

### FORM A: REQUEST FOR QUALIFICATION APPLICATION

1. Document Title                   REQUEST FOR QUALIFICATIONS FOR PROVISION OF MINOR  
ROOF REPAIRS AND MODIFICATIONS

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 B6 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**

**REQUEST FOR QUALIFICATIONS FOR PROVISION OF MINOR ROOF REPAIRS AND MODIFICATIONS**

1. Roofing experience of principals and key personnel of this organization who will be performing the Work.

Name	Licensed Journeyman Roofer (Red Seal endorsed) and/or other certifications	Years Exp.

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

2. Five (5) of the most recent projects (may include current projects in progress). For Contractors applying for multiple roof styles, provide additional references pertaining to those projects.

Project & Location: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Value: \_\_\_\_\_

Owner: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_ E-Mail \_\_\_\_\_

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Project & Location: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Value: \_\_\_\_\_

Owner: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_ E-Mail \_\_\_\_\_

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Project & Location: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Value: \_\_\_\_\_

Owner: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_ E-Mail \_\_\_\_\_

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Project & Location: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Value: \_\_\_\_\_

Owner: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_ E-Mail \_\_\_\_\_

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Project & Location: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Value: \_\_\_\_\_

Owner: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_ E-Mail \_\_\_\_\_

3. List a minimum of three (3) non City of Winnipeg client references of relevant projects with the name of organization, project name, contact name(s), telephone numbers and E-mail addresses

Organization	Project Name	Contact Name	Telephone	E-mail

4. Does this organization have the Certificate of Recognition (COR Written confirmation of a safety and health certification meeting SAFE Work Manitoba's SAFE Work Certified Standard (e.g., COR™ and SECOR™) etc. Further to B11.4, dependent on the value and risk of the Work, the City may require the Contractor to have COR or equivalent.
5. Select preferred roof styles your company is qualified in bidding and the level of security clearance your company is willing to obtain by providing a yes or no in the spaces provided.

Roof Styles	
	Sloped Roof
	Metal Roof
	Flat Roof
	Living Roof
Security Clearance	
	Work within Pools, Libraries, and Community Centres (may require Level 1 Clearance) See F2
	Work within City of Winnipeg Police Facilities (requires Level 2 Clearance) See F3
	Other facilities with no security clearance required