# Appendix A – Work Sample Details

|  |  |  |
| --- | --- | --- |
| **Name of Client/Organization** | **Case Study Description of Project** | **Range of Costs** |
|  | Print work sample |  |
|  | Print work sample |  |
|  | Print work sample |  |
|  | Print work sample |  |
|  | Print work sample |  |
|  | Web/Digital work sample |  |
|  | Web/Digital work sample |  |
|  | Web/Digital work sample |  |
|  | Web/Digital work sample |  |
|  | Web/Digital work sample |  |

# Appendix B - Reference Form

*Each Proponent must provide references from three (3) different clients* (excluding the Partnership) *to whom each candidate proposed for a key role has provided services within the last three (3) years in a role similar to that set out for the candidate in your submission.*

*Please include in your submission a separate copy of this part of the reference form for each candidate proposed for each key role set out in the Proposal.*

Name of Candidate: Proposed Role:

## Reference #1

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| Contact Name: |  |
| Contact Title: |  |
| Email Address: |  |
| Contact Telephone Number: |  |
| Date Work Undertaken: |  |
| Nature of Assignment: |  |

## Reference #2

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| Contact Name: |  |
| Contact Title: |  |
| Email Address: |  |
| Contact Telephone Number: |  |
| Date Work Undertaken: |  |
| Nature of Assignment: |  |

## Reference #3

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| Contact Name: |  |
| Contact Title: |  |
| Email Address: |  |
| Contact Telephone Number: |  |
| Date Work Undertaken: |  |
| Nature of Assignment: |  |

# Appendix C – Financial Proposal

The Proponent must not amend this Form in any way other than by providing the requested information. This form must be completed, signed and submitted as part of the Proponent’s Proposal.

## To the Canadian Partnership Against Cancer:

## Proponent Information

The full legal name of the Proponent is:

Any other relevant name under which the Proponent carries on business is:

The jurisdiction under which the Proponent is governed is:

The name, address, telephone, facsimile number and e-mail address of the contact person for the Proponent is:

The Proponent is:

*Proponents must select one of the following choices* ***(Please include the HST #, where applicable).***

an individual

a sole proprietorship

a corporation

a partnership

a joint venture

an incorporated consortium

a consortium that is a partnership

other legally recognized entity: {Specify type or state "N/A".}

The Proponent has carefully examined the RFSQ documents and has a clear and comprehensive knowledge of the Deliverables required under the RFSQ. By making this submission, the Proponent agrees and consents to the terms, conditions and provisions of the RFSQ.

## Forms

(a) The Proponent encloses herewith as part of the Proposal, the mandatory forms set out below:

|  |  |  |
| --- | --- | --- |
| **MANDATORY FORMS:** | **Yes** | **Page** |
| Financial Proposal (Appendix C ) |  |  |
| References (Appendix B) |  |  |
| Work Samples Details (Appendix A) |  |  |

## Addenda

The Proponent is deemed to have read and accepted all Addenda issued by the Partnership prior to the Proposal Submission Deadline. The onus remains on the Proponent to make any necessary amendments to the Proposal based on the Addenda. The Proponent confirms that it has received the following Addenda:

{List Addenda numbers or, if no Addenda were issued, state “None”.}

1. Proposal Validity

The Proponent agrees that its Proposal shall be valid for 90 days following the Proposal Submission Deadline.

## Conflict of Interest

The Proponent, by submitting the Proposal, confirms that to its best knowledge and belief no actual or potential Conflict of Interest exists with respect to the submission of the Proposal or performance of the contemplated Agreement other than those disclosed in this Form of Offer. Where the Partnership discovers a Proponent’s failure to disclose all actual or potential Conflicts of Interest, the Partnership may disqualify the Proponent or terminate any Agreement awarded to that Proponent as a result of this procurement process.

Conflict of Interest includes, but is not limited to, any situation or circumstance where:

1. in relation to the RFSQ process, the Proponent has an unfair advantage or engages in conduct, directly or indirectly, that may give it an unfair advantage, including but not limited to
   1. having or having access to information in the preparation of its Proposal that is confidential to the Partnership and not available to other Proponents;
   2. communicating with any person with a view to influencing preferred treatment in the RFSQ process; or
   3. engaging in conduct that compromises or could be seen to compromise the integrity of the RFSQ process and render that process non-competitive and unfair; or
2. in relation to the performance of its contractual obligations under the Agreement, the Proponent’s other commitments, relationships or financial interests
   1. could or could be seen to exercise an improper influence over the objective, unbiased and impartial exercise of its independent judgment; or
   2. could or could be seen to compromise, impair or be incompatible with the effective performance of its contractual obligations;

*Proponents must choose one of the following two options.*

The Proponent declares that: (1) there was no Conflict of Interest in preparing its Proposal; and

(2) there is no foreseeable Conflict of Interest in performing the contractual obligations contemplated in the RFSQ.

## OR

The Proponent declares that there is an actual or potential Conflict of Interest relating to the preparation of its Proposal, and/or the Proponent foresees an actual or potential Conflict of Interest in performing the contractual obligations contemplated in the RFSQ. The details of the actual or potential Conflict of Interest are as follows:

## Disclosure of Information

The Proponent hereby agrees that any information provided in this Proposal, even if it is identified as being supplied in confidence, may be disclosed where required by law or if required by order of a court or tribunal. The Proponent hereby consents to the disclosure, on a confidential basis, of this Proposal by the Partnership to its advisers retained for the purpose of evaluating or participating in the evaluation of this Proposal.

## Execution of Agreement

The Proponent understands that, in the event its Proposal is selected by the Partnership, in whole or in part, the Proponent agrees to finalize and execute a Services Agreement incorporating the terms and conditions set out in Appendix D to the RFSQ, as the second phase of the engagement.

I confirm that this Financial Proposal has been completed with no changes to the text provided in the RFSQ.

Please provide the following pricing information for the next two and a half years of the agreement. All prices quoted in response to the RFSQ shall be firm, shall be in Canadian dollars, excluding taxes.

The Partnership reserves the right to clarify any information provided, and to request additional pricing-related information from pre-qualified Proponents, to fully understand potential cost impacts associated with a Proposal.

Your Financial Proposal should include your firm hourly rate to provide the Services as described in this RFSQ document in the format provided below.

## Fill out Financial Proposal Form

|  |  |
| --- | --- |
| **Task** | **Rate** |
| Creative Director/Senior Staff | Hourly Rate |
| Graphic Designer | Hourly Rate |
| Concept Development | Hourly Rate |
| Print Management | Hourly Rate |
| Project Management | Hourly Rate |
| Additional Expenses | Hourly Rate |

\* Please confirm if minimum fees applicable or delivery charges and provide any rush rates (and associated timeframe)

\*\* Fixed hourly rate (s) for the services provided for the initial term of three (3) years, less a day. Fixed hourly rate (s) will be reviewed for the option Terms, pending extension approval for two (2) optional two (2) year extensions.

|  |  |
| --- | --- |
| Signature of Witness: | Signature of Proponent representative: |
| Name of Witness: | Name and Title of Proponent representative: |
|  | Date: |
|  | I have authority to bind the Proponent. |