



## **Addendum No. 2**

City of Coquitlam

RFP No. 21-065

### **Audio Visual Preventative Maintenance**

Issue Date: October 21, 2021

Total Page Count: 3

Proponents shall note the following amendments to the RFP documents:

#### **REVISIONS**

**R1) REPLACE**

**1. REPLACE**

**Closing Date and Time - In the Summary of Key Information, Closing Date and Time delete Monday, October 25, 2021 and replace with Thursday, November 04, 2021.**

**2. REPLACE**

**Closing Date and Time - In the Proposal Submission Form, delete Monday, October 25, 2021 and replace with Thursday, November 04, 2021.**

#### **QUESTIONS AND CLARIFICATIONS**

**Q1) Is there an equipment list for each of the locations? If not can we arrange a site visit to the locations?**

**A1) The City will hold a site visit starting at 1:00 PM on Tuesday October 26, 2021.**

**Attendance is limited to 1 person per Proponent. Masks will be mandatory inside civic facilities and Proponents will need to supply their own.**

**Attached is the City's COVID 19 Screening Form to be filled out and returned at the Site Visit.**

**Meeting locations and order of visits:**

- 1. Starting at 1:00 PM at Glen Pine Pavilion, 1200 Glen Pine Court**
- 2. Walking to City Centre Aquatic Complex (CCAC), 1210 Pinetree Way**
- 3. Driving to Town Centre Park, 1299 Pinetree Way**
- 4. Driving to Dogwood Pavilion, 1655 Winslow Ave**
- 5. Walking to Centennial Activity Centre – 578 Poirier Street**
- 6. Walking to Poirier Sports and Leisure Complex, 633 Poirier St**

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***End of Addendum No. 2***

Proponents take into account the content of this Addendum in the preparation and submission of the Proposal which will form part of the Contract and should be acknowledged on the Proposal Submission Form.

Upon submitting a Proposal, Proponents are deemed to have received all addenda that are issued and posted on the City's website and considered the information for inclusion in the Proposal submission.

*Issued by:*

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Purchasing Manager

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## COVID – 19 SCREENING FORM

### 21-065 Audio Visual Preventative Maintenance

**Meeting Date:**       **October 26, 2021**

**Meeting Time:**       \_\_\_\_\_

**Company:** \_\_\_\_\_

**Attendee:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

Are you experiencing any of the following symptoms with unknown cause?

- |   |                      |                              |                             |
|---|----------------------|------------------------------|-----------------------------|
| ○ | Fever                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ○ | Cough                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ○ | Shortness of Breath  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ○ | Difficulty breathing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ○ | Chills               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Have you had contact with any person with these symptoms, or under investigation for Covid-19 in the last 14 days?

- Yes ☐
- No ☐

Have you travelled outside of BC in the last 14 days?

- Yes ☐
- No ☐