 Request for Proposal

Tender # H0005

Closing Date: December 12, 2017

 Closing Time : 2:00 PM AST

1. **Check for changes to this request**

Before submitting this proposal, visit [www.princeedwardisland.ca/en/tenders](http://www.princeedwardisland.ca/en/tenders) to see if any Addenda detailing changes have been issued on this tender. Changes may be posted up prior to tender closing. It is your responsibility to acknowledge and take in to account **ALL** addenda.

1. **Give you business name (please print)**

Name of Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HST/GST Registration Number (BN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Leave blank if not applicable)

1. **Follow any special instructions**

The full tender document is attached.

1. **Review the following documents, which will form part of your proposal.**

(All documents can be found on the Procurement Services website noted above.)

* Atlantic Standard Terms and Conditions.
* Applicable Trade Agreements.
1. **Fill in your unit price, extended price for all items.**

Quote prices in Canadian dollars, before tax.

1. **Give your delivery and payment terms**

Lead Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOB: Destination Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Terms: : Net 30 Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Acknowledge receipt of addenda (if any)**

|  |  |
| --- | --- |
| **Addendum** | **Signature** |
| Addendum # 1 |  |
| Addendum # 2 |  |
| Addendum # 3 |  |

Were there more than three (3) addenda for this proposal? YES NO

Indicate the number of additional addendums you received. \_\_\_\_\_\_\_\_\_\_\_

Please sign indicating that you acknowledge the additional noted above. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Sign your proposal**

I confirm that the information I provided on this proposal is complete and accurate and that I am authorized to sign on behalf of this company.

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position or Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Submit proposal to**

**Procurement Services**

95 Rochford Street, 2nd Floor, Shaw Building, Room 27, PO Box 2000, Charlottetown, PE, C1A 7N8 Phone 902-368-4040 Fax 902-368-5171