

ANNEX B - Proposed Basis of Payment

The Contractor will be paid in accordance with the following Basis of Payment for Work performed pursuant to the Contract. The inclusion of volumetric data in this document does not represent a commitment by Canada that Canada's future usage of the services described will be consistent with this data.

1.0 Contract Period (From December 1st, 2015 to November 30th, 2016)

1.1 Professional Fees

(a) Psychiatric Services:

- i. For the provision of psychiatric services as described in Annex A - Statement of Work, the Contractor will be paid the all inclusive firm hourly rate in Table (a) i. in the performance of this Contract, HST or GST extra.

Table (a) i.					
RESOURCE NAME	PROVINCIAL HEALTH INSURANCE (NON FEE for SERVICE) HOURLY RATES FOR PSYCHIATRISTS A	MARKUP, QUOTED AS A PERCENTAGE B	ALL-INCLUSIVE HOURLY RATE FOR SERVICE PROVISION C = A + (A X B)	ESTIMATED LEVEL OF EFFORT (hours) D	Total (in Cdn \$) C x D
For an all-inclusive hourly rate for up to two (2) regular clinics consisting of 5 hrs each which shall consist of up to 10 hours per month	\$149.90	_____%	\$_____	72 hours	\$_____

- ii. For the provision of consultation/meetings and emergency services as described in Annex A - Statement of Work, the Contractor will be paid the all inclusive firm hourly rate in Table (a) ii. in the performance of this Contract, HST or GST extra.

Table (a) ii.			
RESOURCE NAME	ALL-INCLUSIVE HOURLY RATE FOR Consultation/meetings and emergency SERVICES A	ESTIMATED LEVEL OF EFFORT (hours) B	Total (in Cdn \$) A X B
For an all-inclusive hourly rate for consultations/meetings and emergency clinics which shall consist of up to 2 hours per month	\$_____	24 hours	\$_____

(b) Participation in activities and committees:

- i. For the provision of participation in activities and committees during the hours stated in Annex A - Statement of Work, the Contractor will be paid the all inclusive firm hourly rate in Table (b) in the performance of this Contract, HST or GST extra.

Table (b) i.			
RESOURCE NAME	ALL-INCLUSIVE HOURLY RATE FOR Activities/Committees A	ESTIMATED LEVEL OF EFFORT (hours) B	Total (in Cdn \$) A X B
For an all-inclusive hourly rate for participation in activities and committees related to quality improvement, patient safety, and accreditation for approximately 6 hours per year	\$ _____	6 hours	\$ _____

2.0 Option(s) to Extend the Term of the Contract

Subject to the exercise of an option to extend the Contract period in accordance with Article 4. Term of Contract, 4.2 Options to Extend Contract and 4.3 Option to Extend – Transition Period, the firm all-inclusive rates for the contract period detailed in this Annex will be subject to upward adjustment to reflect the overall annual increase in the Consumer Price Index (CPI) for Canada for the previous calendar year as established by Statistics Canada. The Contracting Authority will determine these rates at the time the option is exercised using the following formula:

$$\text{Adjusted rate} = \text{firm all-inclusive rate} + (\text{firm all-inclusive rate} \times \% \text{ CPI increase for previous calendar year})$$

The Contractor shall be paid the resulting adjusted firm all inclusive rates, GST or HST extra, to complete all Work and services required to be performed in relation to the Contract extension.

2.1 Option Year 1 (From December 1st, 2016 to November 30th, 2017)

2.1.1 Professional Fees

(a) Psychiatric Services:

- i. For the provision of psychiatric services as described in Annex A - Statement of Work, the Contractor will be paid the all inclusive firm hourly rate in Table (a) i. in the performance of this Contract, HST or GST extra.

Table (a) i.					
RESOURCE NAME	PROVINCIAL HEALTH INSURANCE (NON FEE for SERVICE) HOURLY RATES FOR PSYCHIATRISTS A	MARKUP, QUOTED AS A PERCENTAGE B	ALL-INCLUSIVE HOURLY RATE FOR SERVICE PROVISION C = A + (A X B)	ESTIMATED LEVEL OF EFFORT (hours) D	Total (in Cdn \$) C x D
For an all-inclusive hourly rate for up to two (2) regular clinics consisting of 5 hrs each which shall consist of up to 10 hours per month	\$149.90	_____ %	\$ _____	72 hours	\$ _____

- ii. For the provision of consultation/meetings and emergency services as described in Annex A - Statement of Work, the Contractor will be paid the all inclusive firm hourly rate in Table (a) ii. in the performance of this Contract, HST or GST extra.

Table (a) ii.			
RESOURCE NAME	ALL-INCLUSIVE HOURLY RATE FOR Consultation/meetings and emergency SERVICES A	ESTIMATED LEVEL OF EFFORT (hours) B	Total (in Cdn \$) A X B
For an all-inclusive hourly rate for consultations/meetings and emergency clinics which shall consist of up to 2 hours per month	\$ _____	24 hours	\$ _____

(b) Participation in activities and committees:

- i. For the provision of participation in activities and committees during the hours stated in Annex A - Statement of Work, the Contractor will be paid the all inclusive firm hourly rate in Table (b) in the performance of this Contract, HST or GST extra.

Table (b) i.			
RESOURCE NAME	ALL-INCLUSIVE HOURLY RATE FOR Activities/Committees A	ESTIMATED LEVEL OF EFFORT (hours) B	Total (in Cdn \$) A X B
For an all-inclusive hourly rate for participation in activities and committees related to quality improvement, patient safety, and accreditation for approximately 6 hours per year	\$ _____	6 hours	\$ _____

2.2 Option Year 2 (From December 1st, 2017 to November 30th, 2018)

2.2.1 Professional Fees

(a) Psychiatric Services:

- i. For the provision of psychiatric services as described in Annex A - Statement of Work, the Contractor will be paid the all inclusive firm hourly rate in Table (a) i. in the performance of this Contract, HST or GST extra.

Table (a) i.					
RESOURCE NAME	PROVINCIAL HEALTH INSURANCE (NON FEE for SERVICE) HOURLY RATES FOR PSYCHIATRISTS A	MARKUP, QUOTED AS A PERCENTAGE B	ALL-INCLUSIVE HOURLY RATE FOR SERVICE PROVISION C = A + (A X B)	ESTIMATED LEVEL OF EFFORT (hours) D	Total (in Cdn \$) C x D
For an all-inclusive hourly rate for up to two (2) regular clinics consisting of 5 hrs each which shall consist of up to 10 hours per month	\$149.90	_____ %	\$ _____	72 hours	\$ _____

- ii. For the provision of consultation/meetings and emergency services as described in Annex A - Statement of Work, the Contractor will be paid the all inclusive firm hourly rate in Table (a) ii. in the performance of this Contract, HST or GST extra.

Table (a) ii.			
RESOURCE NAME	ALL-INCLUSIVE HOURLY RATE FOR Consultation/meetings and emergency SERVICES A	ESTIMATED LEVEL OF EFFORT (hours) B	Total (in Cdn \$) A X B
For an all-inclusive hourly rate for consultations/meetings and emergency clinics which shall consist of up to 2 hours per month	\$ _____	24 hours	\$ _____

(b) Participation in activities and committees:

- i. For the provision of participation in activities and committees during the hours stated in Annex A - Statement of Work, the Contractor will be paid the all inclusive firm hourly rate in Table (b) in the performance of this Contract, HST or GST extra.

Table (b) i.			
RESOURCE NAME	ALL-INCLUSIVE HOURLY RATE FOR Activities/Committees A	ESTIMATED LEVEL OF EFFORT (hours) B	Total (in Cdn \$) A X B
For an all-inclusive hourly rate for participation in activities and committees related to quality improvement, patient safety, and accreditation for approximately 6 hours per year	\$ _____	6 hours	\$ _____

3.0 Cost Reimbursable Expenses

3.1 Canada will not accept any travel and living expenses for:

- (a) Work performed at the Institution indicated under Annex A, Statement of Work, 3. Objective;
- (b) Any travel between the Contractor's place of business and the Institution; and
- (c) Any relocation of resources required to satisfy the terms of the Contract. These expenses are included in the all inclusive hourly rates specified in this annex.

4.0 HST or GST

4.1 All prices and amounts of money in the contract are exclusive of Goods and Services Tax (GST) or Harmonized Sales Tax (HST), as applicable, unless otherwise indicated. The GST or HST, whichever is applicable, is extra to the price herein and will be paid by Canada.

4.2 The estimated HST or GST of \$ _____ (to be completed at contract award) is included in the total estimated cost shown on page 1 of this Contract. The estimated GST or HST to the extent applicable will be incorporated into all invoices and progress claims and shown as a separate item on invoices and progress claims. All items that are zero-rated, exempt, or to which the GST or HST does not apply, are to be identified as such on all invoices. The Contractor agrees to remit to Canada Revenue Agency (CRA) any amounts of GST or HST paid or due.