

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

Regional Manager/Real Property
Contracting/PWGSC
Ontario Region, Tendering Office
12th Floor, 4900 Yonge Street
Toronto, Ontario
M2N 6A6
Ontario

**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

Regional Manager/Real Property Contracting/PWGSC
Ontario Region, Tendering Office
12th Floor, 4900 Yonge Street
Toronto, Ontario
M2N 6A6
Ontario

Title - Sujet Hastings, ON - Foam Injection	
Solicitation No. - N° de l'invitation EQ754-151106/A	Amendment No. - N° modif. 002
Client Reference No. - N° de référence du client R.055746.001	Date 2014-10-28
GETS Reference No. - N° de référence de SEAG	
File No. - N° de dossier PWL-4-37085 (003)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2014-11-04	
Time Zone Fuseau horaire Eastern Daylight Saving Time EDT	
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: Dhanna, Sheila	Buyer Id - Id de l'acheteur pwl003
Telephone No. - N° de téléphone (416) 512-5855 ()	FAX No. - N° de FAX (416) 512-5862
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction: Trent-Severn Waterway Lock 18 Bridge S Hastings, ON X1X 1X1	

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

Questions and Answers:

Q: This tender calls for a 2 envelope closing, with qualifications in envelope 1 and tender form in envelope 2. The general contractor must have 15 years experience in similar grouting work and projects similar to this project. I don't believe that any of the companies at the site visit have these qualifications as General Contractors. Can we use a subcontractor that would have the needed qualifications and name them as such?

A: The General Contractor could retain a sub with the needed qualifications in order to bid. See Revised Appendix 2, Qualification Form.

Q: Why can a cement based grout product not be used as a cost saving alternative?

A: Cement based grout is not considered suitable.

Q: Under Environmental Procedures, 01 35 43 Page 2, 1.5 Turbidity Control and Drainage Water River: Based on the site conditions and the exiting conditions, what turbidity is being controlled and what water are we pumping? At the site meeting it was our understanding that the lock would be drained to where it was during the meeting? According to our supplier, that material specified is normally used to stop water in emergencies, so what is the requirement for the pumping?

A: The lock has been drained and will remain drained until works are completed, however the contractor should be prepared to dewater their drill holes if they find water within the fractured bedrock. The intension of 01 35 43 Section 1.5 is to provide control for any water the contractor may pump out of the drill holes or bring to site and release during any drilling works or associated site works.

Q: Are we able to submit as substitute as indicated in the response from Addendum One with a cementious grout or epoxy material? It is likely a less expensive option and more structurally sound option as well.

A: High pressure grouting is not considered to be suitable. Cement grout is not considered to be suitable.

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APPENDIX 2 - QUALIFICATION FORM -

APPENDIX 2 - QUALIFICATIONS FORM

MANDATORY QUALIFICATIONS AND SUBMISSIONS

1a. Each proponent **MUST** either demonstrate or retain a designated subcontractor with a minimum of fifteen (15) years of experience in the same grouting work. Each proponent and designated subcontractor must have satisfactorily completed construction of two (2) similar projects in the last five (5) years. A similar project is defined as polyurethane foam injection grouting type project successfully completed by the Contractor/Sub. The projects must have similar scope in nature as per the solicitation.

1b. Each Technician, specified to work on this solicitation, **MUST** demonstrate a minimum of three (3) years of experience, and have successfully completed one (1) polyurethane foam injection grouting type project, within the last two (2) years. The projects must have similar scope in nature as per the solicitation.

2. Each Proponent must provide with their bid, information demonstrating that they meet the above criteria (1a and 1b). Bidders must complete the forms included herein or a facsimile, that includes all of the information contained therein. These forms must be included as part of the bid submission in "Envelope One - QUALIFICATIONS"

Form No. 1 - Contractor's Information
Form No. 2 – Subcontractor's Information
Form No. 3 – Proponent: Previous polyurethane foam injection grouting projects (2 clients)
Form No. 4 – Subcontractor: Previous polyurethane foam injection grouting projects (2 clients)
Form No. 5 - Technician's Experience

Any Bid that fails to submit the required information or fails to meet any of the mandatory qualifications above shall be declared non-compliant and shall receive no further consideration. In the event that a bid is non-compliant, Envelope Two - PRICE, will be returned unopened

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APPENDIX 2 - QUALIFICATIONS FORM

FORM No. 1 CONTRACTOR'S INFORMATION

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE
1 - QUALIFICATIONS)

Company Name: _____

Full Address: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Contact Name: _____

Title: _____

Firms' Main Field of Activity: _____

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APPENDIX 2 - QUALIFICATIONS FORM

FORM No. 2 SUBCONTRACTOR'S INFORMATION

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE
1 - QUALIFICATIONS)

Company Name: _____

Full Address: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Contact Name: _____

Title: _____

Firms' Main Field of Activity: _____

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APPENDIX 2 - QUALIFICATIONS FORM

FORM No. 3

PREVIOUS POLYURETHANE FOAM INJECTION GROUTING PROJECT PROJECT ONE – GENERAL CONTRACTOR

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE
1 - QUALIFICATIONS

Title of Project: _____

Name and Location of Work: _____

Municipality and Province: _____

Description of Work(Foam Grouting): _____

Final Completion Date: _____

Size of the Project:
(surface area of the structure) _____ Square Metres

Final Value of all Work: _____

Name of Project Architect or Engineer: _____

Telephone: _____

Contact Name of Project Client: _____

Telephone: _____

This is to certify that we acted as the General Contractor for the project referenced above.

Signature

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APPENDIX 2 - QUALIFICATIONS FORM

The following must be completed by the Project Client of PROJECT ONE.

Date _____

This confirms that _____ (insert name of General Contractor)

completed the polyurethane foam injection grouting type Construction/Installation on our location

_____ (insert name and address).

The work carried out on this project has been completed to our satisfaction within the contract terms and conditions, schedule and agreed budget.

Signed by the Project Client's Responsible Authority

Name of the Project Client

Telephone Number

Please be advised PWGSC reserves the right to contact the person named above to verify the information contained herein.

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APPENDIX 2 - QUALIFICATIONS FORM
FORM No. 3
PREVIOUS POLYURETHANE FOAM INJECTION GROUTING PROJECT
PROJECT TWO – GENERAL CONTRACTOR

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 - QUALIFICATIONS)

Title of Project: _____

Name and Location of Work: _____

Municipality and Province: _____

Description of Work(foam grouting): _____

Final Completion Date: _____

Size of the Project:
(surface area of the structure) _____ Square Metres

Final Value of all Work: _____

Name of Project Architect or Engineer: _____

Telephone: _____

Contact Name of Project Client: _____

Telephone: _____

This is to certify that we acted as the General Contractor for the project referenced above.

Signature

Solicitation No. - N° de l'invitation
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APPENDIX 2 - QUALIFICATIONS FORM

The following must be completed by the Project Client of PROJECT TWO.

Date_____

This confirms that _____(insert name of General Contractor)
completed the polyurethane foam injection grouting type Construction/Installation on our location
(insert name and address) . The work carried out on this project has been completed to our satisfaction
within the contract terms and conditions, schedule and agreed budget.

Signed by the Project Client's Responsible Authority

Name of the Project Client

Telephone Number

Please be advised PWGSC reserves the right to contact the person named above to verify the information contained herein

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APPENDIX 2 - QUALIFICATIONS FORM

FORM No. 4

PREVIOUS POLYURETHANE FOAM INJECTION GROUTING PROJECT PROJECT ONE - SUBCONTRACTOR

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE
1 - QUALIFICATIONS

Title of Project: _____

Name and Location of Work: _____

Municipality and Province: _____

Description of Work(Foam Grouting): _____

Final Completion Date: _____

Size of the Project:
(surface area of the structure) _____ Square Metres

Final Value of all Work: _____

Name of Project Architect or Engineer: _____

Telephone: _____

Contact Name of Project Client: _____

Telephone: _____

This is to certify that we acted as the Grouting Subcontractor for the project referenced above.

Signature

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APPENDIX 2 - QUALIFICATIONS FORM

The following must be completed by the Project Client of PROJECT ONE.

Date _____

This confirms that _____ (insert name of Grouting Subcontractor) completed the polyurethane foam injection grouting type Construction/Installation on our location _____ (insert name and address).

The work carried out on this project has been completed to our satisfaction within the contract terms and conditions, schedule and agreed budget.

Signed by the Project Client's Responsible Authority

Name of the Project Client

Telephone Number

Please be advised PWGSC reserves the right to contact the person named above to verify the information contained herein.

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APPENDIX 2 - QUALIFICATIONS FORM
FORM No. 4
PREVIOUS POLYURETHANE FOAM INJECTION GROUTING PROJECT
PROJECT TWO – SUBCONTRACTOR

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 - QUALIFICATIONS)

Title of Project: _____

Name and Location of Work: _____

Municipality and Province: _____

Description of Work(foam grouting): _____

Final Completion Date: _____

Size of the Project:
(surface area of the structure) _____ Square Metres

Final Value of all Work: _____

Name of Project Architect or Engineer: _____

Telephone: _____

Contact Name of Project Client: _____

Telephone: _____

This is to certify that we acted as the Grouting Subcontractor for the project referenced above.

Signature

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The following must be completed by the Project Client of PROJECT TWO.

Date _____

This confirms that _____ (insert name of Grouting
Subcontractor) completed the polyurethane foam injection grouting type Construction/Installation on our
location _____ (insert name and address) . The
work carried out on this project has been completed to our satisfaction within the contract terms and
conditions, schedule and agreed budget.

Signed by the Project Client's Responsible Authority

Name of the Project Client

Telephone Number

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information contained herein***