



RETURN BIDS TO:

RETOURNER LES SOUMISSIONS À:

Bid Receiving Public Works and Government
Services Canada/Réception des soumissions Travaux
publics et Services gouvernementaux Canada
800 Burrard Street, Room 219
800, rue Burrard, pièce 219
Vancouver
British Columbia
V6Z 0B9
Bid Fax: (604) 775-9381

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 - Pacific
Region
800 Burrard Street, Room 219
800, rue Burrard, pièce 219
Vancouver
British C
V6Z 0B9

Title - Sujet Building Envelope Replacement	
Solicitation No. - N° de l'invitation EZ899-221198/A	Amendment No. - N° modif. 001
Client Reference No. - N° de référence du client	Date 2021-10-27
GETS Reference No. - N° de référence de SEAG PW-\$PWY-036-9062	
File No. - N° de dossier PWY-1-44104 (036)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM Pacific Standard Time PST on - le 2021-11-09 Heure Normale du Pacifique HNP	
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: Martin (PWY), Delia	Buyer Id - Id de l'acheteur pwy036
Telephone No. - N° de téléphone (778) 707-2139 ()	FAX No. - N° de FAX (604) 775-6633
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction: RCMP – New Aiyansh, BC	

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. - N° de l'off. à comm.
EZ899-221198/A

Amd. No. - N° de la modif.
001

Buyer ID - Id de l'acheteur
pwy036

Client Ref. No. - N° de réf. du client
R.109029.001

File No. - N° du dossier

CCC No./N° CCC - FMS No/ N° VME

This Amendment #001 is raised to:

- 1: Add SI14 COVID-19 Vaccination Requirement and Certification
 - 2: Add SC03 Compliance with on-site measures, standing orders, policies, and rules
 - 3: Add APPENDIX 3 - COVID-19 Vaccination Requirement Certification
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1: ADD the following Special Instruction:

SI14 COVID-19 VACCINATION REQUIREMENT AND CERTIFICATION

This requirement is subject to 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 (Appendix 3).

This Certification incorporated into the bid solicitation on its closing date is incorporated into, and forms a binding part of any resulting Contract. Failure to complete and provide the COVID-19 Vaccination Requirement Certification as part of the bid will render the bid non-responsive.

2: ADD the following Supplementary Condition:

SC03 COMPLIANCE WITH ON-SITE MEASURES, STANDING ORDERS, POLICIES, AND RULES

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.

3: ADD Appendix 3 – Covid-19 Vaccination Requirement Certification

Appendix 3 attached

All other terms and conditions remain unchanged.

APPENDIX 3 - 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 this Contract who access federal
government workplaces within Canada 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 mandatory vaccination requirements of the Mandatory 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.

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.