



## 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, Québec K1A 0S5

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

### Vendor/Firm Name and Address

Raison sociale et adresse du  
fournisseur/de l'entrepreneur

### Issuing Office - Bureau de distribution

Training and Specialized Services Division/Division de  
la formation et des services spécialisés  
Terrasses de la Chaudière 5th Floor  
Terrasses de la Chaudière 5e étage  
10 Wellington Street,  
10, rue Wellington,  
Gatineau  
Québec  
K1A 0S5

<b>Title - Sujet</b> Forensic Biology Casework	
<b>Solicitation No. - N° de l'invitation</b> M7594-204923/A	<b>Amendment No. - N° modif.</b> 001
<b>Client Reference No. - N° de référence du client</b> M7594-204923	<b>Date</b> 2021-11-04
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$\$ZH-163-39970	
<b>File No. - N° de dossier</b> 163zh.M7594-204923	<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 Standard Time EST <b>on - le 2021-11-17</b> Heure Normale du l'Est HNE	
<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> MacNeil, Blaine	<b>Buyer Id - Id de l'acheteur</b> 163zh
<b>Telephone No. - N° de téléphone</b> (902) 403-3918 ( )	<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/</b> <b>de l'entrepreneur (taper ou écrire en caractères d'imprimerie)</b>	
<b>Signature</b>	<b>Date</b>

Solicitation No. - N° de l'invitation  
M7594-204923/A  
Client Ref. No. - N° de réf. du client  
20204923

Amd. No. - N° de la modif.  
001  
File No. - N° du dossier  
M7594-204923  
**Amendment 001**

Buyer ID - Id de l'acheteur  
163zh  
CCC No./N° CCC - FMS No./N° VME

1. Please note that the solicitation closing date has been extended until 17 November 2021.
2. Please note that Section 2.4 Enquiries – Bid Solicitation is amended as follows:

In the first paragraph, “10 calendar days” is deleted.

Inserted in its place is, “5 calendar days”.

**3. Please note the following clauses are inserted in the solicitation:**

**At Part 1, Section 1.2 Summary, “1.2.6**

- **“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.”**

**At Part 5, “5.1**

- **“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.”**

Solicitation No. - N° de l'invitation  
M7594-204923/A  
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M7594-204923

Buyer ID - Id de l'acheteur  
163zh  
CCC No./N° CCC - FMS No./N° VME

## 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 or a disability, religious grounds, or other prohibited grounds of discrimination as defined in applicable human rights legislation only, 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.

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

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

Solicitation No. - N° de l'invitation  
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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.

Solicitation No. - N° de l'invitation

M7594-204923/A

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All other terms and conditions remain unchanged.