

RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:
Bid Receiving - PWGSC / Réception des soumissions -
TPSGC
Place du Portage, Phase III
Core OA1\noyau OA1
11 Laurier St.\11, rue Laurier
Gatineau, Québec K1A 0S5
Bid Fax: (613) 997-9776

SOLICITATION AMENDMENT
MODIFICATION DE L'INVITATION

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

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

Comments - Commentaires

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

Issuing Office - Bureau de distribution
Health Services Project Division (XF)/Division des
projets de services de santé (XF)
Place du Portage, Phase III, 12C1
11 Laurier St./11 rue, Laurier
Gatineau
Gatineau
K1A 0S5

Title - Sujet NURSING DIRECT SERVICES	
Solicitation No. - N° de l'invitation HT360-123541/C	Amendment No. - N° modif. 006
Client Reference No. - N° de référence du client HT360-123541	Date 2013-10-25
GETS Reference No. - N° de référence de SEAG PW-\$\$XF-010-26473	
File No. - N° de dossier 010xf.HT360-123541	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2013-10-28	Time Zone Fuseau horaire Eastern Daylight Saving Time EDT
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input checked="" type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Benabdallah, Hana	Buyer Id - Id de l'acheteur 010xf
Telephone No. - N° de téléphone (819) 956-3333 ()	FAX No. - N° de FAX () -
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction: Department of Health Canada Ministère Santé Canada	

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée	Delivery Offered - Livraison proposée
Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur	
Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur	
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date

Solicitation No. - N° de l'invitation

HT360-123541/C

Amd. No. - N° de la modif.

006

Buyer ID - Id de l'acheteur

010xf

Client Ref. No. - N° de réf. du client

HT360-123541

File No. - N° du dossier

010xfHT360-123541

CCC No./N° CCC - FMS No/ N° VME

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This amendment is raised to answer bidders' questions and modify the Bid Solicitation document.

Questions and Answers

Question #54:

Each Task Authorization requires the Contractor to send the resume and all the documentation to prove that the proposed nurse meets the requirements. Does Health Canada not have the capacity to keep this in a database so that Contractors do not have to continually resubmit the required documents for each Contract Nurse?

Answer to question #54:

As per article 6 of Annex A, contractors are required to submit, among others, monthly update regarding the resources' certification and licensure.

Question #55:

Appendix C of the Self-Assessment Tool (Contract Nurse - Performance Report) only addresses issues and concerns. Why would a positive performance report not also be generated when appropriate?

Answer to question #55:

Canada is not the employer of the resources and such does not have an obligation to performance manage the resources. However, HC must ensure the safety and wellbeing of clients and staff, and therefore has the responsibility to identify any concerns and issues.

Question #56:

1. Will the Assessment of a Suicidal Client module provided as part of the bid be treated as proprietary?
2. Is it correct to assume that the contract nurses would be required to participate in whatever program is in place in an assigned community?

Answer to question #56:

1. Please refer to Question and Answer to Question #26.
2. With regards to training in the community, if there is training that is being undertaken that does not require a registration fee, based on availability, the contracted resources may be able to participate.

Question #57:

Will the RIPNEP and CPE modules, which have to be submitted annually, be treated as proprietary?

Answer to question #57:

Any information that bidders and later on contractors would like to be treated as confidential, and therefore subject to the provisions of the Access to Information Act (R.S. 1985, c. A-1) and the

Privacy Act (R.S., 1985, c. P-21)", should be marked as proprietary/confidential in both their bids and then in their reports as deliverables.

Question #58:

As stated in section 1.2.3.2, only the first TA is issued in order of ranking and all subsequent TAs are issued to the contractors regardless of ranking. Can HC please provide the rationale for not utilizing the ranking order for the issuance of subsequent TAs?

Answer to question #58:

The method to be used for the contract is different from the right of first refusal. As stated in sub-article 1.2.3 Task Authorization - Multiple contracts of Part 7, the nature of the Work to be executed does not permit the exact attainment of the portions indicated in the document. The allocation of work will be done based on the requirements to allow Canada to manage the TAs properly and respect the portions relating to each contract.

Question #59:

Section 1.2.3.3.

- a) Are the percentages stated in this section referring to the value of assignments offered to the Contractor or the value of assignments booked by the Contractor?
- b) Please explain in detail:
 - How will HC manage and track the percentages that each Contractor receives?
 - Which individual(s) will be given the responsibility of monitoring the percentages?
 - How frequently will the percentages be monitored?
 - How will the results (i.e. the actual percentages received by each Contractor) be communicated to the Contractors?

Answer to question #59:

HC will have a dedicated team responsible for the tracking of the TAs. In addition to that, both HC, and PWGSC will be monitoring the percentages of allocation of TAs.

Question #60:

Our company is interested in submitting a proposal for this RFP. We have some challenges meeting the mandatory eligibility requirements.

Therefore, we have the following questions in relation to this RFP:

Mandatory Technical Criteria (MT), Evaluation of Joint Venture Bids indicates that: "For the purpose of mandatory technical criterion MT1 evaluation, joint venture members can pool their experience to satisfy MT1. However, in order to meet this criterion (MT1), the Bidder must demonstrate that each member of the joint venture has at least 12 months of the required experience." MT1 states: "The Bidder must have a minimum of twenty-four (24) months experience, within the last ten (10) years of the Bid Solicitation issuance date, providing and managing a workforce of at least 20 different nurses per calendar year."

Given the fact that as an aboriginal company we will not be able to meet the mandatory requirement we are requesting either of the following modifications to the requirements:

- a) For MT1: Will you remove the requirement that each member of the joint venture has at least twelve months of the required experience?

Alternatively:

- b) For MT1: Will you modify this requirement to read as follows: "The Bidder must have a minimum of twenty-four (24) months experience, within the last ten (10) years of the Bid Solicitation issuance date, providing and managing a workforce of at least 20 different nurses and/or paramedics per calendar year"?

Answer to question #60:

No, Canada is not considering revising the requirements. The RFP is for the procurement of nursing services and to ensure that Bidders have the experience in managing and delivering these services the requirement will remain as is.

Question #61:

Attachment 1 to Part 3, page 10/53 in the English version

Pricing Schedule: The Schedule indicates that the Bidder's hourly rate must include travel costs and expenses; however, we cannot break down these costs and expenses without knowing the length of the placements, because that information would indicate the amount of travel necessary.

Basically, the shorter the placement, the higher the transportation cost.

Therefore, we propose that you either 1) specify the minimum and maximum numbers of day per placement (for example, a minimum of three weeks to a maximum of five weeks) or 2) add, to the Pricing Schedule, a specific section on travel costs and expenses, as was the case for Request for Proposal H3701-10-0142/C Health Canada Winneway Lac Rapide in 2012.

Answer to question #61:

The length of placements is dependent on need. Therefore, there is no minimum or maximum placement. The length may be several days, weeks or months.

As a result, Canada cannot consider either of your proposals.

Amendments:

Amendment #10:

Delete: Annex E to the Bid Solicitation in its entirety.

Replace: with the attached revised version.

ALL THE OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

THE DEPARTMENT OF HEALTH CANADA (HC)
Task Authorization (TA)

Regular or Planned Requests <input type="checkbox"/> Contractor response required by (YYYY/MM/DD) at (Hour).	Urgent Requests <input type="checkbox"/> Contractor confirmation of receipt of the TA: <u>within 30 minutes</u> Contractor response: <u>within 2 hours.</u>
Contract No.:	Task Authorization No.: _____ Amendment No.: _____
Contractor's name: E-mail address: Tel: _____ Fax: _____	TA Authority: E-mail address: Fax: _____
Sent to Contractor: Via E-mail: <input type="checkbox"/> _____ Date _____ Time _____	Task Authorization Period: From (YYYY/MM/DD) to (YYYY/MM/DD)

Start of Task Authorization: The work cannot commence until the Task Authorization has been authorized in accordance with the Contract.

Task Description per nurse	Location	Estimated number of hours of regular work/standby work	Estimated number of hours of overtime/callback /Statutory Holidays	Period of service ¹
1.				
2.				
3.				

Add extra rows, in case additional lines are required.

Additional Instructions:

1. This task includes security requirements. Refer to the Security Check List (SRCL) included in the contract.

Cost of Task

Nursing Services	Hours of work/Travel cost	Applicable hourly rate/price	Sub-total (Applicable taxes excluded)
	Total estimated number of hours of regular work/standby work _____	\$ _____	\$ _____
	Total estimated number of hours of overtime/callback/Statutory Holidays _____	\$ _____	\$ _____
	Travel Time	\$ _____	\$ _____

¹ Must be between the TA start date and the TA end date.

	Travel Cost (To be authorized)	\$ _____	\$ _____
TOTAL COST (applicable taxes excluded)			\$ _____
Applicable taxes (specify %)			\$ _____
GRAND TOTAL - TA Limitation of Expenditure (applicable taxes included)			\$ _____
For completion by the Contractor			
<p>Confirmation of the Contract Nurses assigned to the task:</p> <p>1. Name of the Contract Nurse:</p> <ul style="list-style-type: none"> Information and documents necessary to the evaluation of the Contract Nurse Attached to the TA Form <input type="checkbox"/> Already provided <input type="checkbox"/> Security clearance level: Security clearance information: Copy of the detailed itinerary, when travel is required. <p>2. Name of the Contract Nurse:</p> <ul style="list-style-type: none"> Information and documents necessary to the evaluation of the Contract Nurse Attached to the TA Form <input type="checkbox"/> Already provided <input type="checkbox"/> Security clearance level: Security clearance information: Copy of the detailed itinerary, when travel is required. <p>3. Name of the Contract Nurse:</p> <ul style="list-style-type: none"> Information and documents necessary to the evaluation of the Contract Nurse Attached to the TA Form <input type="checkbox"/> Already provided <input type="checkbox"/> Security clearance level: Security clearance information: Copy of the detailed itinerary, when travel is required. <p><i>Add extra lines as required.</i></p>			
<p>Confirmation of the Coordinator assigned to the task:</p> <p>Coordinators</p> <p>Primary Coordinator: (Insert the resource's name as indicated in the Contract) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Back-Up Coordinator: (Insert the resource's name as indicated in the Contract) Yes <input type="checkbox"/> No <input type="checkbox"/></p>			

TA Approval		
Contractor's Confirmation of the TA Limitation of Expenditure The Contractor confirms: - that the Total TA Limitation of Expenditure (applicable taxes included) is: <input type="checkbox"/> correct <input type="checkbox"/> incorrect		
1) Option 1: TA up to a limit of \$ 200,000 (Applicable taxes included)		
When the financial limitation of this individual TA does not exceed \$ 200,000 including all amendments and applicable taxes, the approval by the following authorities will be required before proceeding with the Work requested.		
Signing Authorities		
Name, Title and Signature of Individual Authorized to Sign on Behalf of Contractor (type or print)	Contractor	Date
By signing the TA form, the Contractor hereby accepts the Task Authorization identified above.		
Name, Title and Signature of the TA Authority (type or print)	HC	Date
By signing the TA form, the TA Authority certifies that the content of this TA is in accordance with the terms and conditions of the Contract.		
2) Option 2: TA over a limit of \$ 200,000 (Applicable taxes included)		
When the financial limitation of this individual TA exceeds \$ 200,000 including all amendments and applicable taxes, the approval by the following authorities will be required before proceeding with the Work requested.		
Signing Authorities		
Name, Title and Signature of Individual Authorized to Sign on Behalf of Contractor (type or print)	Contractor	Date
By signing the TA form, the Contractor hereby accepts the Task Authorization identified above.		
Name, Title and Signature of the TA Authority (type or print)	HC	Date
By signing the TA form, the TA Authority certifies that the content of this TA is in accordance with the terms and conditions of the Contract.		
Name, Title and Signature of Individual Authorized to Sign on Behalf of PWGSC (type or print) for any TA exceeding a limit of \$ 200,000.00 (amendments and GST/HST included)	PWGSC	Date