FORM A: PROPOSAL (See B7)

1.	Contract Title		SULTING SERVICES FOR WINNIP ASTER PLAN – NON-CAPITAL INT PTIONS	
2.	Proponent			
		Name of Proponent (Legal Na	ame)	
		Usual Business Name of Pro	ponent as it appears on Invoice (if different fro	om 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	applicable) Province	Postal Code
		The Proponent is:		
	(Choose one)	a sole proprietor		
		a partnership		
		a corporation		
		carrying on business ur	nder the above name.	
3.	Contact Person		by authorizes the following contain t for purposes of the Proposal.	act person to
		Contact Person	Title	
		Telephone Number	Facsimile Number	
4.	Definitions		used in the Contract shall have General Conditions and D3.	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 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	By submitting a bid in response to this RFP, the Proponent certifies that it has read, understands, and agrees to the terms and conditions of this RFP and that the RFP, 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 Proponents 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 Proponent	or t	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)

						(See B	ON HOURS						
PROFESSIONAL CONSULTING	SERVICES	SFOR WINN	IIPEG ARE	A TRANSP	TRANS	SPORTATION	PLAN – NO ON OPTION	N-CAPITAI IS	LINIENSIV	E TRANSPORT	ATION OPTIONS	NON-CAPITAL I	NIENSIVE
Phase and Task Description	Summary												
	Role/ Project Role: Name:	Total Person- Hours								Labour Fees	Allowable Disbursements	Other Disbursements	Total Fees
	Hourly Rate:												
Phase 1 Project Planning and Preliminary Design													
1. Preliminary Design													
Hours													
Fees													
Phase 2 Detailed Design and Contract Preparation													
2. Detailed Design (expanded description)													
Hours													
Fees													
Phase 3 Contract Administration Services													

Phase and Task Description				Summary											
	Role/ Project Role: Name:	Total Person- Hours					Labour Fees	Allowable Disbursements	Other Disbursements	Total Fee					
	Hourly Rate:														
3. Contract Administration (description)			 												
Hours															
Fees															
Phase 4 Post Construction															
4. Post Construction Services - (describe)															
Hours															
Fees															
Total Hours															
TOTAL FEES															

PROFESSIONAL CONSUL	TING SERVICES	S FOR WINN	IIPEG AREA	A TRANSP	ORTATION	M P: PERSO (See B8 MASTER F SPORTATIC	3) PLAN – NO	N-CAPIT/	AL INTENSI	VE TRANSPORT,	ATION OPTIONS	NON-CAPITAL II	NTENSIVE
Phase and Task Description										Summary			
	Role/ Project Role: Name:	Total Person- Hours								Labour Fees	Allowable Disbursements	Other Disbursements	Total Fees
	Hourly Rate:											Nan	ne of Proponent