



RETURN BIDS TO:

RETOURNER LES SOUMISSIONS À:

**Bid Receiving - PWGSC / Réception des soumissions
- TPSGC**

**11 Laurier St./ 11, rue Laurier
Place du Portage, Phase III
Core 0B2 / Noyau 0B2**

**Gatineau
Québec**

K1A 0S5

Bid Fax: (819) 997-9776

Revision to a Request for a Standing Offer

Révision à une demande d'offre à commandes

Regional Individual Standing Offer (RISO)

Offre à commandes individuelle régionale (OCIR)

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Offer remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'offre demeurent les mêmes.

Comments - Commentaires

This requirement contains a Security Requirement.

Vendor/Firm Name and Address

**Raison sociale et adresse du
fournisseur/de l'entrepreneur**

Issuing Office - Bureau de distribution

Maintenance & Professional Consulting Services
Division (FK)
11 Laurier St./ 11, rue Laurier
3C2, Place du Portage, Phase III
Gatineau
Québec
K1A 0S5

Title - Sujet ERA STANDING OFFER		
Solicitation No. - N° de l'invitation EP913-161733/A	Date 2016-01-22	
Client Reference No. - N° de référence du client 20161733	Amendment No. - N° modif. 002	
File No. - N° de dossier fk295.EP913-161733	CCC No./N° CCC - FMS No./N° VME	
GETS Reference No. - N° de référence de SEAG PW-\$\$FK-295-68673		
Date of Original Request for Standing Offer		2015-12-18
Date de la demande de l'offre à commandes originale		
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2016-02-02		Time Zone Fuseau horaire Eastern Standard Time EST
Address Enquiries to: - Adresser toutes questions à: Rochon, Francine J.		Buyer Id - Id de l'acheteur fk295
Telephone No. - N° de téléphone (819) 956-2701 ()	FAX No. - N° de FAX () -	
Delivery Required - Livraison exigée		
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:		
Security - Sécurité This revision does not change the security requirements of the Offer. Cette révision ne change pas les besoins en matière de sécurité de la présente offre.		

Instructions: See Herein

Instructions: Voir aux présentes

Acknowledgement copy required	Yes - Oui	No - Non
Accusé de réception requis	<input type="checkbox"/>	<input type="checkbox"/>
The Offeror hereby acknowledges this revision to its Offer. Le proposant constate, par la présente, cette révision à son offre.		
Signature	Date	
Name and title of person authorized to sign on behalf of offeror. (type or print) Nom et titre de la personne autorisée à signer au nom du proposant. (taper ou écrire en caractères d'imprimerie)		
For the Minister - Pour le Ministre		

AMENDMENT 002

This solicitation amendment 002 is issued to answer questions raised by the industry.

Q1 In section 4.1.1.2 of the RFSO document, you require that each proposed team member combines 5 years of experience from January 2008 to now in two or more of the work streams. Have you considered that it is quite rare that junior and even senior resources have accumulated 5 years of specific experience in the required work streams in the last 8 years? Many of the work streams targeted in the RFSO are very specific and very few professionals have concentrated their career on one or many of those to the required level. On the other hand, the specificity of some of the work streams (i.e. Species at Risk Site Surveys and Lab decontamination assessments and/or planning) make it very unlikely that a professional who has specialized in this field has any experience in the other work streams. In order to make this RFSO realistic and answerable even by the largest consulting firms in the region and country, can you consider reviewing its mandatory requirements and postponing its closing date accordingly?

R1 PART 4, EVALUATION PROCEDURES AND BASIS OF SELECTION, Section 4.1.1.2 has been revised as follows.

4.1.1.2 Resource Experience and Past Performance

To carry out the work on this requirement, the contractor must have a minimum resource of:

1. **one (1) Senior Environmental Engineer,**
2. **one (1) Junior Environmental Engineer,**
3. **two (2) Senior Environmental Officers,**
4. **one (1) Certified Industrial Hygienist (CIH),**
5. **two (2) Junior Environmental Officers,**
6. **two (2) Junior Field Technicians**

The Offeror must provide evidence to demonstrate that the proposed team have experience in all of the listed work streams to ensure the team is capable of undertaking the work required on each of the work streams. Each of the proposed resource must have experience of at least two (2) of the listed work streams satisfactorily completed or ongoing **from January 2008 up to the solicitation closing date** wherein the employees have performed satisfactorily.

To identify experience of each proposed resource, the Offeror must select applicable work streams from column 1 by indicating a ✓ mark in column 2 from the grid below. The Offeror must choose at least two (2) project references from those identified work streams (*from column 1*) and complete columns 3, 4 and 5 (*for the 2 project references*) to demonstrate that each proposed resource has the necessary specified experience with projects directly related to the listed work streams.

The number of years of experience can be demonstrated by submitting the required information identified in this paragraph and by providing comprehensive and verifiable CV. **Failure to submit the required information with comprehensive and verifiable CV will render the offer non-responsive.**

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4.1.1.2.1 Senior Environmental Engineer Resource (1)

Name of **Senior Environmental Engineer Resource (1)** with minimum 3 years' experience in the field of any 2 or more of the identified work streams in column (1). The experience must be acquired from January 2008 up to solicitation closing date: _____

Number of years of experience (the information provided will be verified against the CV): _____

(1) Services Work Streams	(2) <input checked="" type="checkbox"/>	(3) Name of client organization or client company. The Offeror cannot use its own company as reference.	(4) Name, title, telephone and email of client contact who can confirm the information presented in the proposal	(5) Performance period of the project (indicate year, month, day)
(1)Storage Tank Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(2)Halocarbon Containing Equipment Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(3)Hazardous Materials Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(4)Inventories for Storage Tank Systems, Halocarbon-containing Equipment and In-use PCB Containing Equipment			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(5)Hazardous Materials and Waste Inventories			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(6)Species at Risk Site Surveys			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(7)Lab Decontamination Assessments			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(8)General Phase-Out Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(9)Halocarbon Phase-Out Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(10)Halocarbon Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(11)PCB Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(12)Storage Tank Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(13)Hazardous Materials and Waste			Name: _____ Title: _____	Start Date: _____

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Management Plans			Tel #: _____ E-mail: _____	Completion date: _____
(14)Environmental Emergency Response Planning			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(15)Lab Decontamination Planning			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____

4.1.1.2.2 Junior Environmental Engineer Resource (1)

Name of **Junior Environmental Engineer Resource (1)** with minimum 1 year experience in the field of any 2 or more of the identified work streams in column (1). The experience must be acquired from January 2008 up to solicitation closing date: _____

Number of years of experience (the information provided will be verified against the CV): _____

(1) Services Work Streams	(2) <input checked="" type="checkbox"/>	(3) Name of client organization or client company. The Offeror cannot use its own company as reference.	(4) Name, title, telephone and email of client contact who can confirm the information presented in the proposal	(5) Performance period of the project (indicate year, month, day)
(1)Storage Tank Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(2)Halocarbon Containing Equipment Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(3)Hazardous Materials Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(4)Inventories for Storage Tank Systems, Halocarbon-containing Equipment and In-use PCB Containing Equipment			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(5)Hazardous Materials and Waste Inventories			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(6)Species at Risk Site Surveys			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(7)Lab Decontamination Assessments			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(8)General Phase-Out Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(9)Halocarbon Phase- Out Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(10)Halocarbon Management Plans			Name: _____ Title: _____	Start Date: _____

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			Tel #: _____ E-mail: _____	Completion date: _____
(11)PCB Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(12)Storage Tank Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(13)Hazardous Materials and Waste Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(14)Environmental Emergency Response Planning			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(15)Lab Decontamination Planning			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____

4.1.1.2.3 Senior Environmental Officer Resource (1)

Name of **Senior Environmental Officer Resource (1)** with minimum 3 years' experience in the field of any 2 or more of the identified work streams in column (1). The experience must be acquired from January 2008 up to solicitation closing date: _____

Number of years of experience (the information provided will be verified against the CV): _____

(1) Services Work Streams	(2) <input checked="" type="checkbox"/>	(3) Name of client organization or client company. The Offeror cannot use its own company as reference.	(4) Name, title, telephone and email of client contact who can confirm the information presented in the proposal	(5) Performance period of the project (indicate year, month, day)
(1)Storage Tank Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(2)Halocarbon Containing Equipment Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(3)Hazardous Materials Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(4)Inventories for Storage Tank Systems, Halocarbon-containing Equipment and In-use PCB Containing Equipment			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(5)Hazardous Materials and Waste Inventories			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(6)Species at Risk Site Surveys			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(7)Lab			Name: _____ Title: _____	Start Date: _____

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Decontamination Assessments			Tel #: _____ E-mail: _____	Completion date: _____
(8)General Phase-Out Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(9)Halocarbon Phase-Out Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(10)Halocarbon Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(11)PCB Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(12)Storage Tank Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(13)Hazardous Materials and Waste Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(14)Environmental Emergency Response Planning			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(15)Lab Decontamination Planning			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____

4.1.1.2.4 Senior Environmental Officer Resource (2)

Name of **Senior Environmental Officer Resource (2)** with minimum 3 years' experience in the field of any 2 or more of the identified work streams in column (1). The experience must be acquired from January 2008 up to solicitation closing date: _____

Number of years of experience (the information provided will be verified against the CV): _____

(1) Services Work Streams	(2) <input checked="" type="checkbox"/>	(3) Name of client organization or client company. The Offeror cannot use its own company as reference.	(4) Name, title, telephone and email of client contact who can confirm the information presented in the proposal	(5) Performance period of the project (indicate year, month, day)
(1)Storage Tank Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(2)Halocarbon Containing Equipment Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(3)Hazardous Materials Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(4)Inventories for Storage Tank Systems, Halocarbon-containing			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____

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Equipment and In-use PCB Containing Equipment				
(5)Hazardous Materials and Waste Inventories			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(6)Species at Risk Site Surveys			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(7)Lab Decontamination Assessments			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(8)General Phase-Out Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(9)Halocarbon Phase-Out Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(10)Halocarbon Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(11)PCB Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(12)Storage Tank Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(13)Hazardous Materials and Waste Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(14)Environmental Emergency Response Planning			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(15)Lab Decontamination Planning			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____

4.1.1.2.5 Certified Industrial Hygienist Resource (1)

Name of **Certified Industrial Hygienist Resource (1)** with minimum 3 years' experience in the field of any 2 or more of the identified work streams in column (1). The experience must be acquired from January 2008 up to solicitation closing date: _____

Number of years of experience (the information provided will be verified against the CV): _____

(1) Services Work Streams	(2) <input checked="" type="checkbox"/>	(3) Name of client organization or client company. The Offeror cannot use its own company as reference.	(4) Name, title, telephone and email of client contact who can confirm the information presented in the proposal	(5) Performance period of the project (indicate year, month, day)
(1)Storage Tank Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____

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(2)Halocarbon Containing Equipment Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(3)Hazardous Materials Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(4)Inventories for Storage Tank Systems, Halocarbon-containing Equipment and In-use PCB Containing Equipment			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(5)Hazardous Materials and Waste Inventories			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(6)Species at Risk Site Surveys			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(7)Lab Decontamination Assessments			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(8)General Phase-Out Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(9)Halocarbon Phase-Out Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(10)Halocarbon Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(11)PCB Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(12)Storage Tank Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(13)Hazardous Materials and Waste Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(14)Environmental Emergency Response Planning			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(15)Lab Decontamination Planning			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____

4.1.1.2.6 Junior Environmental Officer Resource (1)

Name of **Junior Environmental Officer Resource (1)** with minimum 1 year in the field of any 2 or more of the identified work streams in column (1). The experience must be acquired from January 2008 up to solicitation closing date:

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Number of years of experience (the information provided will be verified against the CV): _____

(1) Services Work Streams	(2) <input checked="" type="checkbox"/>	(3) Name of client organization or client company. The Offeror cannot use its own company as reference.	(4) Name, title, telephone and email of client contact who can confirm the information presented in the proposal	(5) Performance period of the project (indicate year, month, day)
(1)Storage Tank Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(2)Halocarbon Containing Equipment Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(3)Hazardous Materials Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(4)Inventories for Storage Tank Systems, Halocarbon-containing Equipment and In-use PCB Containing Equipment			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(5)Hazardous Materials and Waste Inventories			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(6)Species at Risk Site Surveys			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(7)Lab Decontamination Assessments			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(8)General Phase-Out Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(9)Halocarbon Phase- Out Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(10)Halocarbon Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(11)PCB Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(12)Storage Tank Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(13)Hazardous Materials and Waste Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(14)Environmental Emergency Response Planning			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____

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(15) Lab Decontamination Planning	Name: _____ Title: _____	Start Date: _____
	Tel #: _____ E-mail: _____	Completion date: _____

4.1.1.2.7 Junior Environmental Officer Resource (2)

Name of **Junior Environmental Officer Resource (2)** with minimum 1 year experience in the field of any 2 or more of the identified work streams in column (1). The experience must be acquired from January 2008 up to solicitation closing date:

Number of years of experience (the information provided will be verified against the CV): _____

(1) Services Work Streams	(2) <input checked="" type="checkbox"/>	(3) Name of client organization or client company. The Offeror cannot use its own company as reference.	(4) Name, title, telephone and email of client contact who can confirm the information presented in the proposal	(5) Performance period of the project (indicate year, month, day)
(1) Storage Tank Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(2) Halocarbon Containing Equipment Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(3) Hazardous Materials Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(4) Inventories for Storage Tank Systems, Halocarbon-containing Equipment and In-use PCB Containing Equipment			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(5) Hazardous Materials and Waste Inventories			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(6) Species at Risk Site Surveys			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(7) Lab Decontamination Assessments			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(8) General Phase-Out Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(9) Halocarbon Phase-Out Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(10) Halocarbon Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(11) PCB Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(12) Storage Tank Management Plans			Name: _____ Title: _____	Start Date: _____

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			Tel #: _____ E-mail: _____	Completion date: _____
(13)Hazardous Materials and Waste Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(14)Environmental Emergency Response Planning			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(15)Lab Decontamination Planning			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____

4.1.1.2.8 Junior Field Technician Resource (1)

Name of **Junior Field Technician Resource** (1) with minimum 1 year experience in the field of any 2 or more of the identified work streams in column (1). The experience must be acquired from January 2008 up to solicitation closing date:

Number of years of experience (the information provided will be verified against the CV): _____

(1) Services Work Streams	(2) <input checked="" type="checkbox"/>	(3) Name of client organization or client company. The Offeror cannot use its own company as reference.	(4) Name, title, telephone and email of client contact who can confirm the information presented in the proposal	(5) Performance period of the project (indicate year, month, day)
(1)Storage Tank Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(2)Halocarbon Containing Equipment Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(3)Hazardous Materials Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(4)Inventories for Storage Tank Systems, Halocarbon-containing Equipment and In-use PCB Containing Equipment			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(5)Hazardous Materials and Waste Inventories			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(6)Species at Risk Site Surveys			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(7)Lab Decontamination Assessments			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(8)General Phase-Out Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(9)Halocarbon Phase-Out Plans			Name: _____ Title: _____	Start Date: _____

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			Tel #: _____ E-mail: _____	Completion date: _____
(10)Halocarbon Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(11)PCB Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(12)Storage Tank Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(13)Hazardous Materials and Waste Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(14)Environmental Emergency Response Planning			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(15)Lab Decontamination Planning			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____

4.1.1.2.9 Junior Field Technician Resource (2)

Name of **Junior Field Technician Resource (2)** with minimum 1 year experience in the field of any 2 or more of the identified work streams in column (1). The experience must be acquired from January 2008 up to solicitation closing date:

Number of years of experience (the information provided will be verified against the CV): _____

(1) Services Work Streams	(2) <input checked="" type="checkbox"/>	(3) Name of client organization or client company. The Offeror cannot use its own company as reference.	(4) Name, title, telephone and email of client contact who can confirm the information presented in the proposal	(5) Performance period of the project (indicate year, month, day)
(1)Storage Tank Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(2)Halocarbon Containing Equipment Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(3)Hazardous Materials Compliance Assessments/Audits			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(4)Inventories for Storage Tank Systems, Halocarbon-containing Equipment and In-use PCB Containing Equipment			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(5)Hazardous Materials and Waste Inventories			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(6)Species at Risk Site Surveys			Name: _____ Title: _____	Start Date: _____

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			Tel #: _____ E-mail: _____	Completion date: _____
(7) Lab Decontamination Assessments			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(8) General Phase-Out Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(9) Halocarbon Phase-Out Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(10) Halocarbon Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(11) PCB Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(12) Storage Tank Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(13) Hazardous Materials and Waste Management Plans			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(14) Environmental Emergency Response Planning			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____
(15) Lab Decontamination Planning			Name: _____ Title: _____ Tel #: _____ E-mail: _____	Start Date: _____ Completion date: _____

The Solicitation closing date remains the same.

Q2

Section 4.1 of the RFP, Evaluation Procedures, does not indicate the evaluation criteria and weighting. Can you please provide the breakdown of the evaluation criteria?

R2

There will be no weighting factor as there is no point rating associated with the evaluation procedure because we are only using a pass/fail methodology where they have to demonstrate that they meet all the mandatory criteria in order to be considered responsive.

No other changes apply