ADDENDUM

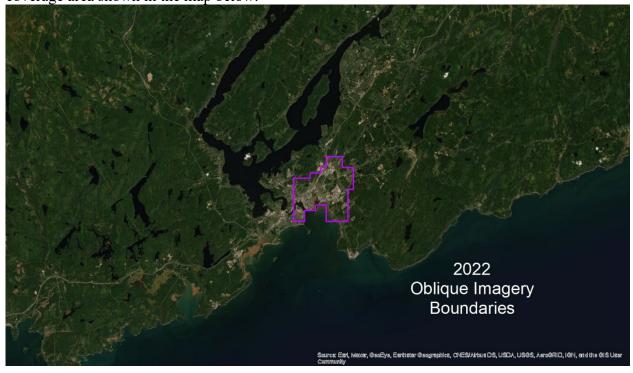
PROJECT TITLE: Digital Orthophotography	ADD. NO: 2
RFP NO: 2022-081301P	DATE: February 25, 2022
PAGE 1 of 3 (Including Confirmation Sheet)	

Make the following modifications to the above project. Include in the amount of the Proposal, any additions to or deductions from the cost of the work by reason of these instructions.

<u>Sign and attach this Addendum to the Proposal documents and submit with your Proposal.</u>
**Failure to do so may result in the rejection of your Proposal.

Addendum

Bidders who are able to provide oblique imagery, in addition to orthophotography, are encouraged to submit a separate financial component, for the provision of this service, for the coverage area shown in the map below.



SIGN AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL

BY:		
Mike Lewis, SCMP,	Receiver's Signature	
Procurement Specialist, Supply Cha	in Management	



ADDENDUM

PROJECT TITLE: Digital Orthophotography	ADD. NO: 2
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PAGE 2 of 3 (Including Confirmation Sheet)	

Bidders should explain the methodology used, including equipment, to capture the oblique imagery in order to meet the requirements below:

- 1. Nominal 6.5cm GSD oblique imagery ranging from 2.28cm to 8.78cm GSD
- 2. Fully automated photogrammetric mosaiced imagery
- 3. Available to view via web-based viewer
- 4. "leaf off" conditions when flown (less then 30% leaf cover)
- 5. 360-degree views that enables measurement both horizontally and vertically with 3-5 " accuracy

Note that an error re the return e-mail address exists on Addendum No. 1. The proper e-mail address is: supplychainmanagement@saintjohn.ca

SIGN AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL

BY:	
Mike Lewis, SCMP,	Receiver's Signature

Procurement Specialist, Supply Chain Management

PROJECT TITLE: Digital Orthophotography	ADD. NO: 2
RFP NO: 2022-081301P	DATE: February 25, 2022
PAGE 3 of 3 (Including Confirmation Sheet)	

CONFIRMATION - RECEIPT OF ADDENDUM

Upon receipt of this document, email to supplychainmangement@saintjohn.ca or fax this page to (506) 658-4742 to confirm receipt of this addendum.

COMPANY NAME:		
ADDRESS:		
-		
PHONE:	FAX:	
EMAIL ADDRESS:		
RECEIVER NAME (PRINT)		
RECEIVER SIGNATURE:		