



**RETURN BIDS TO:
RETOURNER LES SOUMISSIONS A :**

Bid Receiving/Réception des sousmissions
Procurement & Contracting Services
73 Leikin Drive,
Visitor Center - Building M1
Mailstop # _15
Ottawa, ON K1A 0R2
Attn: Sonya Dupont (613) 843-3798

**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: - Commentaries :

THIS DOCUMENT CONTAINS A SECURITY REQUIREMENT

Title – Sujet Professional Services - Health and Disability Management Program		Date 15 November 2013
Solicitation No. – N° de l'invitation 201304907		Amendment No. – N° de la modification 2
Client Reference No. - No. De Référence du Client N1719		
Solicitation Closes – L'invitation prend fin		
At /à :	2 :00 PM	EST (Eastern Standard Time) HNE (heure normale de l'Est)
On / le :	19 November 2013	
F.O.B. – F.A.B Destination	GST – TPS See herein — Voir aux présentes	Duty – Droits See herein — Voir aux présentes
Destination of Goods and Services – Destinations des biens et services See herein — Voir aux présentes		
Instructions See herein — Voir aux présentes		
Address Inquiries to – Adresser toute demande de renseignements à Diane Perkins		
Telephone No. – No. de téléphone (613) 843-5904		Facsimile No. – No. de télécopieur (613) 825-0082
Delivery Required – Livraison exigée		Delivery Offered – Livraison proposée
Vendor/Firm Name, Address and Representative – Raison sociale, adresse et représentant du fournisseur/de l'entrepreneur:		
Telephone No. – No. de téléphone		Facsimile No. – No. 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



QUESTIONS AND ANSWERS – SERIES 2

Q1)

Are we correct in our understanding that the table in Annex B is the one to complete for overall pricing for this project? In other words, we are not to put an estimate on our time/fees for the Deliverables listed in Annex A, Statement of Work, Section 7.0.

A1)

Annex B, "Basis of Payment" must be completed.

Q2)

We understand that winning this consulting mandate will prevent our organization from bidding on future potential third party disability management service solicitation. Could you please comment on the probability of whether the RCMP will:

- Outsource to a third party their disability management services?
- If outsourced the probability that the RCMP will facilitate their own RFP process for a third party disability management services vendor versus the probability of adopting the third party disability management vendor solicited and selected by Treasury Board?

A2)

No response to be provided as we cannot answer probabilities.