



RETURN BIDS TO:

RETOURNER LES SOUMISSIONS À:

Bid Receiving PWGSC/TPSGC reception des
soumissions

Victory Building/Édifice Victory

Room 310/pièce 310

269 Main Street/269 rue Main

Winnipeg

Manitoba

R3C 1B3

Bid Fax: (418) 566-6167

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 -
Western Region

Victory Building/Édifice Victory

Room 310/pièce 310

269 Main Street/269 rue Main

Winnipeg

Manitoba

R3C 1B3

Title - Sujet HVAC System Consultant HVAC Assessment and Replacement, & Carbon Neutral Study	
Solicitation No. - N° de l'invitation EW038-230858/A	Amendment No. - N° modif. 004
Client Reference No. - N° de référence du client DFO - EW038-230858	Date 2022-11-14
GETS Reference No. - N° de référence de SEAG PW-SPWZ-202-11377	
File No. - N° de dossier PWZ-2-45016 (202)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM Central Standard Time CST on - le 2022-11-22 Heure Normale du Centre HNC	
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: Thompson, Valerie	Buyer Id - Id de l'acheteur pwz202
Telephone No. - N° de téléphone (204) 509-0349 ()	FAX No. - N° de FAX (418) 566-6167
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

ITEM 1) SRE 2 PROPOSAL REQUIREMENTS

2.5 Specific Requirements for Proposal Format

The maximum number of pages (including text and graphics) to be submitted for the Rated Requirements under SRE 3.2 is amended as follows:

DELETE twenty-five (25) pages, and **INSERT** thirty (30) pages

ITEM 2) DELETE the original Price Proposal "C" form and **REPLACE** with the attached Price Proposal "C" marked revised November 10, 2022.

ITEM 3) INSERT THE FOLLOWING CLARIFICATIONS:

Question 1. - Considering that the actual Professional Consulting Service fees for Phases 2 and 3 will be impossible to determine at this time and until Phase 1 and 1A are completed, will the Budget fees for Phase 2 and 3 be excluded for the evaluation criteria for the proponents as this scoring will affect the selection?

RESPONSE 1. – Phases 2 and 3 will be included in the evaluation. An estimated construction amount of \$3,300,000.00 was provided in Section 1.6.1.1 of the Terms of Reference. Based on the information provided and this Construction estimate an estimate for Phases 2 and 3 should be able to be provided. Should that price increase or decrease significantly based on the findings in the first Phase then the pricing can be adjusted, and the revised price will be awarded via an amendment for the later phases.

Question 2. - Based on the fact that a realistic fee cannot be submitted for phases 2 and 3, we request that these budgeted fees not be included in the evaluation portion of the proposal but only to allow PWGSC to budget for the next Fiscal year.

RESPONSE 2. – These phases will be included in the evaluation. As mentioned above an estimate should be able to be provided based on the provided estimated construction cost.

Solicitation No. - N° de l'invitation
EW038-230858/A

Amd. No. - N° de la modif.
004

Buyer ID - Id de l'acheteur
PWZ202

Client Ref. No. - N° de réf. du client
DFO-EW038-230858

File No. - N° du dossier
PWZ-2-45016

CCC No./N° CCC - FMS No./N° VME

APPENDIX C - PRICE PROPOSAL FORM

"Revised November 10, 2022"

INSTRUCTIONS:

- Complete this Price Proposal Form and submit in accordance with the instructions in this solicitation;
- Price Proposals are not to include Applicable Taxes;
- PROPONENTS SHALL NOT ALTER THIS FORM

Project Title: Architectural and Engineering Services, Hay River, North West Territories, DFO-CCG HVAC Assessment and Replacement, & Carbon Neutral Studies

Name of Proponent: _____

The following will form part of the evaluation process

REQUIRED SERVICES

Fixed Fee R1230D (2018-06-21) [GC 5 - Terms of Payment – Architectural and/or Engineering Services](#)

SERVICES	FIXED FEE
Phase 1 and 1A	
Phase 2	
Phase 3	
MAXIMUM FIXED FEES Required Services	\$.....

**TOTAL COST OF REQUIRED SERVICES FOR PROPOSAL EVALUATION PURPOSE
PHASES 1 to 4**

TOTAL FEE FOR REQUIRED SERVICES

\$..... GST extra

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The following will NOT form part of the evaluation process

Canada may accept or reject any of the following fees, disbursements and/or hourly rates. Canada reserves the right to negotiate on these fees, disbursements and/or hourly rates.

DISBURSEMENTS

At cost without allowance for mark-up or profit, supported by invoices/receipts - see clause [R1230D \(2018-06-21\), GC 5 - Terms of Payment– Architectural and/or Engineering Services, section GC5.12 Disbursements:](#)

Specify	Enter Limit
Travel Costs	\$20,000.00

MAXIMUM AMOUNT FOR DISBURSEMENTS	\$20,000.00 GST included
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CCC No./N° CCC - FMS No./N° VME

THE FOLLOWING HOURLY RATES MAY BE USED FOR FUTURE CONTRACT AMENDMENTS

Principals		
	Name(s)	Hourly rate
1	[insert name]	\$.....
2		\$.....
3		\$.....
4		\$.....
5		\$.....
X		\$.....
X		\$.....
X		\$.....
X		\$.....
X		\$.....
X		\$.....
X		\$.....
X		\$.....
X		\$.....
X		\$.....
X		\$.....

Staff		
	Name(s)	Hourly rate
1	[insert name]	\$.....
2		\$.....
3		\$.....
4		\$.....
5		\$.....
6		\$.....
7		\$.....
8		\$.....
9		\$.....
10		\$.....
11		\$.....
12		\$.....
13		\$.....
14		\$.....
15		\$.....

END OF PRICE PROPOSAL FORM