (See B8) REQUEST FOR PROPOSAL FOR PROFESSIONAL CONSULTING SERVICES FOR THE FEEDER MAIN RISK ASSESSMENT

Phase and Task Description						Summary			
	Role/ Project Role:	Total Person- Hours				Labour Fees	Allowable Disbursements	Other Disbursements	Total Fees
	Name:								
	Hourly Rate:								
Phase 4 Risk Matrix Development									
4.1. Sub Phase									
4.2. Sub Phase									
Hours									
Fees									
Phase 5 Recommended Condition Assessment Technology & Estimate									
5.1. Sub Phase									
5.2. Sub Phase									
Hours									
Fees									
Phase 6 Summary Report									
6.1. Sub Phase									
6.2. Sub Phase									
Hours									
Fees									

#### FORM P: PERSON HOURS

### (See B8) REQUEST FOR PROPOSAL FOR PROFESSIONAL CONSULTING SERVICES FOR THE FEEDER MAIN RISK ASSESSMENT

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

Name of Proponent