



RETURN BIDS TO:

RETOURNER LES SOUMISSIONS À:

Bid Receiving Public Works & Government
Services Canada/Réception des soumissions Travaux
publics et Services gouvernementaux Canada
1713 Bedford Row
Halifax, N.S./Halifax, (N.E.)
B3J 1T3
Halifax
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

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.E.)
B3J 3C9
Halifax
Nova Scot

| | |
|---|---|
| Title - Sujet LAB ROOF REPLACEMENT BIOLAB | |
| Solicitation No. - N° de l'invitation EB144-170100/A | Amendment No. - N° modif. 002 |
| Client Reference No. - N° de référence du client EB144-17-0100 | Date 2016-05-20 |
| GETS Reference No. - N° de référence de SEAG PW-\$PWA-310-5400 | |
| File No. - N° de dossier PWA-6-76006 (310) | CCC No./N° CCC - FMS No./N° VME |
| Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2016-05-26 | 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: Stevenson, Jacquelyn | Buyer Id - Id de l'acheteur pwa310 |
| Telephone No. - N° de téléphone (902) 403-3520 () | 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 |

Contract No. - N° du contrat
EB144-170100/A
Client Ref. No. - N° de réf. du client
EB144-170100

Amd. No. - N° de la modif.
002
File No. - N° du dossier
PWA-6-76006

Buyer ID - Id de l'acheteur
PWA310
CCC No./N° CCC - FMS No./N° VME

Amendment 002

Q : It asks for a 3 year CRCA warranty, but the standard is 2 years. Please confirm.

R: 3 year CRCA warranty – per the specs.

=====

Delete

BA03 THE OFFER

The Bidder offers to Canada to perform and complete the Work for the above named project in accordance with the Bid Documents for the **TOTAL BID AMOUNT INDICATED IN APPENDIX 1.**

Delete

Appendix 1

Insert

BA03 THE OFFER – LUMP SUM

The Bidder offers to Canada to perform and complete the Work for the above named project in accordance with the Bid Documents for the Total Bid Amount of:

\$ _____ excluding applicable tax(s).
(amount in numbers)

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Insert

The attached – Fish Lab Roof Laydown Area – Arial Photo with Legend.

All other Terms and Conditions will remain the same.

BIO FISHLAB ROOF REPLACEMENT

DESIGNATED CONTRACTOR LAYDOWN AREAS

LEGEND

- 1- LONG TERM MATERIAL STORAGE / CONTRACTOR PARKING.
- 2- TEMPORARY DISPOSAL BIN LOCATION FOR LOWER ROOF SECTION. COORDINATE TIMES WITH DEPARTMENTAL REPRESENTATIVE
- 3- DISPOSAL BIN LOCATION FOR UPPER ROOF
- 4- TEMPORARY DISPOSAL BIN LOCATION FOR UPPER ROOF. COORDINATE TIMES WITH DEPARTMENTAL REPRESENTATIVE
- 5- COURT YARD LAYDOWN AREA FOR LOWER VULCAN ROOF SECTION

*ALL AREAS MUST BE REINSTATED BY CONTRACTOR TO ORIGINAL CONDITION FOLLOWING COMPLETION OF CONTRACT

