



RETURN BIDS TO:

RETOURNER LES SOUMISSIONS À:

Public Works and Government Services / Travaux
publics et services gouvernementaux
Kingston Procurement
Des Acquisitions Kingston
86 Clarence Street, 2nd floor
Kingston
Ontario
K7L 1X3
Bid Fax: (613) 545-8067

**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

Address all inquiries to:
Tammy.Weaver@tpsgc-pwgsc.gc.ca

Vendor/Firm Name and Address

Raison sociale et adresse du
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution

Public Works and Government Services / Travaux
publics et services gouvernementaux
Kingston Procurement
Des Acquisitions Kingston
86 Clarence Street, 2nd floor
Kingston
Ontario
K7L 1X3

Title - Sujet Accommodations & Rations for CAAWC	
Solicitation No. - N° de l'invitation W2037-200008/A	Amendment No. - N° modif. 001
Client Reference No. - N° de référence du client W2037-20-0008	Date 2019-06-18
GETS Reference No. - N° de référence de SEAG PW-\$KIN-508-7811	
File No. - N° de dossier KIN-9-52006 (508)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2019-07-03	
Time Zone Fuseau horaire Eastern Daylight Saving Time EDT	
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: Weaver, Tammy	Buyer Id - Id de l'acheteur kin508
Telephone No. - N° de téléphone (613) 484-1809 ()	FAX No. - N° de FAX (613) 545-8067
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 No. - N° de l'invitation
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W2037-20-0008

Amd. No. - N° de la modif.
A001
File No. - N° du dossier
KIN-9-52006

Buyer ID - Id de l'acheteur
KIN508
CCC No./N° CCC - FMS No./N° VME

TABLE OF CONTENTS

ANNEX "A" 2

STATEMENT OF WORK2

DELETE:3

ANNEX "B"3

BASIS OF PAYMENT3

INSERT:4

ANNEX "B"4

BASIS OF PAYMENT4

Solicitation No. - N° de l'invitation
W2037-200008/A
Client Ref. No. - N° de réf. du client
W2037-20-0008

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KIN-9-52006

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

ANNEX "A"

STATEMENT OF WORK

Add the following

Parking:

Facility must have parking for 20 cars.

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W2037-200008/A
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A001
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KIN-9-52006

Buyer ID - Id de l'acheteur
KIN508
CCC No./N° CCC - FMS No./N° VME

Delete:

ANNEX "B"

BASIS OF PAYMENT

Pricing must be firm all-inclusive unit prices. HST will not be included in pricing and will be shown as a separate item on invoices.

All text in italics will be removed upon Contract award.

Accommodations

Item	Estimated # of Personnel (a)	Nights Required (b)	Firm Unit Price Per Person Per Night (c)	Extended Price (a x b x c)
21 July to 08 August, 2017	65	18	\$	\$
Total Estimated Cost of Accommodations (A)				\$

Meals

Item	Estimated # of Personnel (a)	Meals Required (b)	Firm Unit Price Per Person Per Meal (c)	Extended Price (a x b x c)
<u>July/August, 2019</u>				
Breakfast	65	18	\$	\$
Lunch	65	18	\$	\$
Dinner	65	18	\$	\$
Total Estimated Cost of Meals (B)				\$

Solicitation No. - N° de l'invitation
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A001
File No. - N° du dossier
KIN-9-52006

Buyer ID - Id de l'acheteur
KIN508
CCC No./N° CCC - FMS No./N° VME

Insert:

ANNEX "B"

BASIS OF PAYMENT

Pricing must be firm all-inclusive unit prices. HST will not be included in pricing and will be shown as a separate item on invoices.

All text in italics will be removed upon Contract award.

Accommodations

Item	Estimated # of Personnel (a)	Nights Required (b)	Firm Unit Price Per Person Per Night (c)	Extended Price (a x b x c)
21 July to 08 August, 2017	34	18	\$	\$
Parking		20	\$	\$
Total Estimated Cost of Accommodations (A)				\$

Meals

Item	Estimated # of Personnel (a)	Meals Required (b)	Firm Unit Price Per Person Per Meal (c)	Extended Price (a x b x c)
<u>July/August, 2019</u>				
Breakfast	34	18	\$	\$
Lunch	34	18	\$	\$
Dinner	34	18	\$	\$
Total Estimated Cost of Meals (B)				\$