

RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:
Bid Receiving Public Works and Government
Services Canada/Réception des soumissions
Travaux publics et Services gouvernementaux
Canada
1713 Bedford Row
Halifax, N.S./Halifax, (N.É.)
B3J 1T3
Bid Fax: (902) 496-5016

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

Vendor/Firm Name and Address

Raison sociale et adresse du
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution

Atlantic Region Acquisitions/Région de l'Atlantique
Acquisitions
1713 Bedford Row
Halifax, N.S./Halifax, (N.É.)
B3J 3C9
Nova Scot

Title - Sujet Janitorial Services	
Solicitation No. - N° de l'invitation W010C-15C380/A	Amendment No. - N° modif. 006
Client Reference No. - N° de référence du client W010C-15-C380	Date 2015-05-28
GETS Reference No. - N° de référence de SEAG PW-\$HAL-219-9499	
File No. - N° de dossier HAL-4-73209 (219)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2015-06-09	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: Richard, Linda K.	Buyer Id - Id de l'acheteur hal219
Telephone No. - N° de téléphone (902) 496-5261 ()	FAX No. - N° de FAX (902) 496-5016
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 No. - N° de l'invitation

W010C-15C380/A

Client Ref. No. - N° de réf. du client

W010C-15-C380

Amd. No. - N° de la modif.

006

File No. - N° du dossier

HAL-4-73209

Buyer ID - Id de l'acheteur

hal219

CCC No./N° CCC - FMS No/ N° VME

AMENDMENT 006

This amendment is issued to reflect the following change:

1. Under Annex B - Basis of Payment

Delete: Tables 1, 2, 3, and 4

Insert: The following

Table 1: Contract Period: August 1, 2015 to July 31, 2017

Item #	Building	Unit of Measure	Price per Unit	Quantity	Firm Price (unit x quantity)
1	Stadacona Hospital	Per month	\$	24	\$
2	12 Wing Shearwater Medical/Dental Satellite Clinic	Per month	\$	24	\$
Total Monthly Cost			\$		
Total Firm Price					\$

In the event where additional work is necessary, bidders are asked to submit the following firm unit price which will be used to determine the cost of the additional work. Additional work must be approved in writing by the Contracting Authority. The following estimated quantity is for evaluation purposes only.

Item #	Description	Unit of Measure	Price per Unit	Estimated Quantity	Firm Price (unit x quantity)
3	Additional work, if required	m ²	\$	200m ²	\$
Total Firm Price					\$

**CONTACT PERIOD EVALUATED PRICE +
Total Firm Price + Total Additional Work):**

= \$_____

Table 2: Option Year 1: August 1, 2017 to July 31, 2018

Item #	Building	Unit of Measure	Price per Unit	Quantity	Firm Price (unit x quantity)
1	Stadacona Hospital	Per month	\$	12	\$
2	12 Wing Shearwater Medical/Dental Satellite Clinic	Per month	\$	12	\$
Total Monthly Cost			\$		
Total Firm Price					\$

In the event where additional work is necessary, bidders are asked to submit the following firm unit price which will be used to determine the cost of the additional work. Additional work must be approved in writing by the Contracting Authority. The following estimated quantity is for evaluation purposes only.

Item #	Description	Unit of Measure	Price per Unit	Estimated Quantity	Firm Price (unit x quantity)
3	Additional work, if required	m ²	\$	100m ²	\$
Total Firm Price					\$

**OPTION YEAR 1 EVALUATED PRICE +
Total Firm Price + Total Additional Work):**

= \$ _____

Table 3: Option Year 2: August 1, 2018 to July 31, 2019

Item #	Building	Unit of Measure	Price per Unit	Quantity	Firm Price (unit x quantity)
1	Stadacona Hospital	Per month	\$	12	\$
2	12 Wing Shearwater Medical/Dental Satellite Clinic	Per month	\$	12	\$
Total Monthly Cost			\$		
Total Firm Price					\$

In the event where additional work is necessary, bidders are asked to submit the following firm unit price which will be used to determine the cost of the additional work. Additional work must be approved in writing by the Contracting Authority. The following estimated quantity is for evaluation purposes only.

Item #	Description	Unit of Measure	Price per Unit	Estimated Quantity	Firm Price (unit x quantity)
3	Additional work, if required	m ²	\$	100m ²	\$
Total Firm Price					\$

**OPTION YEAR 2 EVALUATED PRICE +
Total Firm Price + Total Additional Work):**

= \$_____

Table 4: Option Year 3: August 1, 2019 to July 31, 2020

Item #	Building	Unit of Measure	Price per Unit	Quantity	Firm Price (unit x quantity)
1	Stadacona Hospital	Per month	\$	12	\$
2	12 Wing Shearwater Medical/Dental Satellite Clinic	Per month	\$	12	\$
Total Monthly Cost			\$		
Total Firm Price					\$

In the event where additional work is necessary, bidders are asked to submit the following firm unit price which will be used to determine the cost of the additional work. Additional work must be approved in writing by the Contracting Authority. The following estimated quantity is for evaluation purposes only.

Item #	Description	Unit of Measure	Price per Unit	Estimated Quantity	Firm Price (unit x quantity)
3	Additional work, if required	m ²	\$	100m ²	\$
Total Firm Price					\$

**OPTION YEAR 3 EVALUATED PRICE +
Total Firm Price + Total Additional Work):**

= \$_____

Solicitation No. - N° de l'invitation

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Buyer ID - Id de l'acheteur

hal219

CCC No./N° CCC - FMS No/ N° VME

FOR EVALUATION PURPOSES:

TOTAL PRICE

Total of Contract Period (2) years \$ _____

Total of Option Year 1 + \$ _____

Total of Option Year 2 + \$ _____

Total of Option Year 3 + \$ _____

Grand Total = \$ _____

All other terms and conditions remain unchanged.