**APPENDIX B: STAGE I - MANDATORY REQUIREMENTS SUBMISSION FORM**

**Proponent Information**

|  |  |
| --- | --- |
| Company (s): |  |
| Company Address: |  |
| Contact Person: |  |
| Contact Email/Phone: |  |

**Proponent's Declaration**

Please initial beside each statement with which you agree. For the Consortium's purpose, only those Proponents who have accepted (initialed) each statement of the Proponent's Declaration will be considered; failure to agree to any statement will disqualify your Proposal.

|  |  |
| --- | --- |
|  | I/WE have read, reviewed and understand all terms and conditions outlined in this RFP, its Appendices, any applicable Addenda, and DNSSAB’s Purchasing Policy #CORP-01. |

|  |  |
| --- | --- |
|  | I/WE agree to be bound by the terms and conditions contained in the RFP, its Appendices, any applicable Addenda, and DNSSAB’s Purchasing Policy #CORP-01. |

|  |  |
| --- | --- |
|  | I/WE agree to provide all goods and/or services outlined in this RFP, its Appendices, and any Addendum, including but not limited to the Scope of Work, specifications, drawings, the terms and conditions herein/ |

|  |  |
| --- | --- |
|  | I/WE declare that the Proposal submitted has been made entirely in accordance with the terms and conditions outlined in this RFP, its Appendices, any applicable Addenda, and DNSSAB’s Purchasing Policy #CORP-01. |

|  |  |
| --- | --- |
|  | I/WE declare that this Proposal is the only Proposal submitted. No other Proposal was submitted under the same or different names or as multiple options within the same Proposal. |

|  |  |
| --- | --- |
|  | I/WE declare that any potential and/or actual conflict of interest has been disclosed to the Consortium. |

|  |  |
| --- | --- |
|  | I/WE declare that this Proposal was submitted by a Proponent with the capacity to contract (not a minor and of sound mind) |

|  |  |
| --- | --- |
|  | I/WE declare that this Proposal was submitted by a Proponent (and all subcontractors) who is not an Opposing Party in a legal action against the Consortium. |

|  |  |
| --- | --- |
|  | I/WE declare that this Proposal is made without collusion, connection, knowledge, comparison of figures or arrangement with any other Company, firm or persons making a submission and is in all respects fair and without collusion for fraud. |

|  |  |
| --- | --- |
|  | I/WE declare that the undersigned is empowered by the Proponent to negotiate all matters with the Consortium's representatives relative to this Proposal and any future Contract, and the person named below has the authority to submit this Proposal on behalf of the Corporation, Company, Company, or Partnership. |

|  |  |
| --- | --- |
|  | I/WE declare that no persons associated with the Proposal have initiated communication about this RFP after it was issued and before the Closing Date or before one or more contracts are entered in respect of the Scope of Work, which is its subject, with any member of the Board, the Consortium Staff, and/or the media. |

|  |  |
| --- | --- |
|  | I/WE declare that no person associated with the Proposal has been convicted of a criminal offence, including but not limited to fraud or theft. |

|  |  |
| --- | --- |
|  | I/WE declare that no person associated with the Proposal has been convicted of any quasi-criminal offence pursuant to applicable legislation or regulations including but not limited to the Occupational Health and Safety Act, as amended, where the circumstances of that conviction demonstrate a disregard on the part of the Proponent for the health and safety of its workers, the Consortium employees, or the general public. |

|  |  |
| --- | --- |
|  | I/WE declare that no person associated with the Proposal has committed professional misconduct, acts, or omissions that adversely reflect on the commercial integrity of the Proponent. |

|  |  |
| --- | --- |
|  | I/WE declare that if any future Contract is to be negotiated with the Consortium regarding the subject matter herein, the negotiations and the Contract shall be governed, construed and enforced under the laws of the Province of Ontario and the federal laws of Canada. |

|  |  |
| --- | --- |
|  | I/WE, including Non-Resident Proponent, shall comply with all Federal, Provincial (Ontario) and Municipal Laws, Acts, Ordinances, regulations, and By-Laws, which in any way pertain to the Scope of Work outlined in this RFP or to the employee of the Proponent. |

|  |  |
| --- | --- |
|  | I/We, including Non-Resident Proponents, shall charge the applicable HST for Ontario. |

|  |  |
| --- | --- |
|  | I/WE agree that any and all employees or personnel subject to the provision of the goods and/or services completed by this RFP will be properly trained under the Occupational Health and Safety Act, that every supervisor appointed is a ‘competent person’ as defined in the Act, and all work shall be in compliance with the Act’s regulations. |

|  |  |
| --- | --- |
|  | I/WE agree to hold the Consortium safe and harmless from any property damage; or claims by individuals or third parties; including any legal costs incurred by the Consortium in connection therewith on a solicitor/client basis, due to defective, damaged or unsuitable goods and/or services. |

**Acknowledgment of Addendums**

We acknowledge receipt of #      addendums; and agree that the addendum/addenda form part of the RFP.

**Proponent Requirements**

Please ensure to answer all questions below as either a Yes or No based on your Solution. Please note that if any question has an answer of No, the Proposal may be disqualified.

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** |  |
|  |  | I/WE can accommodate ordering requests for Medical Disposables through Operative IQ (directly/or with exportable data). |
|  |  | I/WE can confirm the ability to deliver the required Medical Disposables to DTSSAB at 61 5th St, Englehart, ON. |
|  |  | I/WE can confirm the ability to deliver the required Medical Disposables to Cochrane DSSAB at 500 Algonquin Blvd E, Timmins, ON. |
|  |  | I/WE can confirm the ability to deliver the required Medical Disposables to DNSSAB at 1715 Seymour St, North Bay, ON. |
|  |  | I/WE can confirm the ability to deliver the required Medical Disposables to MSDSB at 347 Second Ave, Espanola, ON. |
|  |  | I/WE confirm that all Medical Disposable will meet or exceed the provincial standards outlined in the Provincial Equipment Standards for Ontario Ambulance Services. |

**Required Documents**

Proponents are required to submit each of the following document(s) with this form. Failure to provide the required documentation will result in disqualification, and your Proposal will receive no further consideration.

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** |  |
|  |  | I/WE have submitted a copy of a current Business License (confirms five or more years of business). |
|  |  | I/WE have submitted verification of General Liability (Damage and Liability) Insurance coverage of at least $5 000 000.00. |
|  |  | I/WE have submitted a current and valid copy of our Letter of Good Standing from the Workplace Safety and Insurance Board or verification of employer's liability insurance. |
|  |  | I/WE have submitted a current and valid copy of our Certificate of Clearance from the Workplace Safety and Insurance Board or verification of employer's liability insurance. |

**Completed by:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Company and/or Corporate Name |  | Authorized Signature |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Title |

**APPENDIX C: STAGE I - PARTICIPATING ENTITY SUBMISSION FORM**

Agreements with any Participating Entity made by the Proponent will not release the Proponent from any obligation to the Consortium concerning the performance of its obligations under the contract. The Consortium will not be responsible for payment to the Proponent's Participating Entities if the Proponent defaults on its responsibilities. It is the responsibility of the Proponent to communicate this information to its Participating Entities.

**Proponent's Declaration**

Please initial beside the statement which best describes how Participating Entities are associated with your Proposal:

|  |  |  |
| --- | --- | --- |
|  | **Yes** | If Participating Entities are associated with this Proposal, provide details using the table below. |
|  | **No** | If by Own Forces, state so here (initial) |

If Yes above, provide a list of all Participating Entities you will be using to undertake the work (add as many rows as necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM**  **(Materials to be Provided)** | **PARTICIPATING ENTITY** | | | |
| **Company** | **Address** | **Contact Person** | **Type** |
|  |  |  |  | Sub-consultant  Sub-contractor  Subsidiary  Distributor  Dealer  Reseller  Other |
|  |  |  |  | Sub-consultant  Sub-contractor  Subsidiary  Distributor  Dealer  Reseller  Other |
|  |  |  |  | Sub-consultant  Sub-contractor  Subsidiary  Distributor  Dealer  Reseller  Other |
|  |  |  |  | Sub-consultant  Sub-contractor  Subsidiary  Distributor  Dealer  Reseller  Other |

**Completed by:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Company and/or Corporate Name |  | Authorized Signature |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Title |