

**RETURN BIDS TO:**  
**RETOURNER LES SOUMISSIONS À:**  
Bid Receiving  
PWGSC  
33 City Centre Drive  
Suite 480  
Mississauga  
Ontario  
L5B 2N5  
Bid Fax: (905) 615-2095

**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**  
Public Works and Government Services Canada  
Ontario Region  
33 City Centre Drive  
Suite 480  
Mississauga  
Ontario  
L5B 2N5

<b>Title - Sujet</b> SOUND MASKING	
<b>Solicitation No. - N° de l'invitation</b> H1126-133051/A	<b>Amendment No. - N° modif.</b> 001
<b>Client Reference No. - N° de référence du client</b> H1126-133051	<b>Date</b> 2013-12-30
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$TOR-002-6455	
<b>File No. - N° de dossier</b> tor002.H1126-133051	<b>CCC No./N° CCC - FMS No./N° VME</b>
<b>Solicitation Closes - L'invitation prend fin</b> <b>at - à 02:00 PM</b> <b>on - le 2014-01-20</b>	
<b>Time Zone</b> Fuseau horaire Eastern Standard Time EST	
<b>F.O.B. - F.A.B.</b> <b>Plant-Usine:</b> <input type="checkbox"/> <b>Destination:</b> <input checked="" type="checkbox"/> <b>Other-Autre:</b> <input type="checkbox"/>	
<b>Address Enquiries to: - Adresser toutes questions à:</b> Callahan, Kaye	<b>Buyer Id - Id de l'acheteur</b> tor002
<b>Telephone No. - N° de téléphone</b> (905) 615-2071 ( )	<b>FAX No. - N° de FAX</b> (905) 615-2060
<b>Destination - of Goods, Services, and Construction:</b> <b>Destination - des biens, services et construction:</b>	

**Instructions: See Herein**

**Instructions: Voir aux présentes**

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

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**This amendment 001 is being issued to answer the following questions:****Questions:**

Q.1 Are all rooms (boardrooms, small meeting rooms, private office etc.) that are occupied on all floors to be included for sound masking?

A.1 Yes

Q.2 .Is part of our scope of work include moving and reassembling work stations as necessary to access ceiling grid?

A.2 No. It is not on the scope of work

Q.3 Is a mechanical lift allowed to access ceiling on 8<sup>th</sup> floor?

A..3 Yes

Q.4 Are there specific rooms on each floor that the sound masking controller can be installed in? Will electrical be supplied in those rooms?

A.4 There are Information Technology rooms on each floor for sound masking control and electrical is supplied.

Q.5 Can we bring a small man lift on to the 8<sup>th</sup> floor, is this possible.

A.5 Yes