

**REQUEST FOR QUOTATION (RFQ)**  
**2026-02: Accessibility Lift Replacement**  
**Township of Armstrong**

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**1. Invitation**

The Corporation of the Township of Armstrong is requesting written quotations from qualified lift/elevator contractors to supply, install, test, and commission a new accessibility lift at the Township of Armstrong Municipal Office:

- 35 Tenth Street, Earleton, Ontario

This RFQ is issued in accordance with the Township's Procurement Policy.

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**2. Background**

The existing accessibility lift serving the municipal office is non-operational and must be replaced to restore public access to the building, including the municipal office, library, council chamber, and accessible washroom.

Photos of the existing lift and surrounding area are included with this RFQ for reference.

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**3. Performance Requirements**

Proponents are requested to recommend an appropriate lift solution that meets the following minimum requirements:

- Serves three (3) levels
- Minimum rated capacity of 550 lbs
- Suitable for public use in a municipal facility
- Fully compliant with:
  - Technical Standards and Safety Authority (TSSA) requirements
  - Applicable CSA standards
  - Ontario Building Code
  - Accessibility for Ontarians with Disabilities Act (AODA) and related standards

In addition:

- Installation must be performed by a contractor licensed by the Technical Standards and Safety Authority (TSSA) as an Elevating Devices Contractor.
- The lift must be registered with TSSA and pass all required inspections prior to being placed into service.
- The proponent must coordinate all required TSSA inspections.
- The proponent must confirm their ability to provide ongoing maintenance and service in Northern Ontario, including emergency service response.

- The proposed lift system must be suitable for long-term servicing within the Timiskaming region.

The Township reserves the right to reject proprietary or specialty systems that cannot be reasonably serviced in Northern Ontario.

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#### **4. Scope of Work**

The successful proponent shall provide a turnkey lift solution, including:

- Assessment of existing conditions
- Supply of the proposed lift system
- Removal and disposal of existing lift equipment, as required
- Installation of the new lift system
- Lift-related electrical and mechanical components integral to the system
- Testing, commissioning, and required inspections
- Return of the lift to full operational service
- Training of Staff to utilize the new system
- Coordination of all required TSSA inspections
- Provision of documentation required for TSSA registration and certification

#### **Excluded (by others):**

- Flooring, doors, wall repairs, or other building finishes
- General building renovations not directly related to the lift system

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#### **5. Project Schedule**

The lift must be fully installed, tested, inspected, and operational no later than August 31, 2026.

Proponents must confirm their ability to meet this deadline in their submission.

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#### **6. Submission Requirements**

Each quotation shall include:

- Description of the proposed lift solution, including manufacturer and model
- Confirmation of full compliance with TSSA, CSA, Ontario Building Code, and accessibility legislation
- Proof of current TSSA Elevating Devices Contractor licence
- Confirmation that the lift will be registered with TSSA and that all required inspections will be coordinated by the contractor
- Lump sum price (excluding HST)
- Equipment lead time and estimated installation duration

- Warranty details (minimum 12 months parts and labour)
- Description of ongoing maintenance service availability in the Timiskaming area, including:
  - Location of service technicians
  - Emergency response time commitment
  - Availability of parts
- Proposed annual maintenance cost (separate from capital installation cost)
- Any assumptions or exclusions

Quotations must be received by the Township of Armstrong by the date and time specified on the Quotation Submission Form.

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## **7. Insurance & WSIB**

The successful proponent will be required to provide:

- Certificate of Insurance (\$5 million general liability)
- WSIB Clearance Certificate

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## **8. Evaluation**

Quotations will be evaluated based on:

- Suitability of the proposed solution
- Compliance with requirements
- Experience with accessibility lifts
- Price
- Ability to meet the required schedule

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## **9. Contact**

**Contact Person:** Dan Thibeault  
**Title:** CAO Clerk Treasurer  
**Email:** dan.thibeault@armstrong.ca

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## **10. Council Approval**

Award of this RFQ is subject to Council approval.

**QUOTATION SUBMISSION FORM**  
**2026-02: Accessibility Lift Replacement**  
**Township of Armstrong**

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**PROPONENT INFORMATION**

Legal Company Name: \_\_\_\_\_

TSSA Elevating Devices Contractor Licence Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

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**PROJECT CONFIRMATION**

The undersigned confirms that they have reviewed the Request for Quotation (RFQ), including all attachments and site photographs, and are capable of providing a compliant accessibility lift solution as described.

- We confirm full compliance with TSSA, CSA, Ontario Building Code, and AODA requirements
  - We confirm that installation will be performed by a TSSA-licensed Elevating Devices Contractor
  - We confirm that the lift will be registered with TSSA and that all required inspections will be coordinated by our firm
  - We confirm ability to meet the required completion date of August 31, 2026
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**PROPOSED LIFT SOLUTION**

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Rated Capacity: \_\_\_\_\_

Brief Description of System:

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**PRICING**

**A. Capital Installation (Lump Sum)**

Total Lump Sum Price (excluding HST):

\$ \_\_\_\_\_

(Price must include supply, removal of existing lift equipment as required, installation, testing, TSSA coordination, inspections, and commissioning.)

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**B. Estimated Annual Maintenance (Non-Binding)**

Proponents shall provide an estimated annual maintenance cost for budget planning purposes only.

Estimated Annual Maintenance Cost (excluding HST):

\$ \_\_\_\_\_ per year

This estimate should include:

- Preventive maintenance visits
- Coordination of required annual TSSA inspection
- Emergency call-out service
- Identification of any exclusions or billable items

Details/Limitations (if any):

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**SERVICE AVAILABILITY**

Location of Service Technicians: \_\_\_\_\_

Estimated Emergency Response Time to Earlton: \_\_\_\_\_

Parts Availability / Stocking Strategy:

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**PROJECT TIMELINES**

Estimated Equipment Lead Time: \_\_\_\_\_

Estimated Installation Duration: \_\_\_\_\_

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**WARRANTY**

Warranty Period (minimum 12 months parts and labour required):

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**ASSUMPTIONS / EXCLUSIONS (if any)**

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**INSURANCE & WSIB**

The undersigned confirms that, upon request or prior to award, they will provide:

- Certificate of Insurance (\$5 million general liability)
- WSIB Clearance Certificate

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**QUOTATION SUBMISSION DEADLINE**

Written quotes must be received by:

Date: March 11, 2026

Time: 2:00 p.m. (local time)

Submissions may be made by email or hard copy.

Submissions must be received prior to the closing time. The Township is not responsible for email delivery delays.

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**AUTHORIZED SIGNATURE**

I have the authority to bind the company to this quotation.

**Name (Print):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PICTURES











