FORM A: QUALIFICATION SUBMISSION

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

5.	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		
6.	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 mo	ore Indigenous ownership		
		NO, it is not			
	This information is being gathered for statistical purposes onl not be used for purposes of evaluation.				
7.	Signatures	The Proponent or the Proponent's authorized official or officials have signed this			
			day of	, 20	
		Signature of P Proponent's A	roponent or uthorized Official or Officia	als	
		(Print here name a	and official capacity of individual	whose signature appears above)	
		(Print here name a	and official capacity of individual	whose signature appears above)	