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Gatineau, Québec K1A 0S5

Bid Fax: (613) 997-9776

**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

Health Services Project Division (XF)/Division des
projets de services de santé (XF)
Place du Portage, Phase III, 12C1
11 Laurier St./11 rue, Laurier
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K1A 0S5

Title - Sujet Nursing Agency Services	
Solicitation No. - N° de l'invitation HT426-172611/C	Amendment No. - N° modif. 007
Client Reference No. - N° de référence du client HT426-172611	Date 2017-12-07
GETS Reference No. - N° de référence de SEAG PW-\$\$XF-005-31945	
File No. - N° de dossier 005xf.HT426-172611	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2017-12-13	Time Zone Fuseau horaire Eastern Standard Time EST
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Chapple, Jeremy	Buyer Id - Id de l'acheteur 005xf
Telephone No. - N° de téléphone (819) 420-2226 ()	FAX No. - N° de FAX () -
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

**NURSING AGENCY SERVICES TO REMOTE, ISOLATED, AND SEMI ISOLATED
FIRST NATION (FN) COMMUNITIES ON BEHALF OF HEALTH CANADA (HC)**

SOLICITATION NO. HT426-172611/C

AMENDMENT 007

This amendment contains the following section:

Section 1: Questions and Answers

Note: Questions are numerically sequenced upon arrival at PSPC. A question and its answer will be provided via BuyandSell as the response becomes available. Potential Bidders are therefore advised that questions and answers may be issued via BuyandSell out of sequence. The following questions have been received. In accordance with Article 13 of the 2003 Standard Instructions - Goods or Services - Competitive Requirements (2017-04-27), which has been incorporated into the RFP, the questions and corresponding answers are provided to all potential Bidders as set out below:

Question 48:

Annex F: Aboriginal Participation Component (APC) states: "The APC is designed to encourage the Contractor to contribute to socio-economic development for Indigenous people, businesses and communities".

- (a) In the vast majority of political and social arenas, it is recognized that the federal government is responsible to deliver services and programs to support departmental initiatives driven by Aboriginal needs. It would appear that the APC program is a duplication of what is currently being provided by the various government agencies. Based on the structure of the contract, participation is not encouraged but mandatory. APC will unnecessarily and artificially increase bill rates. What is Health Canada's rationale to include APC, and to transfer the responsibility to the Contractor?
- (b) Why are the percentages lower in QB & AB Regions vs. ON & MB?
- (c) How are the percentages derived?
- (d) Why would the percentages increase over time?
- (e) Would Canada consider removing the APC?
- (f) Annex F, table in section 1 (page 2 of 3): Would Canada consider changing the wording from "total invoiced amount" to "total value of hours of work billed per invoice to Canada in Contract Year 1"? This is more reasonable based on the fact that there is no profit built into fixed expenses such as airfare, accommodation, taxi. etc.

Answer 48:

- (a) The Aboriginal Participation Component (APC) is a socio-economic mechanism that falls within Crown-Indigenous Relations and Northern Affairs's (CIRNA) Procurement Strategy for Aboriginal Business (PSAB) policy and is designed to meet Canada's objectives of encouraging Indigenous socio-economic development through federal contracting opportunities. When there is a lack of Aboriginal Business capacity to consider a PSAB set-aside, an APC approach is beneficial in developing long-term sustainable and meaningful socio-economic benefits for Indigenous people, businesses and communities.

Canada is not transferring responsibility as claimed above, but is ensuring that through its contracting processes there are socio-economic benefits and Aboriginal Business capacity being created.

- (b) Canada adjusted the percentages associated with the Minimum Annual APC Transaction Value in each Region based on the feedback received from participants during industry engagement (Request for Information #HT426-172611/A). The percentages for each Region were adjusted in order to make them more representative of the percentage of Indigenous nurses in each Region (based on the Aboriginal Nurses Association of Canada, Aboriginal Nursing Fact Sheet (2014) <http://www.arnbccommunitiesofpractice.ca/ahnn/wp-content/uploads/2015/04/ANAC-Aboriginal-Nursing-Fact-Sheet.pdf>) and the estimated required volume of services for each Region.
- (c) See answer 48 (b) above.
- (d) Based on the feedback received from participants during industry engagement (Request for Information #HT426-172611/A) Canada adjusted the percentages so that they progressively increase during the length of the Contract in order to ensure that the values are obtainable but encourage increased growth in Indigenous socio-economic benefits, Aboriginal Business capacity and Indigenous nursing throughout the Contract's period of performance.
- (e) No. Following consultation with stakeholders it has been determined that using an APC is the appropriate approach for this requirement as it uses open competition to ensure that the best possible solution for delivery of essential health care services is obtained while ensuring Indigenous socio-economic opportunities are created.
- (f) Canada has reviewed the suggestion and has determined that the current RFP best reflects Canada's intentions with respect to the creation of Indigenous socio-economic benefits. As a result, the suggested change will not be applied and the RFP remains the same.