

RETURN BIDS TO: - RETOURNER LES SOUMISSION À:

Canada Revenue Agency Agence du revenu du Canada

See herein / Voir dans ce document

Proposal to: Canada Revenue Agency

We hereby offer to sell to Her Majesty the Queen in right of Canada, in accordance with the terms and conditions set out herein, referred to herein and/or attached hereto, the goods and/or services listed herein and on any attached sheets at the price(s) set out therefor.

Proposition à : l'Agence du revenu du Canada

Nous offrons par la présente de vendre à Sa Majesté la Reine du Chef du Canada, en conformité avec les conditions énoncées dans la présente incluses par référence dans la présente et/ou incluses par référence aux annexes jointes à la présente et ci-jointes, les biens et/ou services énumérés ici sur toute feuille ci-annexée, au(x) prix indiqué(s).

Bidder's Legal Name and Address - (ensure the Bidder's complete legal name is properly set out)
Raison sociale et adresse du Soumissionnaire - (s'assurer que le nom légal au complet du soumissionnaire est correctement indiqué)

Bidder is required to identify below the name and title of the individual authorized to sign on behal		
the Bidder – Soumissionnaire doit identifier ci-bas le nom et le titre de la personne autorisée à signer au nom du soumissionnaire		
Name /Nom		
Title/Titre		
Signature		
Date (yyyy-mm-dd)/(aaaa-mm-jj)		
() Telephone No. – No de téléphone		
() Fax No. – No de télécopieur		

E-mail address - Adresse de courriel

AMENDMENT TO REQUEST FOR PROPOSAL / MODIFICATION DE DEMANDE DE PROPOSITION

Title – Sujet			
Ergonomic Services			
Solicitation No. – No de	Date		
l'invitation			
	December 17, 2014		
1000320941	, -		
Amendment No N° modif.			
000			
002	Time		
Solicitation closes – L'invitation			
prend fin	horaire		
1, 0045 00 00	EST /HNE Eastern Standard		
on – le 2015-02-02	Time/ Heure Normale de		
at – à 2:00 P.M. / 14 h	l'Est		
Contracting Authority – Au			
Name – Nom Henrique Carrera			
Name – Nom Herrique Carrera			
Address – Adresse - See original document/ voir document			
original			
- Singilian			
E-mail address – Adresse de	courriel –		
E-mail address – Adresse de courriei – <u>henrique.carrera@cra-arc.gc.ca</u>			
Telephone No. – No de télépho	one		
(613) 946-8178			
Fax No. – No de télécopieur			
(613) 948-2459			
Destination - Destination			
See herein / Voir dans ce doo	cument		
THIS DOCUMENT C	ONTAINS A SECURITY		
REQUI	REMENT.		
LE PRESENT DOCUI	MENT COMPORTE UNE		
EXIGENCE EN MATIÈRE DE SÉCURITÉ.			

SOLICITATION AMENDMENT # 002

This solicitation amendment is raised to:

- 1. Address the following questions submitted during the solicitation period as per RFP; and
- 2. Amend the RFP.

1. QUESTIONS AND ANSWERS

Question 9.

Our organization has a question regarding the MT5 – Mandatory Technical Criteria 5. Kindly confirm the definition of an "accredited ergonomist". Will a health care professional such as a Registered Kinesiologist with a certificate in Ergonomics and over 10 years of experience in ergonomics met the definition of an accredited ergonomist?

Answer 9.

As per our Statement of Work (SOW) 13.0, an accredited Ergonomist is defined as a Canadian Certified Professional Ergonomist or have a Certified Professional Ergonomist designation. A Registered Kinesiologist would therefore not meet this mandatory requirement.

For this mandatory, the accredited ergonomist providing quality assurance services must have a minimum of one (1) year of experience in providing quality assurance. Please refer to amendment of MT5 below.

Question 10.

In reference to your RFP Solicitation number: 1000320941 for Ergonomic Services, Attachment 3 (Financial Proposal), pricing section for **Ergonomic Assessment of employees' residential workstations**, can you please indicate how many of the residential workstations are located in the urban areas and how many are located in the remote areas?

Answer 10.

This data is not available.

Question 11

I would like to know the name of the company that had previously won this contract?

Answer 11.

The previous request for proposals for occupational health-related services included provisions for ergonomic services and was originally awarded to AIM Health Group Limited of Markham, ON, and later on assigned to Workplace Health and Cost Solutions Limited.

Question 12.

If applying as a joint-venture, do both organizations have to have DOS designation, or is it satisfactory if only one organization has DOS designation?

Answer 12.

As per answer to question 7, the DOS screening will be requested to the selected bidder prior to contract award. In case of a joint-venture, a DOS designation will be required for the joint-venture only.

2. AMENDMENTS TO THE RFP

1. At Attachment 1: Mandatory Criteria:

Delete:

MT5

Quality assurance of the Bidder's Ergonomic Services must be provided by an Accredited Ergonomist with experience in providing quality assurance, which must include, but is not limited to, the following activities:

- Review (random and upon request) of Ergonomic reports;
- Identify issues and provide clarification when required; and
- Implement corrective actions to ensure that all Ergonomic Services meet best practices and client requirements.

The Bidder must provide the Curriculum Vitae (CV) of the proposed Accredited Ergonomist, along with proof of accreditation. The CV must clearly demonstrate that the Accredited Ergonomist meets the specified experience requirements.

Insert:

MT5

Quality assurance of the Bidder's Ergonomic Services must be provided by an Accredited Ergonomist with a minimum of one (1) year of experience within the last ten (10) years (from date of bid closing) in providing quality assurance, which must include, but is not limited to, the following activities:

- Review (random and upon request) of Ergonomic reports;
- Identify issues and provide clarification when required; and
- Implement corrective actions to ensure that all Ergonomic Services meet best practices and client requirements.

The Bidder must provide the Curriculum Vitae (CV) of the proposed Accredited Ergonomist, along with proof of accreditation. The CV must clearly demonstrate that the Accredited Ergonomist meets the specified experience requirements.

At Attachment 2: Point Rated Criteria:

Delete:

R2.3	Experience of Accredited Ergonomist in		
	Providing Oversight and Quality Assurance.		
	This criterion will evaluate the number of years of		

experience of the proposed Accredited Ergonomist, in providing oversight and quality assurance for Ergonomic Services.

To obtain points for this criterion, the Curriculum Vitae provided for the proposed Ergonomist must clearly outline the number of years of experience in this role.

- The following points will be awarded based on the number of years of experience of the proposed Accredited Ergonomist, as demonstrated in the Curriculum Vitae provided.
 - **0 Points** less than one (1) year of experience in providing quality assurance for Ergonomic Services.
 - **5 Points** One (1) year to less than three (3) years of experience in providing quality assurance for Ergonomic Services.
 - **10 Points -** Three (3) years to less than five (5) years of experience in providing quality assurance for Ergonomic Services.
 - **15 Points -** Five (5) or more years of experience in providing quality assurance for Ergonomic Services.

Insert:

R2.3 Experience of Accredited Ergonomist in Providing Oversight and Quality Assurance.

This criterion will evaluate the number of years of experience of the proposed Accredited Ergonomist, in providing oversight and quality assurance for Ergonomic Services.

To obtain points for this criterion, the Curriculum Vitae provided for the proposed Ergonomist must clearly outline the number of years of experience in this role.

- The following points will be awarded based on the number of years of experience of the proposed Accredited Ergonomist, as demonstrated in the Curriculum Vitae provided.
 - **0 Points** Less than two (2) years of experience in providing quality assurance for Ergonomic Services.
 - **5 Points** Two (2) years to less than three (3) years of experience in providing quality assurance for Ergonomic Services.
 - **10 Points -** Three (3) years to less than five (5) years of experience in providing quality assurance for Ergonomic Services.
 - **15 Points -** Five (5) or more years of experience in providing quality assurance for Ergonomic Services.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED