



RETURN BIDS TO:

RETOURNER LES SOUMISSIONS À:

Bid Receiving - PWGSC/Réception des soumissions –
TPSGC
See herein

**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
Business Operations Support Systems
Division/Systèmes de soutien des activités
opérationnelles
Terrasses de la Chaudière 4th Floor
10 Wellington Street
Gatineau
Quebec
K1A 0S5

Title - Sujet Health Services Remote Screening & Health Assessments by Telephone	
Solicitation No. - N° de l'invitation H1020-204062/A	Amendment No. - N° modif. 004
Client Reference No. - N° de référence du client H1020-204062	Date 2021-04-01
GETS Reference No. - N° de référence de SEAG PW-\$\$XS-007-39215	
File No. - N° de dossier 007xs.H1020-204062	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM Eastern Daylight Saving Time EDT on - le 2021-04-08 Heure Avancée de l'Est HAE	
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: Gordon, Emily	Buyer Id - Id de l'acheteur 007xs
Telephone No. - N° de téléphone (613) 407-3881 ()	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 No. - N° de l'invitation
H1020-204062/A
Client Ref. No. - N° de réf. du client
H1020-204062

Amd. No. - N° de la modif.
004
File No. - N° du dossier
007xs.H1020-204062

Buyer ID - Id de l'acheteur
007xs
CCC No./N° CCC - FMS No./N° VME

AMENDMENT 004

Amendment 004 is raised to:

1. Provide answers to questions received with regards to this Request for Proposals (RFP); and
 2. Revise the Pricing Schedule.
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Note: Questions may have been modified and/or condensed.

QUESTIONS AND ANSWERS

Q8. With attention to the Pricing Schedule within the Financial Evaluation, can Public Health Agency of Canada please provide instruction confirming what value should be inputted within the 'total value column'? Specifically, can it be confirmed that the calculation of column (E) = (B) x (C) x (D)?

A8. Yes, the calculation of column (E) = (B) x (C) x (D). Please refer to modification 1 below.

MODIFICATIONS TO THE SOLICITATION

The Request for Proposals (RFP) is hereby modified as follows:

1.1.1.1 At 4.1.3.2 Calculation of the Total Evaluated Price:

DELETE: Table 1: Pricing Schedule

INSERT:

Table 1: Pricing Schedule

Resource	All-Inclusive Firm Hourly Rate	Estimated Level of Effort (Hours)	Estimated Number of Resources	Total Value (in CDN\$, taxes excluded) (B) x (C) x (D)
(A)	(B)	(C)	(D)	(E)
Period: Initial Contract Period (12 months)				
Registered Nurse – Clinical Screening Officer		8,760	1	\$ -
Registered Nurse – Quarantine Officer		8,760	3	\$ -
Screening Officer		8,760	2	\$ -
Period: Option Period 1 (6 months)				
Registered Nurse – Clinical Screening Officer		4,380	1	\$ -
Registered Nurse – Quarantine Officer		4,380	3	\$ -
Screening Officer		4,380	2	\$ -
Period: Option Period 2 (6 months)				
Registered Nurse – Clinical Screening Officer		4,380	1	\$ -
Registered Nurse – Quarantine Officer		4,380	3	\$ -
Screening Officer		4,380	2	\$ -
Period: Option Period 3 (6 months)				
Registered Nurse – Clinical Screening Officer		4,380	1	\$ -
Registered Nurse – Quarantine Officer		4,380	3	\$ -
Screening Officer		4,380	2	\$ -
Period: Option Period 4 (6 months)				
Registered Nurse – Clinical Screening Officer		4,380	1	\$ -
Registered Nurse – Quarantine Officer		4,380	3	\$ -
Screening Officer		4,380	2	\$ -
Total Bid Price:				\$ -

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.