

FORM A: REQUEST FOR QUALIFICATION APPLICATION

1. Document Title RFQ NO. 581-2015 - SYSTEMS INTEGRATOR FOR THE WINNIPEG SEWAGE TREATMENT PROGRAM

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 B16 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. 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: EXPERIENCE OF PROPONENT AND SUBCONSULTANTS

<input type="checkbox"/> Proponent <input type="checkbox"/> Subconsultant	Name:		<input type="checkbox"/> Reference Project #1 <input type="checkbox"/> Reference Project #2 <input type="checkbox"/> Reference Project #3
Project Name:			
Project Start Date: Month/Year		Commissioned Date or Substantial Completion Date:	
Project Description: <i>Include project owner, project objectives, and other relevant information demonstrating similarity to project criteria in B27.2</i>			
Systems Integrator Services Description: <i>Provide a clear and comprehensive description of the Systems Integrator services, details of the role of the Proponent/Subcontractors, and assignment outcomes and achievements.</i>			
Reference #1: <i>References should have worked directly on the projects described, such as the Project Manager or Contract Administrator.</i> Client Name: Position/Title/Function: Email Address: Telephone Number:			
Reference #2: <i>References should have worked directly on the projects described, such as the Project Manager or Contract Administrator.</i> Client Name: Contact Name: Position/Title/Function: Email Address: Telephone Number:			
Proponent Representative Signature:		Subconsultant Representative Signature:	
Date:			

Repeat the above for each reference project related to B27.2 on additional sheets

FORM C: EXPERIENCE OF PROPONENT'S KEY PERSONNEL ASSIGNED TO THE PROJECT

Proponent/Partner/Subconsultant:			
Key Personnel Name			
Current Employer			
Current Role		Current Location	
Availability		Residency / Citizenship Status	
Period of Commitment		Commitment (Full or Part Time)	
Proposed Role and Responsibilities:			
Proposed Role			
Proposed Base Location (City, Country)			
Proposed Responsibilities			
Capabilities, Skills and other information:			
Core Capabilities and/or Skills	<i>Indicate how skills, experience and capabilities match the scope of services</i>		
Education Background and Degrees			
Professional Recognition and Titles			
Years of Experience in Similar Role as Proposed			
Years of Experience with Current Employer			
Project #1			
Role			
Project Name and Owner			
Project Award and Completion Dates			
Project Description	<i>Include how your project relates to the criteria in B27.5 and B27.6</i>		

Responsibilities	<i>Indicate what you were responsible for on the project</i>
List of Tasks	<i>Indicate how you met your responsibilities by explaining what you did in detail</i>
Achievements	<i>Indicate your project accomplishments</i>
Reference #1: Organization Name: Contact Person Name Title / Function: Email Address: Telephone Number:	<i>References should have worked directly on the project described, such as the Project Manager or Contract Administrator.</i>
Reference #2: Organization Name: Contract Person Name: Title / Function: Email Address: Telephone Number:	<i>References should have worked directly on the project described, such as the Project Manager or Contract Administrator.</i>

Project # 2	
Role	
Project Name and Owner	
Project Award and Completion Dates	
Project Description	<i>Include how your project relates to the criteria in B27.5 and B27.6</i>
Responsibilities	<i>Indicate what you were responsible for on the project</i>
List of Tasks	<i>Indicate how you met your responsibilities by explaining what you did in detail</i>
Achievements	<i>Indicate your project accomplishments</i>
Reference #1: Organization Name: Contact Person Name: Title / Function:	<i>References should have worked directly on the project described, such as the Project Manager or Contract Administrator.</i>

Email Address: Telephone Number:	
Reference #2: Organization Name: Contact Person Name: Title / Function: Email Address: Telephone Number:	<i>References should have worked directly on the project described, such as the Project Manager or Contract Administrator.</i>

I certify that _____ [Insert Name] is available on the above identified basis.	Name: _____	Title: _____	Signature: _____
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