

**FORM B: QUALIFICATION QUESTIONNAIRE**  
**RESTORATION OF BOULEVARD UTILITY CUTS**

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

Name	Years of Experience	Type of Restorations Performed

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

2. Landscape restoration projects performed in the past five (5) years (may include projects in progress).

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

Project Value: \_\_\_\_\_ Owner: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

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

Project Value: \_\_\_\_\_ Owner: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

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

Project Value: \_\_\_\_\_ Owner: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. List three (3) client references of relevant projects (if different from above):

Organization	Project Name	Contact Name	Phone	Email

4. Equipment to be used for works under proposed contract:

Type	Quantity

### List of Required Documents

- Evidence of company registration: Business Registration #, or The Corporations Act (Manitoba), or properly registered, licensed or permitted by law to carry on business in Manitoba
- Copy of *Streets By-Law License* NO. 1481/77
- Safety documents:
  - a. Copy of Valid *COR / SECOR* Certificate: \_\_\_\_\_ OR
  - b. 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
- Direct Deposit form to be submitted to Treasury at [FIN-EFT-Advice@winnipeg.ca](mailto:FIN-EFT-Advice@winnipeg.ca)