

RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:
Bid Receiving - PWGSC / Réception des soumissions
- TPSGC
11 Laurier St. / 11, rue Laurier
Place du Portage , Phase III
Core 0A1 / Noyau 0A1
Gatineau, Québec K1A 0S5
Bid Fax: (819) 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
Drugs, Vaccines and Biologics Division/Div.des
produits pharmaceutiques,biologiques et de vaccins
11 Laurier St. / 11, rue Laurier
6B3, Place du Portage III
Gatineau
Quebec
K1A 0S5

Title - Sujet Meningococcal Quadrivalent Vaccine	
Solicitation No. - N° de l'invitation E60PH-14MENQ/A	Amendment No. - N° modif. 002
Client Reference No. - N° de référence du client E60PH-14MENQ	Date 2014-01-08
GETS Reference No. - N° de référence de SEAG PW-\$\$PH-884-64180	
File No. - N° de dossier ph884.E60PH-14MENQ	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2014-01-23	Time Zone Fuseau horaire Eastern Standard Time EST
F.O.B. - F.A.B. Specified Herein - Précisé dans les présentes Plant-Usine: <input type="checkbox"/> Destination: <input type="checkbox"/> Other-Autre: <input checked="" type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Joy(ph884), Sharon	Buyer Id - Id de l'acheteur ph884
Telephone No. - N° de téléphone (819) 956-6510 ()	FAX No. - N° de FAX () -
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 002 is raised to extend the closing date of the Request for Proposal from January 17, 2014 **to January 23, 2014** and to amend the solicitation as follows:

1) At page 7, under section 2, *Basis of Selection*, please:

Delete in its entirety

Insert:

2. Basis of Selection

A bid must comply with the requirements of the bid solicitation and meet all mandatory technical evaluation criteria to be declared responsive. The responsive bid with the lowest evaluated price will be recommended for award of a contract.

Ranking will be established using the firm quantities in Annex B for line C, plus 100% of the option quantities for line C.

1. If only one responsive bid is received and the price is fair and reasonable then that Bidder will be recommended for award of a contract for 100% of the final total estimated quantity.

2. If more than one responsive bid is received and for the purposes of strengthening the security of supply of these vaccines in Canada:

The Bidder submitting the lowest priced responsive proposal for the contract period (including option years) will be recommended for award of a contract as follows:

- 60% if the price difference is 10% or less ;
- 65% if the price difference is more than 10% and less than 15%;
- 70% if the price difference is 15% or more;

And the second lowest Bidder will be recommended for award for the balance of the quantities according to the price difference proposed on the Bid if the price is considered fair and reasonable.

At the sole discretion of Canada, acting as agent on behalf of the provinces and territories, consideration will be given to award 75% or 100% of the final total estimated quantity to the low bid in the event that the price difference exceeds 25%.

2) At Annex B, *Basis of Payment*, please:

Delete: in its entirety

Insert: The attached Annex B

Solicitation No. - N° de l'invitation E60PH-14MENQ/A	Amd. No. - N° de la modif. 002	Buyer ID - Id de l'acheteur ph884
Client Ref. No. - N° de réf. du client E60PH-14MENQ	File No. - N° du dossier ph884E60PH-14MENQ	CCC No./N° CCC - FMS No/N° VME

Annex B

BASIS OF PAYMENT

All prices are firm unit prices. Prices are inclusive of all costs, DDP Delivered Duty Paid (Identified User), Incoterms 2000, in Canadian funds, transportation charges included, customs duties included, if applicable, and Applicable Taxes are zero-rated. Each firm unit price is applicable for all destinations in Canada.

Item 001 - Meningococcal Quadrivalent Vaccine - FIRM YEAR April 1, 2014 - March 31, 2015

Trade Name: _____

Drug Identification Number (DIN): _____

Format(s): _____

Line	Year (FIRM)	Cohort Age	Estimated Quantity	Estimated Quantity as doses	Firm Unit price per dose	Total Extended Price
A	2014-15 Firm Year	Infants 2 mos to 11mos	190	190 infants x _____ doses/infant = _____ total doses		
B	2014-15 Firm Year	infants 12mos to 23 mos	280	280 infants x _____ doses/infant = _____ total doses	\$ _____/dose	\$ _____
C	2014-15 Firm Year	Children & Adults 2 years to 55 years	184,560	184,560 children/adults x _____ doses/infant = _____ total #doses		

Item 002 - Meningococcal Quadrivalent Vaccine - Option Year 1 April 1, 2015- March 31, 2016

Solicitation No. - N° de l'invitation E60PH-14MENQ/A	Amd. No. - N° de la modif. 002	Buyer ID - Id de l'acheteur ph884
Client Ref. No. - N° de réf. du client E60PH-14MENQ	File No. - N° du dossier ph884E60PH-14MENQ	CCC No./N° CCC - FMS No./N° VME

Line	Year (Option)	Cohort Age	Estimated Quantity	Estimated Quantity as doses	Firm Unit price per dose	Total Extended Price
A	2015-16 Option Yr 1	Infants 2 mos to 11mos	190	190 infants x _____ doses/infant = _____ total doses	\$ _____/dose	\$ _____
B	2015-16 Option Yr 1	infants 12mos to 23 mos	280	280 infants x _____ doses/infant = _____ total doses		
C	2015-16 Option Yr 1	Children & Adults 2 years to 55 years	203,580	203,580 children/adults x _____ doses/infant = _____ total doses		

Item 003 - Meningococcal Quadrivalent Vaccine - Option Year 2 April 1, 2016- March 31, 2017

Line	Year (Option)	Cohort Age	Estimate d Quantity	Estimated Quantity as doses	Firm Unit price per dose	Total Extended Price
A	2016-17 Option Yr 2	Infants 2 mos to 11mos	190	190 infants x _____ doses/infant = _____ total doses	\$ _____/dose	\$ _____
B	2016-17 Option Yr 2	infants 12mos to 23 mos	280	280 infants x _____ doses/infant = _____ total doses		
C	2016-17 Option Yr 2	Children & Adults 2 years to 55 years	208,740	208,740 children/adults x _____ doses/infant = _____ total doses		

Solicitation No. - N° de l'invitation	Amd. No. - N° de la modif.	Buyer ID - Id de l'acheteur
E60PH-14MENQ/A	002	ph884
Client Ref. No. - N° de réf. du client	File No. - N° du dossier	CCC No./N° CCC - FMS No/ N° VME
E60PH-14MENQ	ph884E60PH-14MENQ	

All other terms and conditions remain unchanged.