

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.
Ce document contient une condition de sécurité.

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 Nurse Services	
Solicitation No. - N° de l'invitation 51019-144005/A	Amendment No. - N° modif. 001
Client Reference No. - N° de référence du client 51019-144005	Date 2014-07-04
GETS Reference No. - N° de référence de SEAG PW-\$MCT-006-4864	
File No. - N° de dossier MCT-4-37014 (006)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2014-07-14	Time Zone Fuseau horaire Atlantic Daylight Saving Time ADT
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: Bourque, Annette	Buyer Id - Id de l'acheteur mct006
Telephone No. - N° de téléphone (506) 851-2325 ()	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 Nurse Services

Solicitation Amendment No. 001

This solicitation is hereby amended to:

- (1) Reference: **Annex A, Statement of Work, Article 3.0 Language Requirements**
DELETE “The Contractor/Service Provider must have the ability to communicate effectively in **English** both oral and written.”; and
INSERT “The Contractor/Service Provider must have the ability to communicate effectively in **English and French** both oral and written.”.

If your bid has already been forwarded and you wish to revise same, this revision should be sent in a sealed envelope and mailed to the above address 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 Annette Bourque
Telephone No.: (506) 851-2325
Facsimile No: (506) 851-6759

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