



**Royal Canadian Mounted Police
Gendarmerie royale du Canada**

RETURN BIDS TO:
RETOURNER LES SOUMISSIONS A:
Bid Receiving/Réception des soumissions
Bid Receiving Unit
Procurement & Contracting Services
Branch
VISITOR'S CENTRE
Royal Canadian Mounted Police
73 Leikin Drive
Ottawa, Ontario K1A 0R2
Telephone: (613) 843-3798

SOLICITATION AMENDMENT

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

MODIFICATION DE L'INVITATION

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

Comments - Commentaries

Vendor/Firm Name and Address
Raison sociale et adresse du fournisseur/de l'entrepreneur

Telephone No. – No de téléphone:
()

Facsimile No. – No de télécopieur:
()

Title-Sujet Performance of Pre-employment Polygraph (PEP) Examinations		Amendment No. – No Modification 001
Solicitation No. - No. de l'invitation 201400399	Date June 18 th , 2014	
Client Reference No. - No. De Référence du Client		
GETS Reference No. - No. de Référence de SEAG PW-13-00123800		
Solicitation Closes - L'invitation prend fin at – à 02:00 PM Eastern Daylight Time (EDT) on – le July 23 rd , 2013		
F.O.B. - F.A.B. Destination		
Address Enquiries to: - Adresser toutes questions à: Diane Perkins Procurement Specialist		
Telephone No. - No de téléphone 613-843-5904	Fax No. - N° de FAX: (613) 825-0082	
Destination of Goods, Services, and Construction: Destinations des biens, services et construction: See Herein / Voir aux présentes		
Instructions: See Herein Instructions : Voir aux présentes		
Delivery Required - Livraison exigée: See Herein/Voir aux présentes	Delivery Offered - Livraison proposée	
Name and title of person authorized to sign on behalf of Vendor/Firm Nom et titre de la personne autorisée à signer au nom du fournisseur/de l'entrepreneur		



AMENDMENT #1 TO THE RFP:

- 1) **At Annex B, Basis of Payment, DELETE in its entirety and INSERT the attached Annex B Basis of Payment.**

ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR PROPOSAL REMAINS UNCHANGED.



ANNEX B BASIS OF PAYMENT

Name of Firm: _____

Address: _____

Contact Person: _____

Phone number: (____) ____ - _____ Fax number: (____) ____ - _____

Email: _____@_____

The financial proposal shall be a Firm Per Examination Rate reasonably and properly incurred in the performance of the Work, determined in accordance with the Basis of Payment detailed below. Harmonized Sales Tax is extra, if applicable.

Period of Contract	Proposed Resource	Estimated number of Examinations	Per Examination Rate	Total Price
Contract award to March 31st, 2014		60	\$	\$
Option Year 1: April 1st, 2014 to March 31st, 2015		60	\$	\$
Option Year 2: April 1st, 2015 to March 31st, 2016		60	\$	\$
Total Estimated cost for Evaluation Purposes:				\$