

FORM A: REQUEST FOR QUALIFICATION APPLICATION

1. Document Title RESTORATION OF PAVING STONE AND PAVEMENT CUTS IN APPROACHES OR WITHIN THE CITY RIGHT-OF-WAY

2. Proponent

Name of Proponent

Usual Business Name of Proponent as it appears on Invoice (if different from above)

Street

City

Province

Postal Code

Email Address of Proponent

Facsimile Number

(Mailing address if different)

Street or P.O. Box

City

Province

Postal Code

GST Registration Number (if applicable)

(Choose one)

The Proponent is:

a sole proprietor

a partnership

a corporation

carrying on business under the above name.

3. Contact Person

The Proponent hereby authorizes the following contact person to represent the Proponent for purposes of the Qualification Submission.

Contact Person

Title

Telephone Number

Facsimile Number

4. Good Faith Declaration

The Proponent declares that, in submitting its Request for Qualifications (RFQ), it does so in good faith and that to the best of its knowledge no Persons identified in B7 would have any pecuniary interest, direct or indirect, should the Proponent be awarded a contract for the Project.

5. Response

The Proponent agrees that the RFQ in its entirety shall be deemed to be incorporated in and to form a part of this Qualification Submission notwithstanding that not all parts thereof are necessarily attached to or accompany this Qualification Submission.

6. Addenda

The Proponent certifies that the following addenda have been received and agrees that they shall be deemed to form a part of the Submission:

No.	Dated
_____	_____
_____	_____
_____	_____

7. Indigenous Self-Declaration

The City is requesting that Proponents identify if their business is at least 51% owned by one or more Indigenous persons of Canada.

YES, 51% or more Indigenous ownership

NO, it is not

This information is being gathered for statistical purposes only and will not be used for purposes of evaluation.

8. Signatures

The Proponent or the Proponent's authorized official or officials have signed this

_____ day of _____, 20_____ .

Signature of Proponent or
Proponent's Authorized Official or Officials

(Print here name and official capacity of individual whose signature appears above)

(Print here name and official capacity of individual whose signature appears above)

FORM B: QUALIFICATION QUESTIONNAIRE – LEVEL I (REQUIRED)

RESTORATION OF HARD SURFACE CUTS THAT ARE IN OR OBSTRUCTING APPROACHES (ASPHALT, PAVING STONE, PLAIN CONCRETE, STAMPED/COLOURED CONCRETE) AND/OR SIDEWALKS THAT LOCATED ON NON-REGIONAL STREETS

1. Construction experience of principles and key personnel of this organization who will be performing the work:

NAME	Years of Experience

a) Note: Proponents may attach a statement of experience, for each person, on a separate page.

2. Hard surface utility cut restoration projects performed in the past five (5) years (may include current projects in progress).

Project & Location: _____
 Description: _____

Project Value: _____

Owner: _____ Date Completed: _____ Contact: _____

Project & Location: _____
 Description: _____

Project Value: _____

Owner: _____ Date Completed: _____ Contact: _____

Project & Location: _____
 Description: _____

Project Value: _____

Owner: _____ Date Completed: _____ Contact: _____

LIST OF REQUIRED DOCUMENTS

- Business Registration #: _____
- Copy of Valid *COR* / *SECOR* Certificate: _____ OR
- Letter by an independent *Workplace Safety and Health Consultant* (valid for 3 years from the evaluation date): _____;
- Letter of Good Standing with *Workers Compensation Board* of Manitoba
- Year last attended *Manual of Temporary Traffic Control Seminar*: _____
- Copy of *2019 Private Access By-Law License* NO. 49/2008: YES _____ NO _____

FORM B: QUALIFICATION QUESTIONNAIRE – LEVEL II (ADDITIONAL OPTION)
 RESTORATION OF HARD SURFACE CUTS (INCLUDES STREETS, SIDEWALKS, APPROACHES, etc.)
 THAT LOCATED WITHIN THE CITY RIGHT-OF-WAY

1. Construction experience of principles and key personnel of this organization who will be performing the work:

NAME	Years of Experience

a) Note: Proponents may attach a statement of experience, for each person, on a separate page.

2. Hard surface utility cut restoration projects performed in the past five (5) years (may include current projects in progress).

Project & Location: _____
 Description: _____

Project Value: _____

Owner: _____ Date Completed: _____ Contact: _____

Project & Location: _____
 Description: _____

Project Value: _____

Owner: _____ Date Completed: _____ Contact: _____

Project & Location: _____
 Description: _____

Project Value: _____

Owner: _____ Date Completed: _____ Contact: _____

LIST OF REQUIRED DOCUMENTS

- Copy of 2019 Streets By-Law License: YES _____ NO _____
- Copy of 2019 Restoration Contractor License (without any conditions): YES _____ NO _____