



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

Electronics, Simulators and Defence Systems Div.
/Division des systèmes électroniques et des systèmes de
simulation et de défense
11 Laurier St. / 11, rue Laurier
8C2, Place du Portage
Gatineau
Québec
K1A 0S5

Title - Sujet Portable Electronic Navigation Simu Portable Electronic Navigation Simulators	
Solicitation No. - N° de l'invitation F5411-300004/B	Amendment No. - N° modif. 002
Client Reference No. - N° de référence du client F5411-300004	Date 2021-11-08
GETS Reference No. - N° de référence de SEAG PW-\$\$QF-130-28334	
File No. - N° de dossier 130qf.F5411-300004	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM Eastern Standard Time EST on - le 2021-11-17 Heure Normale du l'Est HNE	
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Holmes, Brenden	Buyer Id - Id de l'acheteur 130qf
Telephone No. - N° de téléphone (819) 664-6516 ()	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 is raised to change the solicitation closing date and to incorporate the COVID-19 vaccination requirements.

ACTION:

Change the solicitation closing date

DELETE: 2021-11-10 14:00 EST

INSERT: 2021-11-17 14:00 EST

ACTION:

Under Part 2 – Bidder Instructions, insert the following clause:

2.7 A3080T *NEW* 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.

ACTION:

Under Part 6 – Resulting Contract Clauses, article 6.3.2 Supplemental General Conditions, insert the following clause:

4013 - *NEW* 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.

ACTION:

Under Part 5 – Certifications and Additional Information, insert the following clause:

5.3 A3081T *NEW* 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.

ACTION:

Insert attached Annex “D” – COVID 19 Vaccination Requirement Certification

ANNEX "D"
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.

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

Solicitation No. - N° de l'invitation
F5411-300004/B
Client Ref. No. - N° de réf. du client
F5411-300004

Amd. No. - N° de la modif.
002
File No. - N° du dossier
130qf-F5411-300004

Buyer ID - Id de l'acheteur
130qf
CCC No./N° CCC - FMS No./N° VME

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.