

FORM A: EXPRESSION OF INTEREST APPLICATION

| | | |
|----|--------------------------------|---|
| 1. | Document Title | _____ |
| | | |
| 2. | Respondent | _____ |
| | | Name of Respondent |
| | | _____ |
| | | Usual Business Name of Respondent (if different from above) |
| | | _____ |
| | | Street |
| | | _____ |
| | | City Province Postal Code |
| | | _____ |
| | | Email Address of Respondent |
| | | _____ |
| | | Facsimile Number |
| | | _____ |
| | (Mailing address if different) | Street or P.O. Box |
| | | _____ |
| | | City Province Postal Code |
| | | _____ |
| | | GST Registration Number (if applicable) |
| | | _____ |
| | (Choose one) | The Respondent is: |
| | | <input type="checkbox"/> a sole proprietor |
| | | <input type="checkbox"/> a partnership |
| | | <input type="checkbox"/> a corporation |
| | | carrying on business under the above name. |
| | | |
| 3. | Contact Person | The Respondent hereby authorizes the following contact person to represent the Respondent for purposes of the Information Submission. |
| | | _____ |
| | | Contact Person Title |
| | | _____ |
| | | Telephone Number Email Address |
| | | _____ |

4. Addenda

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

| No. | | Dated | |
|-------|--|-------|--|
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | | _____ | |

5. 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.

6. Signatures

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

_____ day of _____, 20____.

Signature of Respondent or
Respondent'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)