

**HEALTH CANADA (HC)****Task Authorization (TA)**

<b>Regular or Planned Request</b> <input type="checkbox"/> Contractor response required by (MM/DD/YYYY) at (Hour).	<b>Urgent Request</b> <input type="checkbox"/> Contractor confirmation of receipt of the TA: within 1 hour. Contractor response: within 4 hours.
<b>Contract No.:</b>	<b>PO No.:</b> <b>Task Authorization No.:</b> <b>Amendment No.:</b>
<b>Contractor's name:</b> <b>E-mail address:</b>	<b>Task Authorization Contact:</b> <b>E-mail address:</b> AgencyNursesServices_Servicedinfirmieresdagens@hc-sc.gc.ca
<b>Tel:</b> _____ <b>Fax:</b> _____	<b>Tel.:</b> _____ <b>Fax:</b> _____
<b>Sent to Contractor Via E-mail:</b> <input type="checkbox"/> <b>Date:</b> Month DD, YYYY <b>Time:</b> _____	<b>Task Authorization Period<sup>[1]</sup>:</b> From Month DD, YYYY to Month DD, YYYY
<b>Start of Task Authorization: The work cannot commence until the Task Authorization has been authorized in accordance with the Contract.</b>	
<b>Regional Description/Specifications:</b>  Travel cost is approved from Health Canada designated Hubs. <b>The TA requirement is for one nurse for the above service location, unless a Nurse Replacement is proposed and accepted by HC.</b>	
<b>Period of Service<sup>[2]</sup>:</b> From (MM/DD/YYYY) to (MM/DD/YYYY)	
<b>Community Location and Phone Number:</b> (Nursing Station contact, in case of travel delays, weathered-in scenarios, etc.)	
<b>Additional Instructions:</b> This task includes security requirements. Refer to the Security Check 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		
<b>SUB-TOTAL COST (applicable taxes excluded)</b>			\$ 300.00
<b>Applicable taxes (specify %)</b>			

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

<sup>[1]</sup> 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.

<sup>[2]</sup> 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 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) Option 1: TA up to a limit of \$ 250,000 (Applicable taxes included)**

When the financial limitation of this individual TA does not exceed \$ 250,000 including all amendments and applicable taxes, the approval by the following authorities will be required before proceeding with the Work requested.

**Signing Authorities**

<b>Contractor Authority</b> Name, Title and Signature of Individual Authorized to Sign on Behalf of Contractor (type or print)	<b>Contractor</b> (Name and Title)	<b>Signature</b>	<b>Date</b>
-----------------------------------------------------------------------------------------------------------------------------------	------------------------------------	------------------	-------------

By signing the TA form, the Contractor hereby accepts the Task Authorization identified above.

<b>Health Canada Authority</b> Name, Title and Signature of the TA Authority (type or print)	<b>HC</b> (Name and Title)	<b>Signature</b>	<b>Date</b>
-------------------------------------------------------------------------------------------------	----------------------------	------------------	-------------

By signing the TA form, the TA Authority certifies that the content of this TA is in accordance with the terms and conditions of the Contract.

**2) Option 2: TA over a limit of \$ 250,000 (Applicable taxes included)**

When the financial limitation of this individual TA exceeds \$ 250,000 including all amendments and applicable taxes, the approval by the following authorities will be required before proceeding with the Work requested.

**Signing Authorities**

<b>Contractor Authority</b> Name, Title and Signature of Individual Authorized to Sign on Behalf of Contractor (type or print)	<b>Contractor</b> (Name and Title)	<b>Signature</b>	<b>Date</b>
-----------------------------------------------------------------------------------------------------------------------------------	------------------------------------	------------------	-------------

By signing the TA form, the Contractor hereby accepts the Task Authorization identified above.

<b>Health Canada Authority</b> Name, Title and Signature of the TA Authority (type or print)	<b>HC</b> (Name and Title)	<b>Signature</b>	<b>Date</b>
-------------------------------------------------------------------------------------------------	----------------------------	------------------	-------------

By signing the TA form, the TA Authority certifies that the content of this TA is in accordance with the terms and conditions of the Contract.

<b>PWGCS Contracting Authority</b> Name, Title and Signature of Individual Authorized to Sign on Behalf of PWGSC (type or print)	<b>PWGSC</b> (Name and Title)	<b>Signature</b>	<b>Date</b>
-------------------------------------------------------------------------------------------------------------------------------------	-------------------------------	------------------	-------------

PWGSC signing authority for any TA exceeding a limit of \$250,000.00 (amendments and GST/HST included)

**To be completed by the TA Authority - The Contractor has met all the criteria of full compliance in the response, acceptance and delivery of this TA**

**Yes**

**No**

## THE DEPARTMENT OF HEALTH CANADA (HC)

## Task Authorization (TA) for Emergency Service Request (ESR)

Contract No.:	PO No.: _____ Task Authorization No.: _____ Amendment No.: _____
Contractor's name: E-mail address: Tel:      Fax:	Task Authorization Contact: E-mail address: AgencyNursesServices_Servicedinfirmieresdages@hc-sc.gc.ca Tel.: 613-952-4486      Fax: 613-952-4622
Sent to Contractor: Via E-mail: <input type="checkbox"/> Date: Month DD, YYYY      Time:	Task Authorization Period: 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	Applicable hourly rate/price	Sub-total (Applicable taxes excluded)
Nursing Services (GL 54506)	Total estimated number of hours of regular work/standby work: 47.5		\$ -
	Total estimated number of hours of overtime/callbacks: 90.0		\$ -
	Total estimated number of hours of Statutory Holiday standby work: -		\$ -
	Total estimated number of hours of Statutory Holiday callback work: -		\$ -
	Travel Time (Flat Rate) 2.0	\$ 150.00	\$ 300.00
<b>SUB-TOTAL COST (applicable taxes excluded)</b>			\$ 300.00
<b>Applicable taxes (specify %)</b>		<b>13%</b>	\$ 39.00
Travel and Misc. Cost	Travel Cost (To be authorized) Air (GL 52510) Taxi (GL 52514)		\$ 2,000.00
<b>GRAND TOTAL - TA Limitation of Expenditure (applicable taxes included)</b>			\$ 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

**TA APPROVAL**

**Contractor's Confirmation of the TA Limitation of Expenditure**

The Contractor confirms:  
 - that the Total TA Limitation of Expenditure (applicable taxes included) is:  correct  incorrect

**1) Option 1: TA up to a limit of \$ 200,000 (Applicable taxes included)**

When the financial limitation of this individual TA does not exceed \$ 200,000 including all amendments and applicable taxes, the approval by the following authorities will be required before proceeding with the Work requested.

**Signing Authorities**

<b>Contractor Authority</b> Name, Title and Signature of Individual Authorized to Sign on Behalf of Contractor (type or print)	<b>Contractor</b> (Name and Title)	<b>Signature</b>	<b>Date</b>
-----------------------------------------------------------------------------------------------------------------------------------	------------------------------------	------------------	-------------

By signing the TA form, the Contractor hereby accepts the Task Authorization identified above.

<b>Health Canada Authority</b> Name, Title and Signature of the TA Authority (type or print)	<b>HC</b> (Name and Title)	<b>Signature</b>	<b>Date</b>
-------------------------------------------------------------------------------------------------	----------------------------	------------------	-------------

By signing the TA form, the TA Authority certifies that the content of this TA is in accordance with the terms and conditions of the Contract.

**2) Option 2: TA over a limit of \$ 200,000 (Applicable taxes included)**

When the financial limitation of this individual TA exceeds \$ 200,000 including all amendments and applicable taxes, the approval by the following authorities will be required before proceeding with the Work requested.

**Signing Authorities**

<b>Contractor Authority</b> Name, Title and Signature of Individual Authorized to Sign on Behalf of Contractor (type or print)	<b>Contractor</b> (Name and Title)	<b>Signature</b>	<b>Date</b>
-----------------------------------------------------------------------------------------------------------------------------------	------------------------------------	------------------	-------------

By signing the TA form, the Contractor hereby accepts the Task Authorization identified above.

<b>Health Canada Authority</b> Name, Title and Signature of the TA Authority (type or print)	<b>HC</b> (Name and Title)	<b>Signature</b>	<b>Date</b>
-------------------------------------------------------------------------------------------------	----------------------------	------------------	-------------

By signing the TA form, the TA Authority certifies that the content of this TA is in accordance with the terms and conditions of the Contract.

<b>PWGCS Contracting Authority</b> Name, Title and Signature of Individual Authorized to Sign on Behalf of PWGSC (type or print)	<b>PWGSC</b> (Name and Title)	<b>Signature</b>	<b>Date</b>
-------------------------------------------------------------------------------------------------------------------------------------	-------------------------------	------------------	-------------

PWGSC signing authority for any TA exceeding a limit of \$200,000.00 (amendments and GST/HST included)

**To be completed by the TA Authority - The Contractor has met all the criteria of full compliance in the response, acceptance and delivery of this ESR**

**Yes**   
**No**