



RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:
Bid Receiving - PWGSC / Réception des soumissions -
TPSGC
11 Laurier St. / 11, rue Laurier
Place du Portage, Phase III
Core 0B2 / Noyau 0B2
Gatineau, Québec K1A 0S5
Bid Fax: (819) 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
Electrical & Electronics Products Division
L'Esplanade Laurier
East Tower, 4th floor,
Ottawa
Ontario
K1A 0S5

Title - Sujet Panic buttons	
Solicitation No. - N° de l'invitation 21120-193881/A	Amendment No. - N° modif. 003
Client Reference No. - N° de référence du client 3043881	Date 2019-02-12
GETS Reference No. - N° de référence de SEAG PW-\$\$HN-472-76363	
File No. - N° de dossier hn472.21120-193881	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2019-03-06	
Time Zone Fuseau horaire Eastern Standard Time EST	
F.O.B. - F.A.B. Specified Herein - Précisé dans les présentes	
Plant-Usine: <input type="checkbox"/> Destination: <input type="checkbox"/> Other-Autre: <input checked="" type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Corluka, Gabriela	Buyer Id - Id de l'acheteur hn472
Telephone No. - N° de téléphone (613) 296-2571 ()	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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Buyer ID - Id de l'acheteur
hn472
CCC No. /N° CCC - FMS No. /N° VME

AMENDMENT #003

This amendment solicitation is raised to:

- A. Answer questions from the industry; and
- B. Make revision(s) and/or clarification(s) or provide additional information to the RFP document.



A. To answer questions 1-2 from the industry.

Question 1:

The STR states that all correspondence is to be in French, not sure why this is in there as I believe English and French are the official languages of Canada and this is a Federal Site. I understand the training portion but not all correspondence required.

Response 1:

Please refer to items B.1, B.2, and B.3 of Amendment 3.

Question 2:

The STR states a specific product, I have never seen this before to where a product is hard specified; would equivalent products be acceptable? Products that have been used at other Federal Institutions?

Response 2:

An equivalent product will be acceptable if it meets all requirements as specified in the STR.

B. Make revision(s) and/or clarification(s) or provide additional information to the RFP document.

1. Bidders are advised to refer to Section 4.0 Requirement, Item 4.4 Task 4 and Item 4.5 Task 5 of the STR and **DELETE** and **REPLACE** with the following:

4.4 Task 4

Deliver comprehensive operator training documentation and an instruction seminar in French and English.

Instruction seminar will be provided for users (1 hour) and for technical maintenance staff (4 hours).

4.5 Task 5

Deliver direct maintenance training documentation and instruction documentation and manuals in French and English. One copy per institution is required. Documentation must include all plans and wiring diagrams.

2. Bidders are advised to refer to Section 6.0 Constraints, Item 6.2 Language Requirements of the STR and **DELETE** and **REPLACE** with the following:

6.2 Language Requirements

CSC is under the obligation to respect the spirit and the letter of the Official Languages Act. It is, therefore, imperative that the Contractor ensures that:

- 1. Written and verbal communications with all CSC personnel at CCC Ogilvy and CCC Sherbrooke must be conducted in French and English.

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2. All meetings, telephone or teleconference discussions, email correspondence, and other communications with the TA must be conducted in French and English.

3. All Work deliverables must be completed in French and English.

All design work deliverables must be completed in French and English.

All meetings, telephone or teleconference discussions, email correspondence, and other communications with the TA must be conducted in French and English.

3. Bidders are advised to refer to Section 6. Interface, Item 6.4 Logging of the STR and **DELETE** and **REPLACE** with the following:

6.4. Logging

The system must log:

- All alarms;
- All alarm acknowledgements;
- All tests;
- All status changes; and
- All configuration changes.

All log messages must:

- Be in a human readable form (extended 8-bit ASCII to support French and English.); and
- As a minimum include the system, event, location, and timestamp to the nearest second.
- All logged data must be deleted within one month of being two years old.

4. See attached **APPENDIX 1** to AMENDMENT 003 for a security access form to be completed and submitted to the contracting authority prior to the site visit for each personnel attending the visits at CCC Ogilvy and CCC Sherbrooke.

ALL OTHER TERMS AND CONDITIONS OF THE BID SOLICITATION REMAIN UNCHANGED

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APPENDIX 1 TO AMENDMENT 003

See attached PDF document "Request to access a federal institution".



Request to access a federal institution

PERSONAL INFORMATION

Surname: _____ Full name: _____

Date of birth (YY-MM-DD): _____ Sex: M F

Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Street: _____ City: _____

Province: _____ Postal code: _____

Tel. Number: Home: (____) _____ Cellular: (____) _____

GENERAL INFORMATION

Have you ever been found guilty of a criminal offence or do you have any pending charges?

No Yes If so, which? _____

Do you know personally anyone incarcerated in a federal or provincial institution?

No Yes If so, what is the name? _____

Are you registered as an inmate's visitor or have you ever visited an inmate?

No Yes If so, what is the name? _____

Have you made a similar request for access in the last two years?

No Yes If so, for which institution? _____

What is the reason for your request to access a federal institution? _____

Name of your employer / educational institution? _____

Name of the employee responsible for the visit: _____

Privacy act statement

Personal information about you is collected under the authority of the *Corrections and Conditional Release Act* in order to authorize your access to a federal institution. This information is collected, with no obligation on your part, and held in the Security Clearance System (SCS); however, if you refuse to comply with any security verifications, your access privileges will be refused. The information that you provide cannot be disclosed to other persons without your consent, EXCEPT where disclosure would be justified pursuant to one of the paragraphs of subsection 8(2) of the Privacy Act. **Access may be denied for submitting false information. The institution reserves the right to refuse access to the applicant before, upon arrival or during the visit.**

I hereby authorize the Correctional Service of Canada to conduct any investigation it deems necessary to allow my access to their institution. I agree that the Correctional Service of Canada cannot be held accountable for any harm suffered in the course of my activities unless this harm is directly attributable to the negligence of one or more employees of the Service.

Applicant signature: _____ Date: _____

Signature of employee responsible for the visit: _____ Date: _____



RESERVED FOR THE PREVENTIVE SECURITY DEPARTMENT

Institution: _____

Access to the institution granted: No Yes

Name of Security intelligence officer: _____ Date: _____