

Annex B

Proposed Basis of Payment (Bid Sheet)

DESCRIPTION	ALL-INCLUSIVE HOURLY RATE (In Cdn \$)	Approximate level of effort (hours)	Total (in Cdn \$)
	A	B	C= A x B
Physiotherapy Services Initial Contract Period Oct 1, 2015 - March 31, 2016	\$ _____	36 hours	\$ _____
Physiotherapy Services Option Period 1 Apr 1 , 2016 – Mar 31, 2017	\$ _____	72 hours	\$ _____
Physiotherapy Services Option Period 2 Apr 1, 2017 – Mar 31, 2018	\$ _____	72 hours	\$ _____
TOTAL			\$ _____

Monthly invoices shall be submitted in duplicate to:

Chief of Health Services
Atlantic Institution
13175 Route 8
P. O. Box 102
Renous, NB E9E 2E1