



**RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:**

**Bid Receiving Box/Boîte de Réception des
Soumissions**

1st Floor/1^{ère} étage, Suite 1212

100-1045 Main Street

Moncton

New Brunswick

E1C 1H1

Bid Fax: (506) 851-6759

**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

Acquisitions NB/PEI (Moncton Office) – Bureau

d'acquisitions N.-B./Î.-P.-É. (Moncton)

1045 Main Street / 1045, rue Main

Moncton

New Bruns

E1C 1H1

Title - Sujet Health Care of Excellence	
Solicitation No. - N° de l'invitation EC016-211079/A	Amendment No. - N° modif. 005
Client Reference No. - N° de référence du client EC016-211079	Date 2021-06-03
GETS Reference No. - N° de référence de SEAG PW-\$PWJ-005-5986	
File No. - N° de dossier PWJ-0-43065 (005)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM Atlantic Daylight Saving Time ADT on - le 2021-06-15 Heure Avancée de l'Atlantique HAA	
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: Lomax (PWJ), Sandra	Buyer Id - Id de l'acheteur pwj005
Telephone No. - N° de téléphone (506) 639-8503 ()	FAX No. - N° de FAX (506) 851-6759
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

This Solicitation Amendment No. five (5) is raised to include the following Addendum No. five (5).

The following Addendum to the tender is effective immediately. This addendum shall form part of the contract documents.

All other terms and conditions remain the same.

QUESTION AND ANSWERS

1. We understand the number of beds expected in the Health Centre of Excellence is 155. Please clarify what types of healthcare beds are expected to be included (i.e., mental health, emergency, recovery, etc.).

The expected bed types and quantities are as follows:

Description	Current Capacity	Proposed Capacity
<i>Psychiatric Hospital Beds</i>	<i>4</i>	<i>30</i>
<i>Intermediate Care Beds *</i>	<i>49</i>	<i>100</i>
<i>Regional Hospital Beds</i>	<i>4</i>	<i>15</i>
<i>Women's Mental Health Beds **</i>	<i>0</i>	<i>10</i>
Total	57	155

** includes capacity to address the needs of aging offenders who require access to 24/7 health care*

*** can include both hospital and non-hospital beds*

2. Please clarify if completed projects pertain to both the Proponents Projects (Section 3.2.1) and Sub-consultants / Specialists Projects (Section 3.2.2) or if sub-consultant / specialists projects can be under construction.
The requirement for completed projects pertains to both. Refer to Question 10 and Question 12 of Amendment 3 for additional clarifications.