HE	EALTH CANADA (HC)
Tai	sk Authorization (TA)
Regular or Planned Request □ Contractor response required by (MM/DD/YYYY) at (Hour).	Urgent Request □ Contractor confirmation of receipt of the TA: within 1 hour. Contractor response: within 4 hours.
Contract No.:	PO No.: Task Authorization No.: Amendment No.:
Contractor's name: E-mail address:	Task Authorization Contact: E-mail address: AgencyNursesServices_Servicedinfirmieresdagences@hc-sc.gc.ca
Tel: Fax:	Tel.: Fax:
Sent to Contractor Via E-mail:	Task Authorization Period ^[1] :
Date: Month DD, YYYY Time:	From Month DD, YYYY to Month DD, YYYY
Regional Description/Specifications: Travel cost is approved from Health Canada designated Hubs.	
The TA requirement is for one nurse for the above service locate	tion, unless a Nurse Replacement is proposed and accepted by HC.
Period of Service ^[2] : From (MM/DD/YYYY) to (MM/DD/YYYY)	
Community Location and Phone Number: (Nursing Station contact	ct, in case of travel delays, weathered-in scenarios, etc.)
Additional Instructions: This task includes security requirements. Refer to the Security Chec	k List (SRCL) included in the contract.

	cost	OF TASK		
				Sub-total (Applicable taxes excluded)
Nursing Services (GL 54506)				\$ -
Cancellation Fee (GL 54506)	days	\$	100.00	
Travel Time (Flat Rate) (GL 54506)	2.0	\$	150.00	\$ 300.00
Travel Time (While in Transit) (GL 54506)	hrs			
	SUB-TOTA	L COST (applicab	ole taxes excluded)	\$ 300.00
		Applicabl	le taxes (specify %)	

ANNEX E - TA Form

Travel and Misc. Cost	Travel Cost (To be authorized) Air (GL 52510) Taxi (GL 52514)	
	GRAND TOTAL - TA Limitation of Expenditure (applicable taxes included)	\$ 300.00

· · Must be between the TA start date and the TA end date.
FOR COMPLETION BY THE CONTRACTOR
Confirmation of the Contract Nurse assigned to the task:
1. Name of the Contract Nurse: Information and documents necessary to the evaluation of the Contract Nurse Attached to the TA Form Already provided
- Security clearance level:
· Security clearance information:
· Copy of the detailed itinerary, when travel is required.
2. Name of the Replacement Contract Nurse: Information and documents necessary to the evaluation of the Contract Nurse Attached to the TA Form Already provided
· Security clearance level:
· Security clearance information:
· Copy of the detailed itinerary, when travel is required.
Health Canada First Nations Inuit Health Branch stipulates that nurses, after travelling or working in a West African country identified as having transmission of Ebola Virus Disease (EVD), either localized or widespread and intense, shall refrain from entering a First Nations community until after 21 days have passed since re-entry into Canada, without developing EVD-compatible signs and symptoms. Contractor has confirmed that the above noted resource(s) is aware of this stipulation and is in conformity with it. YES NO
NOTE: Health Canada will not account recognized (a) that are not in conformity with the charge noted at involction
NOTE: Health Canada will not accept resources(s) that are not in conformity with the above noted stipulation
Confirmation of the Emergency 24/7 Coordinator assigned to the task:
Coordinators
Primary Coordinator: (Insert the emergency 24/7 resource's name and phone number as indicated in the Contract)
Yes □ No □
Back-Up Coordinator: (Insert the emergency 24/7 resource's name and phone number as indicated in the Contract) Yes □ No □

^[1] If the Period of service is extended for emergency reasons, the TA period will be automatically extended by a maximum of 5 business days to allow for the amendment of the TA.

^[2] Must be between the TA start date and the TA end date

1) Option 1: TA up to a limit of \$ 250,000 (App	licable taxes included)		
When the financial limitation of this individual TA authorities will be required before proceeding wit		including all amendments and applicable	ataxes, the approval by the following
Signing Authorities			
Contractor Authority Name, Title and Signature of Individual Authorized to Sign on Behalf of Contractor (type or print)	Contractor (Name and Title)	Signature	Date
By signing the TA form, the Contractor hereby ac	ccepts the Task Authorization	identified above.	
Health Canada Authority Name, Title and Signature of the TA Authority (type or print)	HC (Name and Title)	Signature	Date
By signing the TA form, the TA Authority certifies	that the content of this TA is	in accordance with the terms and condi	tions of the Contract.
2) Option 2: TA over a limit of \$ 250,000 (Appl	icable taxes included)		
When the financial limitation of this individual TA will be required before proceeding with the Work		g all amendments and applicable taxes, t	he approval by the following authorities
Signing Authorities			
Contractor Authority	Contractor (Name and	Signature	Date
Name, Title and Signature of Individual Authorized to Sign on Behalf of Contractor (type or print)	Title)		
By signing the TA form, the Contractor hereby ac	ccepts the Task Authorization	identified above.	
Health Canada Authority	HC (Name and Title)	Signature	Date
Name, Title and Signature of the TA Authority (type or print)			
By signing the TA form, the TA Authority certifies	that the content of this TA is	in accordance with the terms and condi	tions of the Contract.
PWGCS Contracting Authority	PWGSC (Name and Title)	Signature	Date
Name, Title and Signature of Individual Authorized to Sign on Behalf of PWGSC (type or print)			
PWGSC signing authority for any TA exceeding a	a limit of \$250,000.00 (amen	dments and GST/HST included)	
To be completed by the TA Authority - The C	Contractor has met all the c	riteria of full compliance in the respo	nse, acceptance and delivery of this
Yes □			
No 🗆			

THE DEPARTMENT	OF HEALTH CANADA (HC)		
Task Authorization (TA) fo	r Emergency Service Request (ESR)		
	PO No.:		
Contract No.:	Task Authorization No.:		
	Amendment No.:		
Contractor's name:	Task Authorization Contact:		
E-mail address:	E-mail address: AgencyNursesServices_Servicedinfirmieresdagences@hc-sc.gc.ca		
Tel: Fax:	Tel. : 613-952-4486		
Sent to Contractor: Via E-mail:	Task Authorization Period:		
Date: Month DD, YYYY Time:	From , 2018 to , 2018		

Start of Task Authorization: The work cannot commence until the Task Authorization has been authorized in accordance with the Contract and a delegated Health Canada representative has requested an ESR.

Additional Instructions:

- 1. This task includes security requirements. Refer to the Security Check List (SRCL) included in the contract.
- 2. Only nurses who have already been evaluated and accepted by Health Canada in response to a TA issued under the contract number mentioned above, can be proposed for ESRs.

ESTIMATED COST OF TASK

	Hours of work	/Travel cost	Applica	ble hourly rate/price	 b-total taxes excluded)
	Total estimated number of hours of regular work/standby work:	47.5			\$ -
ses	Total estimated number of hours of overtime/callbacks:	90.0			\$ -
Nursing Services (GL 54506)	Total estimated number of hours of Statutory Holiday standby work:				\$ -
N	Total estimated number of hours of Statutory Holiday callback work:	-			\$ -
	Travel Time (Flat Rate)	2.0	\$	150.00	\$ 300.00
			(ар	SUB-TOTAL COST plicable taxes excluded)	300.00
	Aı	oplicable taxes (specify %)		13%	\$ 39.00
Travel and Misc. Cost		Travel Cost (To be author Air (GL 52510) Taxi (GL 52514)	rized)		\$ 2,000.00
	GRAND TO	TAL - TA Limitation of Exp	enditure (ap	plicable taxes included)	\$ 2,339.00

FOR COMPLETION BY THE CONTRACTOR	
Confirmation of the Emergency 24/7 Coordinator assigned to the task:	
Coordinators	
Primary Coordinator: (Insert the emergency 24/7 resource's name and phone number as indicated in the Contract)	
Yes □ No □	
Back-Up Coordinator: (Insert the emergency 24/7 resource's name and phone number as indicated in the Contract)	
Yes □ No □	

		A APPROVAL		
ontractor's Confirmation of the TA L	imitation of Expenditure			
The Contractor confirms: that the Total TA Limitation of Expendit applicable taxes included) is:	ture □ correct	□ incorrect		
) Option 1: TA up to a limit of \$ 200,0	000 (Applicable taxes inclu	ıded)		
	ridual TA does not exceed \$	200,000 including all amend	dments and applicable taxes, the approv	al by the
Signing Authorities				
Contractor Authority	Contractor (Name and	Signature	Date	
Name, Title and Signature of Individual Authorized to Sign on Behalf of Contractor (type or print)	Title)	Olynature	Date	
By signing the TA form, the Contractor h	nereby accepts the Task Aut	horization identified above.	· ·	
Health Canada Authority Name, Title and Signature of the TA Authority (type or print)	HC (Name and Title)	Signature	Date	
2) Option 2: TA over a limit of \$ 200,00 When the financial limitation of this indivauthorities will be required before process	ridual TA exceeds \$ 200,000) including all amendments	and applicable taxes, the approval by the	e following
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When the financial limitation of this individual thorities will be required before processing authorities Contractor Authority Name, Title and Signature of Individual Authorized to Sign on Behalf of Contractor (type or print) By signing the TA form, the Contractor has the Authority (type or print) By signing the TA form, the TA Authority (type or print) By signing the TA form, the TA Authority PWGCS Contracting Authority Name, Title and Signature of Individual Authorized to Sign on Behalf of PWGSC (type or print) PWGSC signing authority for any TA exceptions.	Contractor (Name and Title) HC (Name and Title) PWGSC (Name and Title) Ceeding a limit of \$200,000.	Signature Signature Signature Signature Signature Signature this TA is in accordance with Signature Output Signature	Date Date th the terms and conditions of the Contra	act.