



**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

Quebec

K1A0S5

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**

THIS DOCUMENT CONTAINS A SECURITY  
REQUIREMENT / CE DOCUMENT CONTIENT  
UNE EXIGENCE DE SÉCURITÉ

**Vendor/Firm Name and Address**

Raison sociale et adresse du  
fournisseur/de l'entrepreneur

**Issuing Office - Bureau de distribution**

Informatics Professional Services Division/Division des  
services professionnels en informatique  
Terrasses de la Chaudière 4th Floo  
10 Wellington Street  
Gatineau  
Quebec  
K1A0S5

<b>Title - Sujet</b> Digital Policing Professional Svcs Digital Policing Professional Services	
<b>Solicitation No. - N° de l'invitation</b> M7594-211047/A	<b>Amendment No. - N° modif.</b> 008
<b>Client Reference No. - N° de référence du client</b> M7594-211047	<b>Date</b> 2021-10-18
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$IPS-006-39882	
<b>File No. - N° de dossier</b> 006ips.M7594-211047	<b>CCC No./N° CCC - FMS No./N° VME</b>
<b>Solicitation Closes - L'invitation prend fin</b> <b>at - à 02:00 PM</b> Eastern Daylight Saving Time EDT <b>on - le 2021-10-22</b> Heure Avancée de l'Est HAE	
<b>F.O.B. - F.A.B.</b>	
<b>Plant-Usine:</b> <input type="checkbox"/> <b>Destination:</b> <input type="checkbox"/> <b>Other-Autre:</b> <input type="checkbox"/>	
<b>Address Enquiries to: - Adresser toutes questions à:</b> Aresta, Arden	<b>Buyer Id - Id de l'acheteur</b> 006ips
<b>Telephone No. - N° de téléphone</b> (613) 858-9160 ( )	<b>FAX No. - N° de FAX</b> ( ) -
<b>Destination - of Goods, Services, and Construction:</b> <b>Destination - des biens, services et construction:</b>	

Instructions: See Herein

Instructions: Voir aux présentes

<b>Delivery Required - Livraison exigée</b>	<b>Delivery Offered - Livraison proposée</b>
<b>Vendor/Firm Name and Address</b> <b>Raison sociale et adresse du fournisseur/de l'entrepreneur</b>	
<b>Telephone No. - N° de téléphone</b> <b>Facsimile No. - N° de télécopieur</b>	
<b>Name and title of person authorized to sign on behalf of Vendor/Firm</b> <b>(type or print)</b> <b>Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)</b>	
<b>Signature</b>	<b>Date</b>

<b>Solicitation No. – N° de l’invitation</b> M7594-211047/A	<b>Amd. No – N° de la modif.</b> 008	<b>Buyer ID – Id de l’acheteur</b> 006IPS
<b>Client Ref. No. – N° de réf. De client</b> M7594-211047	<b>File No. – N° du dossier</b> 006IPS. M7594-211047	<b>CCC No./ N° CCC – FMS No/ N° VME</b>

## SOLICITATION AMENDMENT NO. 008

This amendment is raised to add the following to the RFP:

This requirement is subject to the COVID-19 Vaccination Policy for Supplier Personnel. Failure to complete and provide the COVID-19 Vaccination Requirement Certification as part of the bid will render the bid non-responsive.

In accordance with the COVID-19 Vaccination Policy for Supplier Personnel, all Bidders must provide with their bid, the COVID-19 Vaccination Requirement Certification attached to this bid solicitation, to be given further consideration in this procurement process. This Certification incorporated into the bid solicitation on its closing date is incorporated into, and forms a binding part of any resulting Contract.

### COVID-19 Vaccination Requirement Certification

I, \_\_\_\_\_ (*first and last name*), as the representative of  
 \_\_\_\_\_ (*name of business*) pursuant to  
 \_\_\_\_\_ (*insert solicitation number*), warrant and certify that  
 all personnel that \_\_\_\_\_ (*name of business*) will provide on  
 the resulting Contract who access federal government workplaces where they may come into  
 contact with public servants will be:

- (a) fully vaccinated against COVID-19 with Health Canada-approved COVID-19 vaccine(s); or
- (b) for personnel that are unable to be vaccinated due to a certified medical contraindication,  
 religion or other prohibited grounds of discrimination under the *Canadian Human Rights Act*, subject  
 to accommodation and mitigation measures that have been presented to and approved by  
 Canada;

until such time that Canada indicates that the vaccination requirements of the COVID-19  
 Vaccination Policy for Supplier Personnel are no longer in effect.

I certify that all personnel provided by \_\_\_\_\_ (*name of business*) have been notified of the  
 vaccination requirements of the Government of Canada’s COVID-19 Vaccination Policy for Supplier Personnel, and  
 that the \_\_\_\_\_ (*name of business*) has certified to their compliance with this requirement.

<b>Solicitation No. – N° de l'invitation</b> M7594-211047/A	<b>Amd. No – N° de la modif.</b> 008	<b>Buyer ID – Id de l'acheteur</b> 006IPS
<b>Client Ref. No. – N° de réf. De client</b> M7594-211047	<b>File No. – N° du dossier</b> 006IPS. M7594-211047	<b>CCC No./ N° CCC – FMS No/ N° VME</b>

I certify that the information provided is true as of the date indicated below and will continue to be true for the duration of the Contract. I understand that the certifications provided to Canada are subject to verification at all times. I also understand that Canada will declare a contractor in default, if a certification is found to be untrue, whether made knowingly or unknowingly, during the bid or contract period. Canada reserves the right to ask for additional information to verify the certifications. Failure to comply with any request or requirement imposed by Canada will constitute a default under the Contract.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Optional

For data purposes only, initial below if your business already has its own mandatory vaccination policy or requirements for employees in place. Initialing below **is not** a substitute for completing the mandatory certification above.

Initials: \_\_\_\_\_

Information you provide on this Certification Form and in accordance with the Government of Canada's COVID-19 Vaccination Policy for Supplier Personnel will be protected, used, stored and disclosed in accordance with the Privacy Act. Please note that you have a right to access and correct any information on your file, and you have a right to file a complaint with the Office of the Privacy Commissioner regarding the handling of your personal information. These rights also apply to all individuals who are deemed to be personnel for the purpose for the Contract and who require access to federal government workplaces where they may come into contact with public servants.

**ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED**