



RETURN BIDS TO:

RETOURNER LES SOUMISSIONS À:

Travaux publics et Services gouvernementaux
Canada

Voir dans le document/
See herein

NA

Québec

NA

**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

Ce besoin contient des EXIGENCES EN MATIÈRE DE SÉCURITÉ.

Vendor/Firm Name and Address

Raison sociale et adresse du
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution

Travaux publics et Services gouvernementaux Canada
Place Bonaventure, portail Sud-Oue
800, rue de La Gauchetière Ouest
7e étage, suite 7300
Montréal
Québec
H5A 1L6

Title - Sujet 2 Test Sets for radios	
Solicitation No. - N° de l'invitation W1985-223326/B	Amendment No. - N° modif. 002
Client Reference No. - N° de référence du client W1985-223326	Date 2021-10-20
GETS Reference No. - N° de référence de SEAG PW-SMTA-130-16289	
File No. - N° de dossier MTA-1-44015 (130)	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 2021-10-29 Heure Avancée de l'Est HAE	
F.O.B. - F.A.B. Specified Herein - Précisé dans les présentes	
Plant-Usine: <input type="checkbox"/> Destination: <input type="checkbox"/> Other-Autre: <input checked="" type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Caty, Mélanie	Buyer Id - Id de l'acheteur mta130
Telephone No. - N° de téléphone (438) 340-1557 ()	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

Amendment 002

This invitation is, hereby, modified as follow:

1. **Closing Date Extension: from October 22, 2021 (2pm) to October 29, 2021 (2pm)**

If your Bid has already been forwarded and you wish to revise it, the revision should be sent before the new closing date. The Invitation number and the new closing date are to be shown on page 1 of the Invitation.

2. Sous **PART 1 - GENERAL INFORMATION**

Insert :

1.5 COVID-19 vaccination requirement

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.

3. Sous **PART 5 – CERTIFICATIONS AND ADDITIONAL INFORMATION**

Insert :

5.1.2 Additional Certifications Required with the Bid

5.1.2.1 COVID-19 vaccination requirement certification

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. **(ANNEX F)**

4. Sous **PART 6 - RESULTING CONTRACT CLAUSES**

Insert :

6.3.2 Supplemental General Conditions

4013 – Revisions to the Standard Acquisition Clauses and Conditions Manual

The Contractor must comply and ensure that its employees and subcontractors comply with all security measures, standing orders, policies or other rules in force at the site where the Work is performed.

5. Sous **ANNEX**

Insert :

ANNEX F

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.

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.

Solicitation No. - N° de l'invitation
W1985-223326/B
Client Ref. No. - N° de réf. du client
W1985-22-3326

Amd. No. - N° de la modif.
002
File No. - N° du dossier
MTA-1-44015

Buyer ID - Id de l'acheteur
MTA130
CCC No./N° CCC - FMS No./N° VME

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.