



Michael Smith
**Health
Research BC**

Request for Proposals

Environmental Scan of Select BC Health Care
Organizations' Research Infrastructure & Processes





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Closing time and date: 5:00pm. March 18, 2022

Proposals must be received via email to
Genevieve Creighton
Manager, Knowledge Translation
gcreighton@healthresearchbc.ca
by [5:00pm, March 18th, 2022]

Issue date: February 28, 2022

Table of Contents

- 1. Context..... 4**
 - 1.1. About Michael Smith Health Research BC 4
 - 1.2. Project Description 4
 - 1.2.1. Background 4
 - 1.2.2. Objectives..... 5
 - 1.2.3. Time Frame 5
- 2. Scope of Work..... 5**
 - 2.1. Activities 5
 - 2.2. Deliverables 7
 - 2.3. Accountability 7
 - 2.3.1. Progress Reporting..... 7
- 3. Proposal Content and Format 8**
 - 3.1. Executive Summary..... 8
 - 3.2. Experience and Qualifications 8
 - 3.2.1. Experience and Qualifications of Key Team Members 8
 - 3.2.2. Declaration of Stakeholder Affiliation or Association 8
 - 3.3. Approach and Methodology..... 8
 - 3.4. Work Plan 8
 - 3.5. Risk Mitigation 9
 - 3.6. Financial Plan 9
 - 3.6.1 Ineligible Expenses..... 9
 - 3.6.2 Health Research BC Supplied Resources..... 9
 - 3.7. Proposal Format 9
 - 3.7.1 Page Count..... 10
 - 3.7.2 Appendices..... 10
- 4. RFP Process..... 10**
 - 4.1. Registration 10
 - 4.2. Submissions 10
 - 4.2.1. Inquiries 10
 - 4.3. Selection Process 10
 - 4.3.1. Selection Criteria 11
 - 4.4. RFP Timeline 11
- 5. Terms and Conditions 11**
 - 5.1. Reject Proposals 11
 - 5.2. Liability for Errors..... 12
 - 5.3. Errors in Proposals 12
 - 5.4. Limitation of Liability and Indemnity..... 12
 - 5.5. Confidentiality of Information 13
 - 5.6. Ownership of Proposals 13

5.7.	Proponents' Expenses.....	13
5.8.	Irrevocability of Proposal	13
5.9.	Conflict of Interest.....	13
5.10.	Verification	13
5.11.	Request for Proposal Cancellation	14
5.12.	Contract Terms	14
5.13.	Contract Award	14
5.14.	Sub-Contracting.....	14
5.15.	Governing Law	14
5.16.	Appendices	15
5.17.	Copyright	15
Appendix A: Financial Plan Template.....		16

1. Context

1.1. About Michael Smith Health Research BC

Michael Smith Health Research BC (Health Research BC), launched in October 2021, is a new provincial organization formed from the consolidation of the [BC Academic Health Science Network](#) (BC AHSN) and [Michael Smith Foundation for Health Research](#) (MSFHR). Our purpose is to strengthen BC's health research system by supporting the people, institutions and activities that generate and use research-based knowledge to promote, restore and maintain the health of British Columbians.

Our ambition is to inspire and connect curious, creative, and passionate minds to drive discovery and innovation in health research. We are driven by the belief that health-related decision making should be informed by high quality research that is produced and used in an equitable, diverse and inclusive research system.

Health Research BC has a long history of fostering research capacity within regional health authorities through funding and other resource support and through its support of BC's provincial component ([BC SUPPORT Unit](#)) of the national Strategy for Patient-Oriented Research (SPOR).

1.2. Project Description

Health Research BC invites proposals from organizations and/or individuals with demonstrated experience and sector knowledge, to undertake an environmental scan of select regional health care organizations' research infrastructure and capacity in British Columbia.

1.2.1. Background

Learning health systems aim to create a culture wherein new knowledge is created and captured as part of the care delivery process and experience. As part of this culture, research initiatives create knowledge for use in the healthcare system. As highlighted by the COVID-19 pandemic, without embedded research capacity within health care organizations', researchers embedded in health systems, face complex, time-consuming barriers to conducting research in the health system limiting the ability to readily adapt and respond to new priorities for knowledge generation. Barriers include navigating the ethics, privacy, and policy landscape and competing with other health system priorities. Skilled individuals with both research and health systems knowledge are integral to creating the circumstances for high quality research to occur as a partnership between researchers and the health system, and to provide mechanisms to link research knowledge with care providers and patients.

Research staff embedded in regional health care organizations across the province have a range of expertise such as research coordination and facilitation, research/health policy, data access and research administration. Research department staff work with academic researchers, and health authority leaders, and care providers to build partnerships and cultivate research culture within the health system. These partnerships are foundational to supporting access to the health system for researchers by providing crucial contextual information to craft appropriate and feasible study implementation plans, facilitate operational approvals and increase translation and mobilization of research findings into care. Further, such partnerships help ensure that research brought into the system is in alignment with health authority priorities and needs. On the health system side of the partnership, research department staff support leaders to understand the process of research and its potential use in practice.

This relational work is a key source of propulsion for knowledge mobilization within the health sector. The relationships between research departments, researchers and the health system have been cultivated over time and are leveraged to support navigation activities within a complex, dynamic system that is orientated to health authority priorities. Without key embedded and sustainable infrastructure in place, implementing research in any health system is extremely difficult to accomplish.

1.2.2. Objectives

We seek an external organization or individual to undertake an environmental scan of current research infrastructure and capacity the following BC Health care organizations' inclusive of but not limited to: Fraser Health, Interior Health, Island Health, Northern Health, Vancouver Coastal Health, Providence Health.

We have 4 broad objectives for this environmental scan:

- Obtain detailed information about the structure and positioning of research departments within selected health care organizations.
- Understand the research services and supports provided for internal and external stakeholders related to each Health Authority's research development and use, operations, and conduct
- Identify where research infrastructure in the health care organizations' is being used to support learning health system activities that are not specifically research (for example, quality improvement and evaluation).
- Identify opportunities for supporting and sustaining research capacity within health care organizations.

1.2.3. Time Frame

The project time frame is 9-months May 1, 2022- January 31, 2023. This time frame is firm.

2. Scope of Work

2.1. Activities

To undertake an environmental scan of current research infrastructure and capacity in select BC Health care organizations included but not limited to: Fraser Health, Interior Health, Island Health, Northern Health, Vancouver Coastal Health, and Providence Health [Note: The potential for a follow-up environmental scan of health system organizations beyond those included in phases 1 and 2 will be informed by the findings of the current RFP].

The scan will be conducted in two phases:

Phase 1: Inception stage (2 months)

A limited number of key informant interviews of stakeholders will be conducted to determine, (1) what data are available within each health authority to address the focused areas of the environmental scan as outlined below in phase 2, and (2) the length of time needed to access this data from each health

authority. The purpose of the inception stage is to inform and develop the environmental scan protocol including the method for defining, collecting, and synthesizing that will be implemented in phase 2.

Phase 2: Environmental scan (7 months)

This phase involves the implementation of the environmental scan protocol developed in Phase 1. Focus areas of the scan should include the following, which will be verified with the successful proponent:

- **Research department organizational structure**
 - Organizational structure and positioning within the health authority.
 - Relationship with health authority leadership and decision-making processes.
 - Relationship with other research institutes.
 - Relationship with other organizational departments focused on quality improvement and evaluation services.
- **Research department operations**
 - Staffing model (e.g., roles, titles, FTEs).
 - Funding model (e.g., overhead policy, RSF agreements, ability to hold CIHR funding).
 - Services and supports provided (e.g., grant facilitation, contract negotiation, regulatory compliance consultation (including privacy), education and training, research finance management and reporting) biostatistics, knowledge translation, activities tied to quality improvement, etc.).
 - Internal and external stakeholders (e.g., capacity to support local primary care research, capacity to support local public health research, capacity to support hospital-based clinical research).
- **Clinical research supported**
 - Past and current supported research activities.
 - Types of research supported (e.g., clinical trials, registry-based research).
 - Clinical trials supported, clinical trial sites in each region and therapeutic areas.
 - Capacity to support local clinical trials as Sponsors as per GCP Sponsor requirements.
 - Focus of research supported (e.g., primary care research, public health research, hospital-based clinical research).
- **Quality management systems for research**
 - What is the status of the organization's Quality Management System for research?
 - How is the development and maintenance of the Quality Management System for Research resourced?
 - Is the organization resourced to conduct internal audits for compliance to applicable regulations and guidelines for clinical research?
- **Research ethics boards**
 - Structure including FTEs and positioning of research ethics boards within the health authority.
 - Funding support.
 - Approval processes and timelines.

- **Lab, pharmacy, imaging, medical and surgical daycare and other clinical areas**
 - Staffing model including FTEs and funding sources.
 - Research services provided.
 - Capacity, challenges and outcomes.
- **Information management resources**
 - Research data access request pathway.
 - Data stewardship processes.
 - Resources in Data Warehouse to support research.
 - Volume of research studies needing Data Warehouse resources support.
 - Research data access timelines.
 - Costs for access to data for research.

2.2. Deliverables

The following must be produced by the contractor for review and approval by a Steering Committee of key stakeholders convened by Health Research BC.

Deliverables	Time period
<ol style="list-style-type: none"> 1. Phase 1 Inception stage report summarizing findings of select key health authority informants. 2. Phase 2 environmental scan protocol. Includes the review, revision and finalization of the environmental scan protocol. 	Not to exceed 2 months
<ol style="list-style-type: none"> 3. Phase 2 Implementation of environmental scan protocol i.e., data collection and analysis for environmental scan. 	Not to exceed 5 months
<ol style="list-style-type: none"> 4. Final report summarizing methods, key findings, and results. The report should feature analysis at the provincial level as well as data that is disaggregated at the health authority level 	Not to exceed 2 months

2.3. Accountability

Genevieve Creighton, Manager, Knowledge Translation, Health Research BC will be the primary contact person for this contract (gcreighton@healthresearchbc.ca).

2.3.1. Progress Reporting

Project management will entail monthly written progress reports and virtual monthly meetings with a steering committee comprising representatives from Health Research BC, and knowledge users. The progress reports should include a dashboard summary of the status of the key deliverables, a brief progress summary and a list of any identified issues/concerns that will impact the timely completion of the deliverables as well as appropriate mitigation strategies.

3. Proposal Content and Format

3.1. Executive Summary

Describe the Proponent's understanding of the desired results (please do not copy and paste from previous sections of this RFP). Note any challenges and opportunities that may exist and state the Proponent's value proposition.

3.2. Experience and Qualifications

3.2.1. Experience and Qualifications of Key Team Members

Identify the lead and the key team members, including any from specialized sub-consultants. For each, describe their role, capability and availability for this project. Provide a profile for the lead and key team members.

This section should include:

- a. Demonstrated experience with completed projects of a similar size and complexity.
- b. Demonstrated experience undertaking environmental scans, syntheses, and other knowledge products for a variety of stakeholders.
- c. Demonstrated ability to engage all research stakeholders in the process.
- d. Demonstrated knowledge and familiarity of the BC healthcare system, more in-depth for regional health care organizations
- e. Demonstrated knowledge and familiarity of the BC health research system, more in depth of regional health care organizations.
- f. References (up to 3) for work completed are requested.

3.2.2. Declaration of Stakeholder Affiliation or Association

Identify any previous, active or anticipated relationships between the Proponent and BC AHSN, MSFHR, or Health Research BC and also between the Proponent and any external stakeholder specified in Section 2.3.

3.3. Approach and Methodology

Describe the tailored approach and methodology that will be utilized to achieve the desired results. This should include:

- a. Specify a plan to engage health authority research departments and other key stakeholders (e.g. patients, clinicians, researchers, policy makers) in phases 1 and 2 of the process.
- b. Identify previous or similar work undertaken on this topic.
- c. Identify proposed methods to capture and analyze information.
- d. Identify an approach to synthesize information and provide meaningful insights.

3.4. Work Plan

Based on your Approach, provide a work breakdown and target schedule, including a breakdown of major tasks, delivery dates (milestones), and expected level of effort (i.e., proportion of time) required by the individual team members in sufficient detail to, (1) allow a complete understanding of how and by

whom the work will be carried out, and (2) to demonstrate sufficient availability of individual team members throughout the course of the work to ensure its successful completion.

3.5. Risk Mitigation

Specify a reasonable analysis of significant risks to the project's development and implementation, and the mitigation strategies to address them. Include per risk the probability of occurrence (H/M/L), severity of damage (H/M/L) and mitigation strategy.

3.6 Financial Plan

Based upon your Work Plan, provide professional fees and expenses as well as a proposed payment schedule. A Financial Plan template has been provided as Appendix A. Identify the anticipated cost of undertaking:

- Phase 1: the inception stage (*not to exceed \$50,000*)
- Phase 2: the environmental scan (*not to exceed \$100,000*).

3.6.1 Ineligible Expenses

The following expenses will be ineligible and should not be included.

- Rent of office premises and other related overheads (e.g. utilities).
- Capital expenses (e.g. office equipment, computer equipment and associated software).
- Travel and accommodation expenses in excess of rates approved by Health Research BC according to the terms of its current Travel Policy.

3.6.2 Health Research BC Supplied Resources

Health Research BC reserves the right to supply certain services or supports where direct supply of such services can be arranged by Health Research BC at a lower cost than that proposed by the Proponent. Examples include the costs of printing, photocopying services, long distance, travel, etc.

3.7 Proposal Format

To be eligible for review, all applications must adhere to the instructions for presentation and content, and must use the numbering system provided. Except for the appendices, applications must be presented as follows:

- All materials, except appendices, must be a minimum 11-point size, Calibri or Arial (regular), single spaced, on one side of a letter-sized (21.25 x 27.5 cm / 8.5" x 11") page, with a one-inch margin on all sides of the page.
- All pages should be consecutively numbered.
- All print must be black, of letter quality and easy to read.

- A header with the RFP name on the top left-hand corner, and footer with the page number on the lower right-hand corner of each page.

3.7.1 Page Count

Full proposals for this RFP must not exceed 15 pages, not including the cover letter, letters of reference or appendices. Additional pages beyond the maximum will be removed and shredded by Health Research BC prior to review processing.

3.7.2 Appendices

References and charts, tables, diagrams or other materials to support the full proposals may be attached as appendices. In total, appendices must not exceed 8 pages, excluding the table of contents.

4. RFP Process

The following are the conditions under which responses will be accepted from Proponents. In summary, interested parties are requested to first register as Proponents, to ensure that all relevant information is made available prior to the closing date.

4.1. Registration

Any individual or organization wishing to respond should confirm in writing their intention to submit a proposal by email at gcreighton@healthresearchbc.ca by **March 4, 2022**. Health Research BC will confirm receipt and the individual's/organizations' status as Proponents. Those who register are under no obligation to submit. However, only registered Proponents will receive additional communications relating to RFP inquiries and answers.

4.2. Submissions

Proposals should be submitted by email to gcreighton@healthresearchbc.ca by **5 p.m. PST on March 18, 2022** with the subject line "Health Research BC environmental scan RFP". Proposals received after this time and date will not be considered. All received RFP submissions will receive a confirmation email within one business day. In addition, the proposal must include the signature of an authorized official of the Proponent.

4.2.1. Inquiries

All inquiries regarding this RFP are to be directed to gcreighton@healthresearchbc.ca by email no later than **March 7, 2022**. The inquiries and answers will be provided in writing to all registered Proponents by **March 11, 2022** without naming the source of the inquiries.

4.3. Selection Process

The review comprises a two-step process. The first step is a triage review, which scores each submission against the proposal criteria outlined below. The top three submissions will be selected for the second review step, where proponents will give a 30-minute presentation (with 30 mins for questions) to a review panel comprised of relevant Health Research BC stakeholders.

4.3.1. Selection Criteria

These criteria will be scored in relation to the available percentages as stipulated.

Criteria	Points
Experience and qualifications of the Proponent & Key Team Members	20%
Approach & Methodology	25%
Quality of the work plan	25%
Risk Mitigation	10%
Financial plan	20%

4.4. RFP Timeline

The RFP timeline is summarized as follows.

Action	Target Date
Release of RFP	Feb. 28, 2022
Deadline of registration	March 4, 2022
Questions/Inquires	March 7, 2022
Release of responses to inquiries	March 11, 2022
RFP closing date	March 18, 2022
RFP triage process begins	March 21, 2022
All RFP submissions will be contacted by EOD	March 25 2022
Top three selected proposals invited to give a 30-minute presentation to a review panel (with an extra 30 minutes for questions)	April 8, 2022
Successful proponent will be identified	April 15, 2022
Contract awarded	April 27, 2022
Project begins	May 1, 2022
Final report to be submitted	January 31, 2023

5. Terms and Conditions

5.1. Reject Proposals

Health Research BC may, in their absolute discretion, reject in whole or in part any and/or all proposals for any reason, or after considering factors considered relevant.

5.2. Liability for Errors

While Health Research BC has used considerable effort to ensure an accurate presentation of information in this RFP, the information contained in this RFP is supplied solely as a guideline for Proponents. The information is not guaranteed or warranted to be accurate by Health Research BC, nor is it necessarily comprehensive or exhaustive. Nothing in this RFP is intended to relieve Proponents from forming their own opinions and conclusions with respect to the matters addressed in this RFP.

5.3. Errors in Proposals

The Proponent has the responsibility, at all times, to request any instruction, decision, or direction which may be required to prepare its proposal, or to notify the designated Health Research BC contact person in writing of any ambiguity, divergence, error, omission, oversight, or contradiction contained in its proposal as it is discovered.

Health Research BC reserves the right to request clarification of the contents of any proposal. Health Research BC may require Proponents to submit supplementary documentation clarifying any matters contained in their proposals and may seek the Proponent's acknowledgement of that interpretation. This is not an opportunity for the Proponent to submit new information modifying the proposal. Notwithstanding the foregoing, Health Research BC is not obliged to seek clarification of any aspect of a proposal.

5.4. Limitation of Liability and Indemnity

Health Research BC will not be obligated or liable in any way whatsoever to a Proponent except where Health Research BC has awarded and entered into a written contract with that Proponent for the performance of the work contemplated by this RFP, and in which case that contract shall govern all such obligations and liabilities.

It is a fundamental condition of this RFP and the receipt and consideration of proposals by Health Research BC, that Health Research BC, and its respective employees, consultants and agents, will not and shall not under any circumstances, including without limitation whether pursuant to contract, tort, statutory duty, law, equity, any actual or implied duty of fairness, or otherwise, be responsible or liable for any costs, expenses, claims, losses, damages or liabilities (collectively and individually all of the foregoing referred to as "Claims") incurred or suffered by any Proponent or the Proponent's sub-contractors as a result of or related to any one or more of the RFP, the preparation, negotiation, acceptance or rejection of any conforming or non-conforming proposal, the rejection of any Proponent, or the cancellation, suspension or termination of the RFP process, and by submitting a proposal each Proponent shall be conclusively deemed to waive and release Health Research BC and its employees, contractors, consultants and agents, from and against any and all such Claims.

Each Proponent shall indemnify and hold Health Research BC and its employees, contractors, consultants and agents, harmless from and against any and all Claims brought against them arising out of any act or omission of the Proponent, the Proponent's sub-contractors, or by third parties arising out of or relating to the Proponent's receipt of this RFP, or the preparation, submission and negotiation of any proposal submitted by the Proponent, where such third parties were directly or indirectly engaged by or through the Proponent in connection with any of the foregoing, or where personal injury, bodily damage or property damage is caused by the negligent acts or omissions of the Proponent. Such indemnification shall survive completion of the goods or services provided under the contract and the termination of the contract.

5.5. Confidentiality of Information

This document, or any portion thereof, may not be used for any purpose other than the submission of proposals. Information pertaining to Health Research BC or related parties obtained by a Proponent as a result of participation in this process is confidential and must not be disclosed except for the purpose of responding to this RFP or as required by law.

5.6. Ownership of Proposals

All documents, including proposals, submitted to Health Research BC become the property of Health Research BC. They will be received and held in confidence, subject to the provisions of BC Personal Information Protection Act.

5.7. Proponents' Expenses

Proponents are solely responsible for their own expenses in preparing a proposal. If Health Research BC elects to reject all proposals, Health Research BC will not be liable to any Proponent for any Claims, whether for costs or damages incurred by the Proponent in preparing the proposal, loss of anticipated profit in connection with any final agreement, or any other matter whatsoever.

5.8. Irrevocability of Proposal

By submission of a clear and detailed written notice, a Proponent may amend or withdraw his/her proposal prior to the closing date and time. At closing, all proposals become irrevocable. Proposals must be open for acceptance for at least 90 days after the closing. In the event that Health Research BC requires more than 90 days to evaluate proposals, additional time will be requested of all Proponents.

5.9. Conflict of Interest

Proponents are responsible for disclosing to Health Research BC any and all real or perceived conflicts of interest. Proposals will not be evaluated if the Proponent's current or past corporate or other interests are, in the opinion of Health Research BC, deemed to be a conflict of interest in connection with this RFP or the activities or mandate of its facilities. Health Research BC reserves the right to disqualify and reject a proposal in whole or in part where the Proponent or directors, officers, shareholders or any other person associated with the Proponent has a Claim or has initiated a Claim or legal proceeding against Health Research BC or against whom Health Research BC has a Claim or has instituted a legal proceeding with respect to any previous contracts, tenders or business transactions.

Proponents shall not engage in any form of lobbying whatsoever to influence the outcome of this RFP. Further, Proponents shall not attempt to communicate or make any representation or solicitation to any director, officer or employee of Health Research BC except to the designated Health Research BC contact person.

5.10. Verification

Health Research BC reserves the right to verify any statement or claim contained in any proposal or made subsequently in any interview or negotiation. That verification may be made by whatever means Health Research BC deems appropriate and may include contacting the references provided by the Proponent. In submitting a proposal, the Proponent is deemed to consent to Health Research BC verifying any information from third parties including the Proponent's bank references, and receiving

additional information regarding the Proponent, its directors, officers, shareholders or owners and any other person associated with the Proponent as Health Research BC may require.

5.11. Request for Proposal Cancellation

Health Research BC is not bound to accept any proposal and reserves the right in its sole and absolute discretion to postpone or cancel this RFP at any time for any reason. Further and without limiting the foregoing, Health Research BC will not be bound to accept the lowest or any bid and reserves the right to accept or reject any proposal in whole or in part, to discuss with any Proponent different or additional items and terms to those described in this RFP or received in any proposal, or to amend or modify any term of this RFP. Health Research BC, in its sole discretion, may invalidate and cancel this RFP entirely and may issue a new RFP if considered in the best interests of Health Research BC. No Proponent will acquire any legal or equitable rights or privileges relative to the services prior to full execution of a written agreement for the services required.

5.12. Contract Terms

By submitting a proposal to Health Research BC, Proponents shall be conclusively deemed to have accepted and to have agreed to be bound by each and every term, condition, and provision of this RFP, and any services, specifications, warranties, guarantees or representations stated in the accepted proposal or made during the RFP and selection process.

5.13. Contract Award

By submission of its proposal, the Proponent agrees to negotiate in good faith and execute a contract with Health Research BC incorporating the terms and conditions of this RFP, the Proponent's proposal, and such other terms and conditions as Health Research BC may reasonably require. Health Research BC may negotiate modifications, additions or variations to such terms and conditions or to the goods or services set out in a proposal in order to satisfy its operational or administrative requirements. The RFP and the contract, if any, entered into subsequently shall take precedence over any and all documents submitted by the Proponent. Health Research BC will not accept a Proponent's standard purchase agreement.

5.14. Sub-Contracting

All sub-contractors and/or partner(s) must be identified in the proposal. No sub-contracting or assignment of any contract or of any services to be provided is permitted without the prior written consent of Health Research BC. Proponents are to identify all proposed sub-contractors including the company name, contact name, phone number, fax number, email address, type of service the sub-contractor will be performing or providing, and the length of time the Proponent has been using the services of the sub-contractor. No additional sub-contractors will be added nor will other changes be made to this list without the written consent of Health Research BC.

5.15. Governing Law

Proponents must comply with all applicable laws. This RFP will be governed exclusively by, and construed and enforced in accordance with, the laws of the Province of British Columbia. The Proponent agrees to attorn to the exclusive jurisdiction of the courts of the Province of British Columbia in the event of any dispute concerning this RFP or any matters arising out of this RFP.

5.16. Appendices

All appendices to this RFP are deemed to be incorporated herein and form part of the RFP.

5.17. Copyright

Health Research BC shall have sole and full ownership of copyrights to and all materials produced by the successful Proponent, including a waiver of moral rights, under the contract arising from this RFP. Reproduction of any documents or other data for use by anyone is forbidden without express permission in writing by Health Research BC.

Appendix A: Financial Plan Template

Item	Rate	# Hours	Total
1. Professional fees			
a) Role / describe			
b) Role / describe			
<i>Subtotal 1</i>			
2. Sub-contractors			
a) Role / describe			
a) Role / describe			
<i>Subtotal 2</i>			
3. Disbursements at cost			
a) Travel			
b) Long distance			
c) Etc.			
<i>Subtotal 3</i>			
TOTAL PRICE*			

* Subject to applicable federal and provincial taxes as required.