

RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:
PWGSC/TPSGC Acquisitions
1045 Main Street
1st Floor, Lobby C
Unit 108
Moncton, NB E1C 1H1
Bid Fax: (506) 851-6759

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

This document contains a security requirement.

Vendor/Firm Name and Address

Raison sociale et adresse du
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution

NB / PEI Division - Moncton Acquisitions Office
1045 Main Street
1st Floor, Lobby C
Unit 108
Moncton, NB E1C 1H1

Title - Sujet Vocational Rehabilitation and Vocat	
Solicitation No. - N° de l'invitation 51019-128004/A	Amendment No. - N° modif. 004
Client Reference No. - N° de référence du client 51019-128004	Date 2013-12-10
GETS Reference No. - N° de référence de SEAG PW-\$MCT-011-4711	
File No. - N° de dossier MCT-2-35032 (011)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2013-12-17	Time Zone Fuseau horaire Atlantic Standard Time AST
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: Sharpe, Charlene A.	Buyer Id - Id de l'acheteur mct011
Telephone No. - N° de téléphone (506) 851-3467 ()	FAX No. - N° de FAX (506) 851-6759
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:	

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 Amendment

Title Vocational Rehabilitation and Vocational Assistance Services

Solicitation Amendment No. 004

This solicitation is hereby amended to provide the following questions and answers:

Q29: Basis of Payment 3.2 Contract Admin Office and Contract Management - Please provide examples of the types of expenses we can include in the Firm Unit Price requested in Basis of Payment 3.2 - i.e., wages only or all office related costs - rent, phone, utilities, etc.

A29: The costs to be included in the Firm Unit Price must be determined by the Bidder. Please refer to sections 5.2 and 5.6 of the Statement of Work.

Q30: Basis of Payment 3.5 Claims Reimbursement Processing Unit - Please provide examples of the types of expenses we can include in coming up with the Firm Hourly Rate requested in Basis of Payment 3.5 - i.e., wages only or all office related costs - rent, phone, utilities, etc.

A30: The costs to be included in the Firm Hourly Rate must be determined by the Bidder. Please refer to section 5.4 of the Statement of Work.

If your bid has already been forwarded and you wish to revise same, this revision should be sent either in a sealed envelope and mailed to the above address or by facsimile (506) 851-6759 and reach the undersigned before the appropriate closing date. The solicitation number and the closing date are to be shown on the outside of the sealed envelope or on the facsimile transmission.

All other terms and conditions of the solicitation document remain unchanged remain unchanged.

All enquiries concerning this amendment are to be forwarded to:

Name Charlene Sharpe
Telephone No.: (506) 851-3467
Facsimile No: (506) 851-6759

(Derived from - Provenant de: XNB025D, 23/01/2008)