

BID FORM

RFT #25-15

Wellington Catholic DSB

Our Lady of Lourdes – Foundation Renewal 2025

By signing below, I/we acknowledge that I/we have read and accepted the terms and conditions of this document and have a clear and comprehensive knowledge of the services required under this RFT and further that I/We have the authority to bind the organization.

I/We acknowledge that I/we have received Addenda numbered _____ to _____ and the price quoted incorporate such addenda.

If awarded the Contract, I/We, the Proponent, agree to commence work immediately as of award.

If this proposal is accepted by the Board, then I/We shall provide the required proof of insurance & WSIB Clearance Certificates.

Company Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____ Date: _____

Price: _____ (excluding HST)

Signature of Officer: _____

Printed Name of Officer: _____