 Public Works and Government **Contract against a Supply Arrangement** *(Low Dollar Value Template)*

Services Canada 

**Contract No:** XXXXX-XXXXXX/001/PQ  **Amend No. :**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** *YYYY-MM-DD*    **Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Increase/Decrease: $**  **Previous Amount: $** | | | | | | |
| This Contract confirms the verbal/written quote conducted on (date-YYYY/MM/DD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_between the **Identified User (IU)** listed below and the **Contractor’s representative** | | | The **SUPPLIER** hereby accepts this Contract. (Return signed copy forthwith.)  Name and title of person authorized to sign on behalf of supplier.  **NAME/TITLE:**  INSERT SUPPLIER  **ADDRESS:**  INSERT ADDRESS  Date: **SIGNATURE/ DATE:**  **To the Contractor:** Your contract is accepted as follows: You are required to supply the goods and/or services shown below at the prices or pricing basis and in accordance with the terms and conditions stated in Supply Arrangement (SA) no. E60PQ-140003/PQ with PWGSC. Only goods and services included in the SA shall be supplied against this contract.  The Contractor must perform the Work listed in the Requirement & Basis of Payment herein as Table 1 below. | | | | | | |
| **Financial Code(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (insert financial codes) | | |
| Contractor’s Supply Arrangement No. :  E60PQ-120001/0XX/PQ | | |
| **General  PSIB** | | |
| **NON-COMPETITIVE** Price Justification is required with the quote. It must be a current published price list with a discount to Canada.  **Non Competitive price justification on file.** | | | | | | | | | |
| **Terms and Conditions of Contract (Must meet the terms and Conditions of the SA)** | | | | | | | | | |
| **Invoices Contact and Address:**  Insert, contact name  address  phone number  email address  OR  The address shown in the delivery location below. | | | **Security - This contract includes security provisions if one of the boxes below are checked**:  The applicable security requirement(s) is(are) set out in the Security Requirement Check List attached as *Annex xx* of this Contract. *(IU to attach the applicable SRCL as Annex xx to this template)*. The Contractor must fulfill the security requirements by meeting the terms in the checked box below:  *Contractor may be escorted; possession of security clearance not required.* Contractor personnel MAY NOT ENTER NOR PERFORM WORK ON sites where PROTECTED or CLASSIFIED information or assets are kept, without an escort provided by the department or agency for which the work is being performed.  *Possession of security clearance(s) is required. (see annex xx attached if applicable)* | | | | | | |
| **Defence Contract:** This provision applies if the box is checked. | | | | | | | | | |
| **Table 1: Requirement & Basis of Payment (Must meet the terms and conditions of the SA)** | | | | | | | | | |
| **#** | **Item Description** | | | | **QTY** | | | **Firm Unit Price** | **Subtotal Total ($)** |
|  | *(enter description and attach Chair Builder) – (see attached quote)* | | | |  | | | $ | $ |
|  |  | | | |  | | | $ | $ |
|  | *Add more rows if necessary* | | | |  | | | $ | $ |
| Delivery ($):  Installation ($):  Subtotal – all goods and services required ($): | | | | | | | | | $ |
| $ |
| $ |
| Applicable Tax(es): specify the amounts for GST, PST (if required) ($): | | | | | | | | | $ |
| Total Contract Amount ($): | | | | | | | | | $ |
| **Standard Finishes (applicable if not already established during verbal/written quote): Prior to the manufacturing/ordering of the products,** the Project Authority will provide the Contractor with a written notice of Canada’s finish choices for each of the product(s). | | | | | | | | | |
| **Delivery Location & Supplier Instructions:**  (enter delivery instructions) | | **Date:**  (YYYY-MM-DD) | | **Time:**  Regular Business  Hours  OR  Outside | | Canada’s Facilities to Accommodate the Delivery (if applicable)  **Dock:** (enter instructions)  **Lift:** (enter instructions)  **Door:** (enter instructions)  **Freight Elevator:** (enter instructions) | | | |
| Installation Location (if applicable):  (enter installation instructions) | | Date:  (YYYY-MM-DD) | | Time:  Same as above | |
| For further information, contact the person: | | | | | | | Approved for the Minister.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature (Mandatory) | | |
| **Project Authority:** | | **Identified User (IU) / Contracting Authority (CA):** | | | | |
| Name:  [e-mail](mailto:xxxxxxt@tpsgc-pwgsc.gc.ca) address: | | Name/Title:  [e-mail](mailto:xxxxxxt@tpsgc-pwgsc.gc.ca) address: | | | | | | | |

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