****

**PROJECT NUJIO’QONIK**

**EXPRESSION OF INTEREST**

**For**

**Geotechnical Services – Wind Farm**

**Applicant Pre-Qualification Questionnaire**

# 

# Instructions

Please provide responses in the spaces provided. This completed Pre-Qualification Questionnaire and supporting documentation must be included in the Expression of Interest (EOI).

# 

# part 1: Supplier Diversity, Equity and Inclusion, and Economic Reconciliation

World Energy GH2 is committed to Truth and Reconciliation Call to Action 92 and is working to ensure that Indigenous communities gain long-term, sustainable benefits from Project Nujio’qonik. All contractors are encouraged to clearly demonstrate how Indigenous peoples will have equitable access to jobs, training, and education in your operations, as well as demonstrate a commitment to working with Qalipu First Nation entities, local businesses, and minority-owned businesses.

* 1. Is the company 51% or more owned, managed and controlled by one of the following groups? Please check all that apply.

Women Yes No

* 1. Indigenous Peoples Yes No
  2. Persons with Disabilities Yes No
  3. Visible Minorities Yes No
  4. Please describe any past partnerships and/or experience working with Indigenous communities and/or business.
  5. Is the company a member of the Canadian Council of Aboriginal Businesses?

Yes No

If yes, since when.

* 1. Please describe the company process that ensures Indigenous peoples will have equitable access to jobs, training, and education in your operations.
  2. Please describe how the company envisions it may work with Qalipu First Nation entities, local businesses, and minority-owned businesses if your firm is selected to provide the required services.

# PART 2: health and safety

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| WORKERS COMPENSATION | | | | | | | | | | |
| 1.1.1 Which jurisdiction is the company registered in? | | | | | | | | | | |
| NL (WHSCC) | Other | | Specify | |  | | | | | |
|  |  |  | |  | | | | |  | |
| 1.1.2 What is the company's National Industry Classification Code (NIC)? | | | | | | |  | | | |
| **Year** | | | | | |  | |  | |  |
| 1.1.3 What was the company’s rate per $100 payroll for the past three (3) years? (Exclude current year) | | | | | |  | |  | |  |
| 1.1.4 What was the company’s Experience Rating for years indicated? | | | | | |  | |  | |  |
| 1.1.5 What was the industry average for years indicated? | | | | | |  | |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| REGULATORY COMPLIANCE 1.2.1 Please provide the following information on any violations, citations or incidents of compliance experienced during the past three years, including subcontractors (Exclude current year). | | | | |
| **Year** | |  |  |  |
| Number of Violations, Citations, or Incidents | |  |  |  |
| Number of Agency Inspections conducted | |  |  |  |
| Amount of fines incurred if any | |  |  |  |
|  | | | | |
| 1.2.2 List of Agencies performing inspections: |  | | | |
| **Please note: The Regulatory Compliance information is to include violations, citations and / or Health and Safety incidents of all contractors and subcontractors while working directly for your company, not just those directly attributed to your company.** | | | | |
|  | | | | |

## HEALTH AND SAFETY Record

Please provide your company’s Health and Safety record for past three years. (Double-click on table below to activate). Please include subcontractors.



Please perform your calculations using the following formulas:

|  |  |
| --- | --- |
| TRIFR = # (FAT + LTI + MA + RWC) X 200,000  Person hours/year | LTIFR = #LTI X 200,000  Person hours/year |

| Please indicate the answer in the ‘response’ column. | **YES** | **NO** |
| --- | --- | --- |
| HEALTH AND SAFETY PROGRAM | | |
| * + 1. Is the company’s Health and Safety Program written to a Standard (such as ISO 45001or OSHA 18001)? |  |  |
| * + 1. Is the company’s Health and Safety Program certified by an accredited organization to a Standard (such as ISO 45001or OSHA 18001)?   If yes, please provide a copy of the last audit as well as a copy of the compliance certificate as an attachment. |  |  |
|  | | |
| Leadership and Administration | | |
| * + 1. Does the company’s Health and Safety Program have a Policy Statement that clearly outlines the Company’s commitment to health and safety stewardship?   If yes, provide the reference to the statement in the manual below. |  |  |
| * + 1. Does the company maintain safety KPI’s (outside of incidents) such as behavior-based safety, training compliance, etc.?   If yes, describe the type of KPI’s tracked and provide a copy of the KPI’s as an attachment. |  |  |
|  | | |
| Employee Knowledge and Skills Training | | |
| * + 1. Does the company provide formal Health and Safety management training to management personnel?   If yes, describe the training, the frequency and positions the training is provided too or attach a copy of the Company training matrix and include reference to the relevant training section in the manual. |  |  |
| * + 1. Does the company have an internal training program which provides health and safety training for management and employees?     If yes, list the training provided, the frequency and positions the training is provided too or attach a copy of the Company training matrix and include reference to the relevant training section in the manual. |  |  |
| * + 1. Does the company have in place a process to ensure that only competent workers, including supervision, will be used during the operation?   If yes, describe how you ensure personnel are competent to perform work and include reference to the relevant competency section in the manual. |  |  |
|  | | |
| Accident / Incident Investigations | | |
| * + 1. Does the company have a written procedure for incident/accident reporting and investigation?   If yes, please attach a copy of the document or reference in the OHS Manual. |  |  |
| * + 1. Does the company’s incident/accident investigation follow a process such as the “TapRoot” process?   If yes, describe the process and include reference to the relevant investigation section in the manual. If no, describe how you determine root cause and corrective action. |  |  |
|  | | |
| Emergency Preparedness | | |
| * + 1. Does the company have an emergency response plan related to its activities and specific locations?   If yes, include reference to the relevant emergency response section in the manual. |  |  |
| * + 1. Does the company provide Emergency Response training?   If yes, describe the training and include reference to the relevant training section in the manual. |  |  |
|  | | |
| Organizational Rules, Policies and Procedures | | |
| * + 1. Does the company have an Alcohol and Drug Policy?   If yes, describe and include reference to the relevant section in the manual. |  |  |
| * + 1. Are all company employees made aware of the Alcohol and Drug Policy?   If yes, describe and include reference to the relevant training section in the manual. |  |  |
| * + 1. Is the Alcohol and Drug Policy enforced by the company?   If yes, describe the testing procedure and include reference to the relevant testing section in the manual (including cannabis). |  |  |
| * + 1. Do the company have a policy pertaining to prohibited items (e.g. knives, firearms)?     If yes, describe and include reference to the relevant section in the manual. |  |  |
| * + 1. Does the company have a process of ensuring that applicable health and safety legislative requirements for the jurisdiction where work is being performed is identified and complied?   If yes, describe and include reference to the relevant section in the manual. |  |  |
| * + 1. Does the company inform workers of their rights to refuse unsafe work?   If yes, describe and include reference to the relevant section in the manual. |  |  |
|  | | |
| Personal Protective Equipment | | |
| * + 1. Does the company have a policy or specific rules with respect to the use of Personnel Protective Equipment (PPE)?   If yes, describe and include reference to the relevant section in the manual. |  |  |
| * + 1. Does the company provide training in the selection, use and maintenance of PPE?   If yes, describe and include reference to the relevant section in the manual. |  |  |
|  | | |
| Group Meetings | | |
| * + 1. Does the company hold scheduled safety meetings, such as General Safety Meetings, Safety Committee Meetings, Toolbox Talks, etc.   If yes, describe the type of meeting, who attends, the frequency and location of these meetings and include reference to the relevant section in the manual. |  |  |
|  | | |
| HAZARD IDENTIFICATION AND RISK CONTROL | | |
| * + 1. Does the company conduct Risk Assessments on all critical and non-routine jobs/job functions?   If yes, describe the type of risk assessment when it is conducted and the participants and include reference to the relevant section in the manual. |  |  |
| * + 1. Does the company have in place a Permit to Work system?   If yes, describe and include reference to the procedure. |  |  |
|  | | |
| PLANNED Health and SAFETY AUDITS AND INSPECTIONS | | |
| * + 1. Does the company’s Health and Safety program outline the requirements for Supervisors and Employees to conduct regular inspections of equipment work conditions at the worksite?   If yes, describe and include reference to the relevant section in the manual. |  |  |
| * + 1. Does the company’s Health and Safety program require the prompt reporting of hazardous conditions at the worksite(s)?   If yes, describe and include reference to the relevant section in the manual. |  |  |
|  | | |

# part 3: environment & REGULATORY COMPLIANCE



## ENVIRONMENTAL (REGULATORY) COMPLIANCE

3.1.1 Please provide information on any violations, citations, orders, or incidents of non-compliance experienced by the Applicant and its subcontractors during the past three years.

|  |  |  |  |
| --- | --- | --- | --- |
| **Year:** |  |  |  |
| Number of Violations, Citations, Orders, or Incidents |  |  |  |
| Number of Agency Inspections conducted |  |  |  |
| Number of fines incurred if any |  |  |  |

3.1.2 List of Agencies performing inspections:

**Please note: The Regulatory Compliance information is to include violations, citations, orders, and/or incidents of environmental non-compliance all contractors and subcontractors while working directly for You, not just those directly attributed to you.**

## Environmental Record

Please provide your Environmental record for past three years (Double-click on table below to activate):



| Please indicate the answer in the ‘response’ column. | **YES** | **NO** |
| --- | --- | --- |
| ENVIRONMENTAL PROGRAM | | |
| * + 1. Does the company’s Environmental Management System conform to a recognized Standard (such as ISO 14001)? |  |  |
| * + 1. Is the company’s Environmental Management System recognized by an accredited organization?     If yes, provide a copy of the last internal and external audit and the certification as an attachment. |  |  |
|  | | |
| Leadership and Administration | | |
| * + 1. Does the company have an environmental policy statement that clearly outlines its commitment to environmental stewardship?   If yes, provide a reference to the statement in the manual. |  |  |
| * + 1. Does the company have in place a Chemical Management Procedure?     If yes, describe the procedure. |  |  |
| * + 1. Does the company have a process in place to manage SDS sheets and ensure that they are communicated to the end user?   If yes, describe the process. |  |  |
| * + 1. Does the company maintain environmental KPI’s?   If yes, describe the type of KPI’s tracked and provide a copy as an attachment. |  |  |
|  | | |
| Employee Knowledge and Skills Training |  |  |
| * + 1. Does the company provide formal environmental management training to management personnel?   If yes, describe the training, the frequency and positions the training is provided too or attach a copy of the Company training matrix and include reference to the relevant section in the manual. |  |  |
| * + 1. Does the company have an internal training program which provides environmental training for management and employees?     If yes, list the training provided, the frequency and positions the training is provided too or attach a copy of the Company training matrix and include reference to the relevant section in the manual. |  |  |
| * + 1. How often do you provide WHMIS training to staff? |  |  |
|  | | |
| Incident Investigations | |  |
| * + 1. Does the company have a written procedure for environmental incident reporting and investigation?   If yes, please attach a copy of the document or reference in the manual. |  |  |
| * + 1. Does the company incident investigation follow a process such as the “TapRoot” process for environmental releases?   If yes, describe the process and include reference to the relevant section in the manual. If no, describe how you determine root cause and corrective action. |  |  |
|  | | |
| Emergency Preparedness | |  |
| * + 1. Does your company have a spill response plan for hazardous materials, including fuels and other petroleum products, that it transports, handles, uses, and/or stores?   If yes, describe. |  |  |
|  | | |
| Organizational Rules, Policies and Procedures | |  |
| * + 1. How the company ensure that applicable environmental legislative requirements for the jurisdiction where work is being performed is identified and complied?   If yes, describe and include reference to the relevant section in the manual. |  |  |
| * + 1. Does the company have formal environmental policies and procedures as part of its Environmental Management System? |  |  |
|  | | |
| JOB Meetings | | |
| * + 1. Does the company discuss environmental issues at regular job meetings?   If yes, please describe |  |  |
|  | | |
| PLANNED ENVIRONMENTAL AUDITS AND INSPECTIONS | | |
| * + 1. Does the company’s environmental program outline the requirements for Supervisors and Employees to conduct regular environmental inspections of work conditions at the worksite?   If yes, describe. |  |  |
| * + 1. Does the company’s environmental program require the prompt reporting of hazardous conditions and spill incidents at the worksites?   If yes, describe. |  |  |
|  | | |

# part 4: Quality

| Please indicate the answer in the ‘response’ column. | **YES** | **NO** |
| --- | --- | --- |
| QUALITY PROGRAM | | |
| * + 1. Does the company have a formal Quality Management System that conforms to ISO 9001-2015?     If yes, please provide a table of contents from the Quality Manual. **If No, applicants are to answer Questions 4.2 – 4.8.** |  |  |
| * + 1. If yes, is your Quality Management System recognized by an accredited organization?   If yes, provide a copy of the last internal and external audit and the certification as an attachment. |  |  |
|  | | |
| Customer focus | | |
| * + 1. Does the company control its processes to ensure that you meet the customer’s requirements.   If yes, describe how this is achieved. |  |  |
| * + 1. Does the company collect customer satisfaction surveys or feedback?   If yes, describe. |  |  |
| * + 1. Does the company have a process for responding to customer complaints or corrective action requests?   If yes, describe. |  |  |
|  | | |
| Document control and record keeping | | |
| * + 1. Does the company have written procedures for core business processes?   If yes, provide a list of the core processes. |  |  |
| * + 1. Does the company have a procedure for management of hard and digital copies of records?   If yes, describe or append a copy. |  |  |
|  | | |
| continual improvement | | |
| * + 1. Does the company have processes for addressing problems and opportunities for improvement?   If yes, provide details. |  |  |
| * + 1. Does the company have a process for investigating the root cause of non-conformities and implementing effective corrective action?   If yes, describe. |  |  |
|  | | |
| Non-Conformities | | |
| * + 1. Does the company have a process for management of non-conformities?   If yes, describe. |  |  |
|  | | |
| Audits | |  |
| * + 1. Does the company have a documented audit schedule for both internal and external audits?   If yes, provide a copy of the audit schedule and last internal audit as an attachment. |  |  |
|  | | |
| Subcontractor management | | |
| * + 1. Does the company have policies, processes, and procedures to select and qualify its subcontractors, suppliers, and sub-suppliers?   If yes, describe the process and procedure. |  |  |
| * + 1. Does the company have policies, processes, and procedures to monitor its subcontractors, suppliers, and sub-suppliers?   If yes, describe the process and procedure. |  |  |
| * + 1. Does the company have free access to its suppliers, sub-suppliers, and sub-contractors’ plants, productions, manufacturing, service or other facilities for quality auditing, monitoring, inspecting or surveillance?   If yes, provide details of how this organized and coordinated. |  |  |
| * + 1. Does the company have a process to ensure that its main subcontractors / sub-suppliers meet specified requirements of work (including requirements for Quality)?   If yes, describe this process. |  |  |
|  | | |
| REFERENCES | | |
| Please provide contact information for two client references and details of products or services provided. | | |
|  | | |

# 

# part 5: technical

# WORK EXPERIENCE

* + 1. Applicant is requested to Use Form 1.1 (attached) to record previous experience. Use one sheet for each contract.
    2. Applicant is requested to list all contracts undertaken in the last 5 years which are of a similar nature and complexity as the Package for Prequalification.
    3. If the Applicant is a joint venture, Applicant is requested to list for each partner of the joint venture all contracts undertaken in the last 5 years by the said partner, and which are similar in nature and complexity to the work that will be performed by that partner.

# TECHNICAL SPECIFIC

* + 1. Please indicate which scope of work your company is interested in either: (i) Scope A – Site Characterization Geotechnical Investigation; and/or Scope B – Full Wind Farm Baseline Geotechnical Investigation.

|  |
| --- |
|  |

* + 1. Please advise on your firm’s ability to practice engineering and geoscience in Newfoundland and Labrador and authenticate drawings and reports per the requirements of Professional Engineers and Geoscientists Newfoundland and labrador (PEGNL). How will this be addressed?

|  |
| --- |
|  |

* + 1. Please detail any relevant experience with preparing site specific health and safety program due to the remote location and how drill rigs and on-site communication would be managed.

|  |
| --- |
|  |

* + 1. Please comment on access to suitable equipment for drilling (size and type) and whether owned or sub-contracted.

|  |
| --- |
|  |

* + 1. Please comment on experience working with local stakeholders and landowners, managing utility locates, site control, and site restoration.

|  |
| --- |
|  |

* + 1. Please provide project references for similar projects within the last 7 years.

|  |
| --- |
|  |

# Proposed Project and Site Organization Chart

* + 1. Please provide your preliminary Project and Site Organization that would execute the scope of work of the Package for Prequalification.

|  |
| --- |
|  |

# Off-Site Resources and Organization

* + 1. Please outline the types of work you would typically sub-contract. List major work components only:

|  |  |  |
| --- | --- | --- |
| **Type of Work or Service** | **Potential Sub-Contractor and Location** | **Location or Country of Origin** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* + 1. Please describe your facilities that would be used for the Package for Prequalification, including the square measure of fabrication facilities, offices, repair facilities, lay-down area, warehouse space, wharfage, or other facilities relevant to the Scope of Work of the Package for Prequalification.

|  |
| --- |
|  |

* + 1. Please indicate the number of management personnel, engineering, supervision, craft labor / trades, and employees and any other relevant categories you have and their categories for the personnel working at the locations covered in this Section 5.3.

|  |
| --- |
|  |

* + 1. Please describe any equipment relevant to the execution of the Package for Prequalification, including any pertinent details (such as capacity, size, power rating, reach, speed, and other pertinent details)

|  |
| --- |
|  |

* + 1. Please describe your work loading, for the facilities and equipment covered in this Section 4.5, during the timeframe in which the work described for the Package for Prequalification is to be performed. In addition, please comment on your capacity to perform in the time frame indicated.

|  |
| --- |
|  |

# Site Resources and Organization

* + 1. Please identify the major or special items of work that you expect to subcontract.

|  |  |
| --- | --- |
| **Type of Work or Service** | **Potential Sub-Contractor and Location** |
|  |  |
|  |  |
|  |  |
|  |  |

* + 1. Please submit a list of equipment (construction plant) required to perform the work and state how you would source the equipment (own, hired, leased, purchased).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Capacity** | **No.** | **Year of Manufacture** | **Source** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| From what location will the equipment come? How will you mobilize it to project work site? | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |

* + 1. Please submit a list of the software (or company internal systems) that you will use in the execution of the work. This should cover design, planning and scheduling, materials management (procurement, inspection, expediting and logistics), quality assurance and contract administration.

|  |
| --- |
|  |

FORM 1.1 - APPLICANT EXPERIENCE **(Use one sheet for each contract)**

|  |
| --- |
| Name of Applicant: |
| Name of Contract: |
| Number of Contract: |
| Country and Location: |
| Contract Role:   |  |  |  |  | | --- | --- | --- | --- | | Prime  Contractor | Lead Partner  in Joint Venture | Partner in  Joint Venture | Subcontractor | |
| Name of Client (or Prime Contractor if Contract Role was as Subcontractor): |
| Client’s Representative:   1. Name: 2. Title: 3. Telephone No. 4. Email Address: |
| Client’s Address: |
| Value of the Contract in equivalent CAD$: |
| Schedule:   1. Date of Award: 2. Date of Completion as specified in the Contract on the date of award: 3. Actual Date of Completion: |
| Description of the Work Performed: |

# part 6: commercial

***IF A JOINT-VENTURE OR PARTNERSHIP, EACH PARTNER MUST COMPLETE THIS FORM***



# DETAILS OF APPLICANT

|  |  |
| --- | --- |
| Applicant Legal Name: |  |

|  |  |
| --- | --- |
| Products and Services Offered by Applicant: |  |

## Applicant Type of Company:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Manufacturer | Fabricator | Contractor | Services | Other: Specify |

## Head Office Address

|  |  |  |  |
| --- | --- | --- | --- |
| Mailing Address: |  | Delivery Address: |  |
| Telephone: |  | Email: |  |

## Newfoundland and Labrador Office (If different from the above)

|  |  |  |  |
| --- | --- | --- | --- |
| Mailing Address: |  | Delivery Address: |  |
| Telephone: |  | Email: |  |

## Registered Office (If different from the above)

|  |  |  |  |
| --- | --- | --- | --- |
| Mailing Address: |  | Delivery Address: |  |
| Telephone: |  | Email: |  |

|  |  |
| --- | --- |
| Has your company operated under another name? Yes  No | |
| If yes, identify the previous name: |  |

# ORGANIZATION

* + 1. Indicate your type of business organization (Ltd., Private, wholly owned subsidiary, joint venture, etc.):

|  |
| --- |
|  |

* + 1. Please supply Certificate of Incorporation or Registration, if applicable, and attach.

|  |
| --- |
|  |

* + 1. Registration No.:
    2. If private ownership, please identify the principal shareholders, their addresses and percentage of ownership.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| City: |  | Province/State: |  | %: |  |
|  |  |  |  |  |  |
| Name: |  | | | | |
| City: |  | Province/State: |  | %: |  |
|  |  |  |  |  |  |
| Name: |  | | | | |
| City: |  | Province/State: |  | %: |  |

* + 1. List names of Company Officers

|  |  |
| --- | --- |
| **Position** | **Name** |
| Chairman: |  |
| Chief Financial Officer: |  |
| President: |  |
| Vice President: |  |
| Company Secretary: |  |
| Managing Director: |  |
| Chief Accountant: |  |

* + 1. Names of parent company, associates, and subsidiary companies (indicate whether wholly owned or identify percent controlled):

|  |  |
| --- | --- |
| Parent company: |  |
| Associate companies: |  |
| Subsidiary companies: |  |

|  |
| --- |
|  |

* + 1. Date business founded:

|  |  |
| --- | --- |
| Under present management since: |  |

|  |
| --- |
|  |

* + 1. Number of Employees:
    2. Please list all labor organizations / affiliated unions with whom you have contracts or working agreements in Newfoundland and Labrador.

|  |  |  |
| --- | --- | --- |
| Organization | Agreement Reference # | Expiration Date |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
|  |

Number of Unionized Employees:

* + 1. Has the company experienced any strike, lockout, or work stoppage in the last five (5) Years?

Yes  No

|  |
| --- |
|  |

If yes, how many days of lost production occurred?

* + 1. Declaration of Business Relationship (Company Owner/Management)

All Applicants shall, as a condition of supplying goods or services to Company, make full disclosure of any existing business relationships with any Company employee and/or contractor or immediate relatives. If the Applicant fails to disclose an interest and/or the interest is falsely or insufficiently reported, Company reserves the right to terminate or cancel any agreement of any kind which may have been entered into with the Applicant.

Are you a relative of or do you have a relationship with any Company employee, contractor (or their immediate relatives) that would cause any real or perceived conflicts of interest?

No

Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# CURRENT CONTRACT COMMITMENTS

Applicants are requested to submit data on all current major commitments. Include all contracts in progress and not yet completed, and contracts for which an award or letter of intent has been received.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of contract** | **Date of Award** | **Total Current Value of the contract CAD Equivalent** | **Value of work outstanding**  **CAD Equivalent** | **Projected Date of Completion** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# FINANCE / FINANCIAL STATEMENTS

* + 1. Financial responsibility is assumed by (name of entity):

|  |
| --- |
|  |

* + 1. Annual Revenue, Profit and Debt/Asset ratio in each of the last three (3) years:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year Reporting** | **Revenue** | **Profit after Taxes** | **Currency** | **Debt / Asset Ratio** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* + 1. Financial statements for the last three (3) years shall be provided as supplement to the information provided in this Questionnaire.

We confirm that the financial statements are enclosed Yes  No

If no, please explain below:

|  |
| --- |
|  |

* + 1. Is your company’s Annual Financial / Income Statements signed by a Chartered Accountant or a Certified Management Accountant?

|  |
| --- |
|  |

* + 1. Indicate range of contract price within which you are prepared to bid:

|  |  |  |  |
| --- | --- | --- | --- |
| Minimum |  | Maximum |  |

* + 1. Performance Bonds

|  |  |  |
| --- | --- | --- |
| Can you supply Performance/Payment bonds? | Yes  No | Maximum Amount  CAD: |
| Bonding Company |  | |
| Your Cost /$1000 of contract value |  | |
| Name and Title of Contact |  | |
| Telephone No. |  | |

* + 1. Letter of Credit

|  |  |  |
| --- | --- | --- |
| Can you supply a Letter of Credit for Performance? | Yes  No | Maximum Amount  CAD: |
| Source Institution |  | |
| Title of Contact |  | |
| Telephone No. |  | |

* + 1. Parent Company Guarantee - If applicable, is your parent company willing to provide a letter of guarantee of financial responsibility for any work awarded to your company?

Yes  No

* + 1. Litigation History

Provide Information of any arbitration or litigation proceedings resulting from contracts performed, or still being performed, in the last 5 years.

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| --- | --- | --- |
| **Contract** | **Award for or Against Applicant** | **Brief Summary of the Dispute, include Amount** |
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|  |  |  |
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* + 1. Other Financial

1. Are there any judgements, claims or suits pending or outstanding against your business?

Yes No (If yes give details in space below)

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1. Are you now, or have you ever been, involved in any bankruptcy or reorganization proceedings?

Yes No (If yes give details in space below)

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1. Has your company ever had a contract terminated before completion of the work?

Yes No (If yes give details in space below)

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|  |

1. Has your business ever had a draw on your letter of credit issued for any contract?

Yes No (If yes give details in space below)

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