



RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:
Jason.Amyot@tpsgc-pwgsc.gc.ca

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
Travel Procurement Services Division/Division des
services d'approvisionnement en voyage
Place du Portage, Phase III, 7B3
Portage III 7B3
11, rue Laurier/11 Laurier St.
Gatineau
Québec
K1A 0S5

| | |
|--|---|
| Title - Sujet Accommodations in BC | |
| Solicitation No. - N° de l'invitation K8A60-180613/D | Amendment No. - N° modif. 001 |
| Client Reference No. - N° de référence du client K8A60-180613 | Date 2018-01-23 |
| GETS Reference No. - N° de référence de SEAG PW-\$\$LP-003-74098 | |
| File No. - N° de dossier lp003.K8A60-180613 | CCC No./N° CCC - FMS No./N° VME |
| Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2018-01-25 | |
| 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: Amyot, Jason J. | Buyer Id - Id de l'acheteur lp003 |
| Telephone No. - N° de téléphone (819) 420-7133 () | 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 |

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Solicitation Amendment 001

Solicitation Amendment 001 is raised to increase the catering services maximum limits established per function. The new rates have been highlighted in yellow below.

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ANNEX B – BASIS OF PAYMENT

- a) The Guest Room Prices will be paid by AMOP Seminar participants who reserve the rooms.
- b) Canada will not be responsible for the reservation and payment of guest rooms for September 29 to October 05, 2018; these rooms must be reserved and paid by the participants.
- c) Prices for Meeting Space Rental and Catering Services will be paid by ECCC as per terms and conditions in this request for proposal.
- d) All prices below are before taxes.

Guest Room Rate:

Please provide the daily room rate before taxes in single/double occupancy.

\$ _____ per night single occupancy

\$ _____ per night double occupancy.

Please indicate applicable taxes and fee(s) subject to room rate: _____

Note: The maximum amount (unit price) allotted for a single and double occupancy guest room is \$300 CAD per night, excluding applicable taxes & fees. Any bid with a unit price in excess of the amount listed above will be considered non-responsive. This disclosure does not commit Canada to pay the maximum price per night.

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Meeting Space Rental Rates:

Please provide the Meeting Space Rental Rate before taxes for each location including its requirements. If one or more spaces including its requirements are offered on a complimentary basis, please indicate "At No Cost" in the Rental Rate Total column.

MOVE-IN: Monday, October 01, 2018 at 08:00 and 16:00

MOVE-OUT: Thursday, October 04, 2018 at 17:00

| Room | Date (2018) | Function | From: To: | (a) Number of days | (b) Daily Rental Rate | Rental Rate Total in CDN\$ (a x b) |
|--|---------------------------|---------------------------------------|---|--------------------------|--------------------------------|--|
| 1 | October 1 to 4 | Conference Room 1 | 16:00 (Monday October 1) 17:00 (Thursday October 4) | 4 | | |
| 2 | October 1 to 4 | Conference Room 2 | 16:00 (Monday October 1) 17:00 (Thursday October 4) | 4 | | |
| 3 | October 1 to 2 | Conference Room 3 | 16:00 (Monday October 1) 17:00 (Tuesday October 2) | 2 | | |
| 4 | October 1 to 4 | Commercial Exhibit and Poster Display | 16:00 (Monday October 1) 17:00 (Thursday October 4) | 4 | | |
| 5 | September 30 to October 4 | Conference Office | 08:00 (Sunday September 30) 17:00 (Thursday October 4) | 5 | | |
| 6 | October 1 to 4 | Registration Desk | 08:00 (Monday October 1) 17:00 (Thursday October 4) | 4 | | |
| 7 | October 1 to 4 | Dining Room | 08:00 (Monday October 1) 17:00 (Thursday October 4) | 4 | | |
| | | | | | | |
| Sub-total: | | | | | | |
| Service Charge (if applicable): | | | | | | |
| Taxes: | | | | | | |
| Total: | | | | | | |

Service Charge (if applicable): _____%

Applicable Taxes: _____%

Catering Services Rates:

The Bidder must provide its catering prices as per identified menu mentioned in ANNEX A. Proposed Prices must be unit Prices, all-inclusive but before applicable taxes.

Submitted unit price must not exceed the following unit cost including gratuity and taxes allotted (refer to the column (c) in the below table):

Breakfast: \$42.13
Lunch: \$55.76
Health Break: \$12.39
Welcome Reception: \$56.99

Exceeding these amounts will result in a non-compliant bid.

| Date 2018 | Function | From: To: | (a) Estimated Quantities | Unit Price \$CDN before gratuity and taxes: | (b) Unit Price \$CDN including gratuity: | (c) Unit Price \$CDN including gratuity and taxes: | (d) Total Prices \$CDN including gratuity = (a x b) |
|---|------------------------------|-----------------|--------------------------------|---|--|---|--|
| Tuesday, Wednesday, Thursday October 2, 3, 4 | Speakers Breakfast | 07:30- 08:30 | 40/day = 120 | | | | |
| Tuesday, Wednesday, Thursday October 2, 3, 4 | Morning Health Break | 10:00- 10:30 | 150/day = 450 | | | | |
| Tuesday, Wednesday, Thursday October 2, 3, 4 | Delegates Luncheon | 12:15- 13:30 | 150/day = 450 | | | | |
| Tuesday, Wednesday, Thursday October 2, 3, 4 | Afternoon Health Break | 15:00- 15:30 | 150/day = 450 | | | | |
| Tuesday, October 2 | Welcome Reception | 18:00- 19:30 | 150 | | | | |
| TOTAL PRICE FOR CATERING SERVICES INCLUDING GRATUITY, <u>BEFORE TAXES</u> (d): | | | | | | | |
| TOTAL PRICE FOR CATERING SERVICES INCLUDING GRATUITY, <u>AFTER TAXES</u> : | | | | | | | |

Applicable Gratuity: _____%

Applicable Taxes: _____%