REQUEST FOR QUOTATION DOCUMENT

For Contract Administration Services

(Single or Multiple Construction Contracts)

PART C- FORMS AND NOTICES

Version 3.1
March 2018

Ministry of Transportation
Ontario
REQUEST FOR QUOTATION

FORM 1 - OFFER AND ACCEPTANCE (ITEM PRICE)

Assignment Number: ____________

TO:  Her Majesty the Queen in right of the Province of Ontario represented by the Minister of Transportation for the Province of Ontario (the "Ministry").

FROM: ____________________________________________

(the "Service Provider")

ADDRESS: ____________________________________________

OFFER

The Service Provider hereby offers to provide the Services and Deliverables specified in the Request for Quotation ("RFQ") annexed hereto and forming part hereof in accordance with the RFQ, including the Terms and Conditions, for the Lump Sum Price of $______ and agrees that upon acceptance of this Offer by the Ministry, this Offer, attached Tables 1 and 2 found in Section 3.8 of Part A of the RFQ and Forms 2, 3, 4, 5, 6 (if applicable), and 7 found in Part C of the RFQ and this RFQ shall form a legally binding Agreement.

The Lump Sum Price listed above should not include HST.

Canada and Ontario have entered into a Comprehensive Integrated Tax Coordination Agreement whereby Ontario has agreed to pay harmonized sales tax (HST) on its purchases. For Deliverables provided on or after July 1, 2010, the supplier shall invoice and collect HST from the Ministry for the Deliverables in accordance with the provisions of the Excise Tax Act, R.S.C. 1985, c.E-15, as amended or replaced from time to time.

This Offer shall be irrevocable and open for acceptance for a period of ninety (90) calendar days following the Quotation submission Deadline.

An Authorized Signing Officer (name)  
(Contact/Alternate Contact listed in RAQS) ____________________________________________

(Signature) ____________________________________________

(Date) ____________________________________________

(Telephone Number) ____________________________________________
REQUEST FOR QUOTATION

FORM 1(a) - OFFER AND ACCEPTANCE (LUMP SUM PRICE)

Assignment Number: ____________

TO: Her Majesty the Queen in right of the Province of Ontario represented by the Minister of Transportation for the Province of Ontario (the "Ministry").

FROM: _______________________________________________

(the "Service Provider")

ADDRESS: __________________________________________

OFFER

The Proponent hereby acknowledges that it has examined all the RFQ documents, including any addenda issued prior to the Quotation submission Deadline.

The Service Provider hereby offers to provide the Services and Deliverables specified in the Request for Quotation ("RFQ") annexed hereto and forming part hereof in accordance with the RFQ, including the Terms and Conditions, for the Lump Sum Price Total of $_________ and agrees that upon acceptance of this Offer by the Ministry, this Offer, attached Tables 1 and 2 found in Section 3.8 of Part A of the RFQ and Forms 2, 3, 4, 5, 6 (if applicable), and 7 found in Part C of the RFQ and this RFQ shall form a legally binding Agreement.

The Lump Sum Price listed above should not include HST.

Canada and Ontario have entered into a Comprehensive Integrated Tax Coordination Agreement whereby Ontario has agreed to pay harmonized sales tax (HST) on its purchases. For Deliverables provided on or after July 1, 2010, the supplier shall invoice and collect HST from the Ministry for the Deliverables in accordance with the provisions of the Excise Tax Act, R.S.C. 1985, c.E-15, as amended or replaced from time to time.

This Offer shall be irrevocable and open for acceptance for a period of ninety (90) calendar days following the Quotation Submissions Deadline.

An Authorized Signing Officer (name) (Contact/Alternate Contact listed in RAQS) ____________________________________________

(Signature) ____________________________________________

(Date) ______________________________________________

(Telephone Number) __________________________________
ACCEPTANCE

Assignment Number: _____________

The Ministry hereby accepts the Offer of the Service Provider to provide the Services and Deliverables specified in the RFQ annexed hereto and forming part hereof, in accordance with the RFQ, including the Terms and Conditions, and has caused its duly authorized official to execute this Acceptance this ___________ day of __________, ____.

HER MAJESTY THE QUEEN in right of the Province of Ontario, represented by the Minister of Transportation for the Province of Ontario

________________________________
Signature of Regional/ Office Manager

________________________________
Signature of Regional Director

________________________________
Signature of Assistant Deputy Minister
REQUEST FOR QUOTATION

FORM 2 - ADDITIONAL INFORMATION

Assignment Number: ____________

2. BRIEF HISTORY OF SERVICE PROVIDER’S ORGANIZATION

2.1 Legal Name of Business:

2.2 OWNER(S); PARTNER(S); CORPORATE OFFICER(S)/TITLE:

2.3 BUSINESS ADDRESS: Street, City, Province, Postal Code
    Telephone Number
    Facsimile Number

2.4 IDENTIFICATION OF PROJECT MANAGER

2.5 POSITION AND QUALIFICATIONS OF EACH OF THE STAFF MEMBERS ASSIGNED IN RELATION TO THIS RFQ.

Only attach Resumes for positions requiring resumes in the Project Terms of Reference. All resumes must be accompanied by a consent form signed by the individual to the disclosure of the resume.

NOTE: The Freedom of Information and Protection of Privacy Act Prohibits indirect collection of personal information without the consent of the individual concerned.

The response to this section shall also include the firm’s agreement to the following statement, Proponent hereby declares to the Ministry that staff of sufficient numbers and qualifications will be provided as necessary at all times during this assignment.

2.6 PREVIOUS EXPERIENCE OF THE PROPOSENT WITH REFERENCE TO THE PROJECT DESCRIPTION, DELIVERABLES AND SERVICES

2.7 SUMMARY IN NARRATIVE FORM OF THE PROVIDER’S UNDERSTANDING OF THE PROJECT TASKS AND DELIVERABLES AND SERVICES

Note to Proponents: The responses to Sections 2.6 and 2.7 shall be combined into a single narrative written from an overview perspective and of no more than one (1) page in length. The narrative shall also include the proponent’s agreement to the statement “in the event of any conflicts between the requirements of the RFQ document and the content of the narrative response to Sections 2.6 and 2.7 then the content of the RFQ shall take precedence over the narrative.”
REQUEST FOR QUOTATION

FORM 3(a) - CERTIFICATION - CONFLICT OF INTEREST
(Complete 3(a) OR 3(b))

Assignment Number: ____________

I/we hereby certify that there is not / nor was there any actual or potential conflict of interest or unfair advantage in this Quotation submission or performing the Work/Services required by this Agreement.

In submitting this Quotation submission, our company has no knowledge of or the ability to avail ourselves of confidential information of the Crown (other than confidential information which may be been disclosed by the Ministry to the Service Providers in the normal course of the Request for Quotations) where the confidential information would be relevant to the Work/Services, their pricing or the Request for Quotations evaluation process.

Dated at _______________ this ____ day of ____________, 20____

An Authorized Signing Officer
(Contact/Alternate Contact listed in RAQS) ________________________________

(Title) ________________________________

(Firm’s Address) ________________________________

(Telephone Number) ________________________________
REQUEST FOR QUOTATION

FORM 3(b) - CERTIFICATION - CONFLICT OF INTEREST
(Complete 3(a) OR 3(b))

Assignment Number: _____________

In submitting this Quotation Submission, the Proponent declares that the attached is a list of situations, each of which may be a conflict of interest, or appears as potentially a conflict of interest in our company submitting the Submission or performing the contractual obligations of the Service Provider under the Agreement.

In submitting this Quotation Submission, our company has/has no knowledge of or the ability to avail ourselves of confidential information of the Crown (other than confidential information which may have been disclosed by the Ministry to the Proponents in the normal course of the Request for Quotations) where the confidential information would be relevant to the Work/Services, their pricing or the Request for Quotations evaluation process and where access to such additional information may prejudice the Crown or be an unfair advantage to the Service Provider.

(If declaring that the Proponent has access to additional information that may be confidential, other than confidential information that may be disclosed by the Ministry to the Service Providers in the normal course of the Request for Quotations, please attach an explanation describing the additional information and how you accessed it.)

With the exception of those situations and/or access to additional information disclosed on the list attached, I/we hereby certify that there is not nor was there any other actual or potential conflict of interest or unfair advantage in our submitting the Quotation or performing the Work/Services required by this Agreement.

I/We hereby acknowledge that the Ministry in its sole discretion shall have the right to determine whether or not the declared situations do constitute an actual or potential conflict of interest or whether access to additional confidential information does constitute an unfair advantage over other Proponents.
I/We acknowledge that in the event that the Ministry finds the situations to be a conflict of interest or access to the additional confidential information to be an unfair advantage that our Quotation Submission may be rejected.

Dated at __________________________ this ____ day of ________________________, 20____

An Authorized Signing Officer
(Contact/Alternate Contact listed in RAQS) ________________________________

(Title) ________________________________

(Firm’s Address) ________________________________

(Telephone Number) ________________________________
REQUEST FOR QUOTATION

FORM 3(c) – LIST OF PEOPLE WHO PARTICIPATED IN PREPARATION OF THIS QUOTATION SUBMISSION
(Must be completed)

Assignment Number: ____________

<table>
<thead>
<tr>
<th>NAME:</th>
<th>ADDRESS:</th>
<th>ONTARIO PUBLIC SERVICE ROLE (IF APPLICABLE)</th>
<th>TELEPHONE NUMBER:</th>
<th>CONTRIBUTION OR % OF WORK:</th>
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Dated at ______________________ this ____ day of _________, 20___

An Authorized Signing Officer
(Contact/Alternate Contact listed in RAQS)

_____________________________
(Title) __________________________

(Firm’s Address) _______________________

(Telephone Number) ___________________
REQUEST FOR QUOTATION

FORM 4 - OCCUPATIONAL HEALTH AND SAFETY STATUTORY DECLARATION

Assignment Number: ______________

In submitting this Quotation submission, I/we, on behalf of __________________________, certify the following:

(legal name of company)

(a) I/We have a health and safety policy and will maintain a program to implement such policy as required by clause 25(2)(j) the Occupational Health and Safety Act, R.S.O. 1990, c.O.1, as amended, (the "OHSA").

The requirements in (a) do not apply to employers with five (5) or less employees.

(b) With respect to the services being offered in this proposal, I/we and our proposed sub-Contractor, acknowledge the responsibility to, and shall:

(i) fulfil all of the obligations under the OHSA and make reasonable efforts so that all work is carried out in accordance with the OHSA and its regulations.

(ii) make reasonable efforts so that adequate and competent supervision is provided as per the OHSA to protect the health and safety of workers; and

(iii) provide information and instruction to all employees so that they are informed of the hazards inherent to the work and understand the procedures for minimizing the risk of injury or illness.

(c) I/We agree to take every precaution reasonable in the circumstances for the protection of worker health and safety, as required under the OHSA.

Dated at __________________________ this _____ day of __________, 20____

An Authorized Signing Officer
(Contact/Alternate Contact listed in RAQS) ______________________________________

(Title) __________________________

(Firm’s Address) __________________________

(Telephone Number) __________________________
REQUEST FOR QUOTATION

FORM 5 – RAQS DECLARATION FORM

Assignment Number: ______________

In submitting this Quotation Submission

I/We, on behalf of ____________________________, (legal name of company)

hereby certify that our company is approved in RAQS for this Prime/RFQ Specialty and has verified that (check one of the following):

☐ The Key Personnel approved in RAQS for this specialty are current and valid;

or

☐ The Key Personnel approved in RAQS for this Specialty are no longer current and valid, and the information for the Key Personnel replacement has been ‘Submitted For Approval’ in RAQS on _______________ (date).

Also hereby certify that our company has the prior registration of the Core Plan and for the Generic Category Plan for the Category where Prime/RFQ Specialty is located.

________________ Specialty

________________ Category

(Note: Prime Specialty applies to multi-specialty assignments, while RFQ specialty applies to single specialty situations)

Dated at ________________ this____ day of ________________, 20____

An Authorized Signing Officer
(Contact/Alternate Contact listed in RAQS) ________________________________

(Title) ________________________________

(Firm’s Address) ________________________________

(Telephone Number) ________________________________
REQUEST FOR QUOTATION
FORM 6 – INTENTION TO SUBMIT RFQ (– N/A)

Assignment Number: ______________

Note: This form is to be completed only if required in this RFQ (Part A).

The Proponent hereby acknowledges their intention to submit a Quotation Submission for the Project noted below.

Project Title:
___________________________________

GWP/Construction Contract Number:
___________________________________

Agreement Number:
___________________________________

Ministry Project Manager:
___________________________________

An Authorized Signing Officer
(Contact/Alternate Contact listed in RAQS)
___________________________________

(Title)
___________________________________

(Firm’s Address)
___________________________________

(Telephone Number)
___________________________________