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**Bid Receiving Public Works and Government
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189 Prince William St Rm 405
189, rue Prince William, pièce 405
Saint-John, NB E2L 2B9
Bid Fax: (506) 636-4376

**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
Saint John, NB (STJ)
189 Prince William St., Rm 405
189, rue Prince William, Pc 405
St. John, NB E2L 2B9

Title - Sujet Occupational Therapists (North Bay)	
Solicitation No. - N° de l'invitation 51019-164016/A	Amendment No. - N° modif. 001
Client Reference No. - N° de référence du client 51019-164016	Date 2017-02-20
GETS Reference No. - N° de référence de SEAG PW-\$STJ-004-4088	
File No. - N° de dossier STJ-6-39189 (004)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2017-02-28	
Time Zone Fuseau horaire Atlantic Standard Time AST	
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: Johnston (STJ), Edward	Buyer Id - Id de l'acheteur stj004
Telephone No. - N° de téléphone (506) 636-4416 ()	FAX No. - N° de FAX (506) 636-4376
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
51019-164016/A

Amd. No. - N° de la modif.
001

Buyer ID - Id de l'acheteur
stj004

Client Ref. No. - N° de réf. du client
51019-164016

File No. - N° du dossier
STJ-6-39189 (004)

CCC No./N° CCC - FMS No./N° VME

This Solicitation Amendment No. 1 is raised to include the following Addendum No. 1.

The following addendum to the Request for Proposal Document is effective immediately. This addendum shall form part of the Contract Documents.

All other terms and conditions remain the same.

Addendum No. 1

1. QUESTIONS AND ANSWERS

Q1. Please refer to Annex A, Statement of Work, 4.9 – Would the client please clarify what percentage of time weekly the OT will spend in the Field Office and what percentage of time they will spend in the community assessing and visiting patients?

A1. The majority of the Occupational Therapist's work will take place in the Veterans Affairs Canada field office. The requirement for client visits would be less than 10% in most cases. Please recognize that VAC's clients are not described as patients as VAC does not provide primary care to clients.

Q2. Please refer to Annex A, Statement of Work, 6.3 – Would the client please clarify if the bidder can bill for both resources during the initial 7 day training period?

A2. Yes, the bidder can bill for both resources during the initial training period.

Q3. Please refer to Annex A, Statement of Work, 7.1 – It is requested that the CV for the proposed back-up contractor be submitted at the time of submission of the original bid. Would the client please clarify if the back-up resource must also be worked up against the technical criteria and rated criteria matrix, and if this is required, how the client will determine which resource to evaluate the bid against?

A3. Both the primary and back-up resource will be evaluated against the technical criteria. The scores will be combined to achieve an overall score.

Q4. Please refer to Annex B, Basis of Payment – Travel expenses are estimated at \$2500. Would the client please clarify if travel from the Field Office to the patient's place of residence is considered under travel expenses or if this mileage will be at the cost of the bidder/resource? If this cost is not covered by the travel expenses, would the client please clarify in what case the resource may need to bill for travel and living expenses?

A4. If VAC requests the Contractor's resource to perform a client assessment, travel will be paid by VAC to the Contractor from the VAC field office to the client's location.