



RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:

Contracting Authority: Jason Amyot
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
L'Esplanade Laurier, East Tower 7t
L'Esplanade Laurier, Tour est 7e é
140 O'Connor, Street,
140 O'Connor, rue O'Connor,
Ottawa
Ontario
K1A 0R5

Title - Sujet Accommodations in Key West, FL	
Solicitation No. - N° de l'invitation W3999-18V053/A	Amendment No. - N° modif. 001
Client Reference No. - N° de référence du client W3999-18V053	Date 2019-01-25
GETS Reference No. - N° de référence de SEAG PW-\$\$LP-003-76116	
File No. - N° de dossier lp003.W3999-18V053	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2019-02-04	
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 (873) 353-4684 ()	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

SOLICITATION AMENDMENT 001 TO SOLICITATION W3999-18V053/A

This Solicitation Amendment (001) is raised to correct and increase the room night count to 460 instead of 406.

Delete 1.1 under PART 1 – GENERAL INFORMATION and replace with the following:

1.1 Statement of Work

The Department of National Defence (DND) will be participating in continuation dive training in Key West, Florida between the dates of 2 March and 19 April 2019. Approximately one hundred and twenty eight (128) personnel will require Hotel Services for the duration of the training. This requirement is estimated at 490 room nights.

More details are provided in the Statement of Work – Annex A.

Delete 2.1.1 to 2.1.4 under ANNEX "A" – STATEMENT OF WORK and replace with the following:

- 2.1.1. Nine (9) double occupancy guestrooms for Dive Serial staff.
- 2.1.2. One (1) single occupancy guestrooms for the Dive Serial OPI's for the duration.
- 2.1.3. One (1) single occupancy guestrooms for Master Warrant Officer (MWO) ranks on their respective dive serials.
- 2.1.4. Two (2) single occupancy guestrooms for the Mental Health (MH) staff for two (2) night stay on each of the serials.

Add 2.1.22 to 2.1.24 under ANNEX "A" – STATEMENT OF WORK with the following:

- 2.1.22 All required guestrooms must be non-smoking.
- 2.1.23. All guestrooms must be offered under one (1) establishment.
- 2.1.24. Final numbers of guestrooms may vary prior to contract award.

Delete 2.2.1 under ANNEX "A" – STATEMENT OF WORK and replace with the following:

- 2.2.1 The CAF requires the provision of Hotel Services of double rooms continuously for the dates indicated in the matrix below, with 2 single rooms for Mental Health staff on the dates indicated and 2 single rooms on each of the seven serials for OPI & MWO staff;

Check-In Date (2019)	Check-Out Date (2019)	Number of Nights	Number of Double Occupancy Guestrooms	Number of Single Occupancy Guestrooms	Number of Bed Spaces
2 March	8 March	6	9	2	20
6 March	8 March	2	0	2	2
9 March	15 March	6	9	2	20
13 March	15 March	2	0	2	2
16 March	22 March	6	9	2	20
20 March	22 March	2	0	2	2
23 March	29 March	6	9	2	20
27 March	29 March	2	0	2	2
30 March	5 April	6	9	2	20
3 April	5 April	2	0	2	2
6 April	12 April	6	9	2	20
10 April	12 April	2	0	2	2
13 April	19 April	6	9	2	20
17 April	19 April	2	0	2	2

Delete entirely ANNEX "B" – BASIS OF PAYMENT and replace with the following:

(See next page)

All other terms and conditions remain the same.

ANNEX "B" – BASIS OF PAYMENT

The Bidder must provide accommodation services in accordance with Annex A – Statement of Work at the following rates.

Cost for all services stipulated in Annex A – Statement of Work **must be included in room price.**

Basis of payment will be firm daily rate per accommodation, applicable taxes are extra.

ACCOMMODATION REQUIREMENTS

Check-in 2019	Check-out 2019	Estimated number of rooms (a)	Estimated number of nights (b)	Daily rate (in USD \$) (c)	Total estimated value (in USD \$) (a*b*c)
Double Occupancy					
02 Mar	08 Mar	9	6		
09 Mar	15 Mar	9	6		
16 Mar	22 Mar	9	6		
23 Mar	29 Mar	9	6		
30 Mar	05 Apr	9	6		
06 Apr	12 Apr	9	6		
13 Apr	19 Apr	9	6		
Single Occupancy					
02 Mar	08 Mar	2	6		
06 Mar	08 Mar	2	2		
09 Mar	15 Mar	2	6		
13 Mar	15 Mar	2	2		
16 Mar	22 Mar	2	6		
20 Mar	22 Mar	2	2		
23 Mar	29 Mar	2	6		
27 Mar	29 Mar	2	2		
30 Mar	05 Apr	2	6		
03 Apr	05 Apr	2	2		
06 Apr	12 Apr	2	6		
10 Apr	12 Apr	2	2		
13 Apr	19 Apr	2	6		
17 Apr	19 Apr	2	2		
Total estimated value of accommodations <u>without</u> applicable taxes & fees (in USD \$):					
Total estimated value of accommodations <u>with</u> applicable taxes & fees (in USD \$):					

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001
File No. - N° du dossier
W3999-18V053

Buyer ID - Id de l'acheteur
Ip003
CCC No./N° CCC - FMS No./N° VME

Estimated room nights: 490

Indicate % of applicable Federal Tax: _____
Indicate % of applicable State Tax: _____
Indicate % of applicable Local Tax: _____
Indicate % of applicable Marketing Tax: _____
Other fees (if applicable): _____

MEETING SPACE REQUIREMENTS

Serial	Type of Room Requested	Dates Required	Time Requested	Daily Rental Rate/ (in USD \$)
#1	Conference Room	6 Mar 19	08:00 – 16:00	
	Interview Room # 1	6 Mar 19	10:00 – 16:00	
	Interview Room # 2			
#2	Conference Room	13 Mar 19	08:00 – 16:00	
	Interview Room # 1	13 Mar 19	10:00 – 16:00	
	Interview Room # 2			
#3	Conference Room	20 Mar 19	08:00 – 16:00	
	Interview Room # 1	20 Mar 19	10:00 – 16:00	
	Interview Room # 2			
#4	Conference Room	27 Mar 19	08:00 – 16:00	
	Interview Room # 1	27 Mar 19	10:00 – 16:00	
	Interview Room # 2			
#5	Conference Room	3 Apr 19	08:00 – 16:00	
	Interview Room # 1	3 Apr 19	10:00 – 16:00	
	Interview Room # 2			
#6	Conference Room	10 Apr 19	08:00 – 16:00	
	Interview Room # 1	10 Apr 19	10:00 – 16:00	
	Interview Room # 2			
#7	Conference Room	17 Apr 19	08:00 – 16:00	
	Interview Room # 1	17 Apr 19	10:00 – 16:00	
	Interview Room # 2			
Total estimated value of meeting spaces <u>without</u> applicable taxes & fees (in USD \$):				
Total estimated value of meeting spaces <u>with</u> applicable taxes & fees (in USD \$):				

Should conference rooms be complimentary, please indicate "No Charge" in the daily rental column.

Indicate % of service charge / gratuity (if applicable): _____

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PARKING REQUIREMENTS

Arrival 2019	Departure 2019	Estimated number of vehicles	Estimated number of nights (a)	Parking Spots Offered (b)	Daily rate (in USD \$) (c)	Total estimated value (in USD \$) (a*b*c)
02 March 19	19 April 19	6	48			
Total estimated value of parking <u>without</u> applicable taxes & fees (in USD \$):						
Total estimated value of parking <u>with</u> applicable taxes & fees (in USD \$):						

Should parking be included in the room rate, please indicate "No Charge" under parking.

Accommodations, Meeting Space & Parking, <u>without</u> taxes (in USD \$):	
Accommodations, Meeting Space & Parking, <u>with</u> taxes (in USD \$):	