



RETURN BIDS TO:

RETOURNER LES SOUMISSIONS À:

Bid Receiving - PWGSC / Réception des soumissions
→ TPSGC
10th Floor, 4900 Yonge Street /
10e étage, 4900 rue Yonge
Toronto
Ontario
M2N 6A6

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
Public Works and Government Services Canada
Ontario Region
10th Floor, 4900 Yonge Street
Toronto
Ontario
M2N 6A6

Title - Sujet Hogs Back Fixed Bridge & Dam Rehab	
Solicitation No. - N° de l'invitation EQ754-201218/A	Amendment No. - N° modif. 011
Client Reference No. - N° de référence du client R.079166.008	Date 2019-10-01
GETS Reference No. - N° de référence de SEAG PW-\$PWL-012-2487	
File No. - N° de dossier PWL-9-42042 (012)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2019-10-03	Time Zone Fuseau horaire Eastern Daylight Saving Time EDT
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input checked="" type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Caporusso, Mary	Buyer Id - Id de l'acheteur pwl012
Telephone No. - N° de téléphone (416) 318-8637 ()	FAX No. - N° de FAX (416) 952-1257
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction: PWGSC/TPSGC 4900 Yonge St Toronto ON M2N 6A6	

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
EQ754-201218/A

Amd. No. - N° de la modif.
011

Buyer ID - Id de l'acheteur
pwl012

Client Ref. No. - N° de réf. du client
R.079166.029

File No. - N° du dossier
PWL-9-42042

CCC No./N° CCC - FMS No./N° VME

Solicitation Amendment 011 is issued to provide the following:

Clarifications, Questions, Answers and Revisions

Q1. Drawings 224 and 225: Item 8 specifies "REBAR □ 12 x 725" with a square sign for the spindles/pickets. Is this a rebar, or a round smooth bar or a square bar?

Response: Item 8 on Drawings 224 and 225 is a square bar.

Q2. We'd like to inquire if our product, Type C expansion joint seal retainer, can be accepted as an equivalent product to the one specified on the contract drawings.

Response: Equivalent product that meets MTO and CSA standards or any standard outlined in the specifications or on the drawings would be acceptable. However, proposed equivalent product must be reviewed and approved by Departmental Representative prior to being used. Departmental Representative reserves the right to reject proposed product if it is determined that it does not meet the standards or project specific requirements outlined in project specifications.

Q3. Section 01 11 00, page 18 of 18 - Environmental Management Plan states that the "contractor shall submit Site Specific Environmental Management Plan within seven (30) days from the date of Notice to Proceed". Please clarify if this is to be 7 or 30 days.

Response: Section 01 11 00, Paragraph 1.48, Site Specific Environmental Management Plan is to be submitted within thirty (30) days from the date of Notice to Proceed.

Q4. The description of work to be provided on Qualification Forms 8D-Cast-in-place Concrete Subcontractor and 8E-Demolition Subcontractor is noted as "Cofferdam and Temporary Dewatering Work". Please advise if this is correct.

Response:

Please consider same correction as for Form 8C, Solicitation Amendment No. 3, Question 1, and Attachment 007 for revised form. "Cofferdam and Temporary Work" to be replaced by work in the title of the forms 8D and 8E.

REVISIONS:

APPENDIX 5 - QUALIFICATION FORMS

FORM No. 8D – Cast-in-place concrete Subcontractor Information

This is to confirm that the General Contractor will ☐ or will not ☐ be doing the Cofferdam and Temporary Dewatering work himself for the project. If the Cofferdam and Temporary Dewatering work is being done by the General Contractor, the remainder of this form, apart from the signature below, is to be left blank

"Cofferdam and Temporary Dewatering" should be replaced by "Cast-in-place Concrete" as in the title of Appendix 8D

APPENDIX 5 - QUALIFICATION FORMS

FORM No. 8E – Demolition Subcontractor Information

This is to confirm that the General Contractor will ☐ or will not ☐ be doing the Cofferdam and Temporary Dewatering work himself for the project. If the Cofferdam and Temporary Dewatering work is being done by the General Contractor, the remainder of this form, apart from the signature below, is to be left blank

"Cofferdam and Temporary Dewatering" should be replaced by "Demolition" as in the title of Appendix 8E

Refer to revised forms 8D and 8E attached.

Solicitation No. - N° de l'invitation
EQ754-201218/A

Amd. No. - N° de la modif.
011

Buyer ID - Id de l'acheteur
pwl012

Client Ref. No. - N° de réf. du client
R.079166.029

File No. - N° du dossier
PWL-9-42042

CCC No./N° CCC - FMS No./N° VME

APPENDIX 5 - QUALIFICATIONS FORMS

FORM No. 8D – Cast-in-place concrete Subcontractor Information

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN
ENVELOPE 1 - QUALIFICATIONS)

This is to confirm that the General Contractor will ☐ or will not ☐ be doing the Cast-in-place concrete work himself for the project. If the Cast-in-place concrete work is being done by the General Contractor, the remainder of this form, apart from the signature below, is to be left blank

Company Name: _____

Full Address: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Contact Name: _____

Title: _____

Firm's Main Field of Activity: _____

Name (printed)

Solicitation No. - N° de l'invitation
EQ754-201218/A

Amd. No. - N° de la modif.
011

Buyer ID - Id de l'acheteur
pwl012

Client Ref. No. - N° de réf. du client
R.079166.029

File No. - N° du dossier
PWL-9-42042

CCC No./N° CCC - FMS No./N° VME

Signature

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APPENDIX 5 - QUALIFICATIONS FORMS

FORM No. 8E – Demolition Subcontractor Information

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN
ENVELOPE 1 - QUALIFICATIONS)

*This is to confirm that the General Contractor will ☐ or will not ☐ be doing the **Demolition** work himself for the project. If the **Demolition** work is being done by the General Contractor, the remainder of this form, apart from the signature below, is to be left blank*

Company Name:

Full Address:

Telephone Number:

Fax Number:

E-mail Address:

Contact Name:

Title:

Firm's Main Field of Activity:

Name (printed)

Signature