



CONTRACTOR PRE-QUALIFICATION FORM

RULES AND INSTRUCTIONS FOR COMPLETING THIS CONTRACTOR PRE-QUALIFICATION FORM

GENERAL RULES:

1. Completing this application form in no way constitutes a commitment by Lambton Kent District School Board (LKDSB) or St. Clair Catholic District School Board (SCCDSB) to award work contracts or service agreements or to pay any costs incurred by any contractor/consultant in preparing this application.
2. LKDSB/SCCDSB will conduct additional screening of successful applicants for specific work and specific projects.
3. Completed application forms and supporting documents submitted by contractors/consultants become the property of LKDSB/SCCDSB and will not be returned and will not be disclosed to any third party except as may be required by law.
4. The applicant is obligated to inform LKDSB/SCCDSB **Purchasing Department**, in a timely manner, of any changes to this application affecting key personnel, ownership status, bonding capability, sustainability commitments, environment health and safety status, financial position or any other information, which may affect its pre-qualified status with LKDSB/SCCDSB.
5. Applications and support documents will be retained for a minimum period of three (3) years or longer as determined by LKDSB/SCCDSB as its sole discretion. It is the responsibility of the contractor to provide updated information at the three (3) year expiry date in order to maintain the "contractor qualification" status.
6. LKDSB/SCCDSB reserves the right to ask for updated information at its discretion.

PRE-QUALIFICATION INSTRUCTIONS:

1. All contractors who are interested in providing on-site services to LKDSB/SCCDSB are required to complete this pre-qualification application form.
2. Various supporting documents must accompany your completed application form as set out herein and summarized in Section 9. LKDSB/SCCDSB reserves the right not to accept applications if the required documentation is not included or if the minimum pre-qualification requirements are not met.
3. As soon as this application is completed, please send a copy along with the necessary supporting documents to LKDSB/SCCDSB **Purchasing Department**. Written confirmation will be sent to you advising whether your application has been accepted or rejected. If your application is rejected, you will have an opportunity to reapply in one (1) year from the date of rejection.

APPLICATION EVALUATION RULES:

1. Upon receipt of the completed application forms and supporting documents, LKDSB/SCCDSB personnel will review your submission to ensure compliance with LKDSB/SCCDSB's pre-qualification requirements. LKDSB/SCCDSB reserves the right not to accept any deviations from the requirements set out in this application. Despite any acceptance, LKDSB/SCCDSB reserves the right to seek additional information or confirmation of information submitted.
- 2 LKDSB/SCCDSB reserves the right to request clarification or additional information from applicants.
3. Applicants are expected to update their submission with any material changes within sixty (60) days of said change. Updates may be requested from time to time to maintain your pre-qualified status. Failure to keep your records up to date could result in removal from the approved contractor list.

RFX'S WILL BE REQUESTED FROM PRE-QUALIFIED CONTRACTORS ONLY.

TABLE OF CONTENTS:

Section 1 - Organization Information4

Section 2 - Business Organization5

Section 3 - Conflict of Interest Declaration6

Section 4 - Professional Certifications and Trade Licensing Information6

Section 5 - Work Experience Profiles7

Section 6 - Occupational Health and Safety9

Section 7 - Insurance Information15

Section 8 - Financing and Bonding References16

Section 9 - Quality Assurance17

Section 10 - Submission Checklist and Certification18

OFFICE
USE ONLY

SECTION 1: ORGANIZATIONAL INFORMATION

Is your organization registered with ISNetworkd ___yes ___no

Name of Applicant: _____
(Legal Company Name)

Type of Business: (check one)

- Corporation
- Partnership
- Sole proprietor
- Joint venture
- Registered
- Other

If "Other", please specify business type _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: _____ Cell Phone #: _____

Fax #: _____ Email: _____

Website: _____ GST #: _____

Name and Title of Contact Person: _____

1. Check the type of services or scope of work for which you are pre-qualifying:

- Asphalt
- Communicatlons/PA
- Demolition
- Doors
- Electrical
- Fencing
- Flooring
- General Contracting
- Handicap Accessibility
- HVAC/Mechanical
- Interior Renovations
- Landscaping
- Life Safety/Fire Protection

- Painting
- Pest Control
- Plumbing
- Roofing
- Security Systems/Services
- Grass Cutting
- Snow Removal
- Walls/Foundations
- Waste Disposal/Recycling
- Window Replacement/Glazing
- Janitorial
- Other

If "Other", please specify type of service(s) offered or provided: _____

2. List the services or trades you normally perform with your own workforce: _____

3. What percentage of our organization's work is normally sub-contracted? _____%

4. What services or trades does your organization normally sub-contract? _____

5. Name of LKSDB portfolio or specific projects for which you are applying? _____

SECTION 2: BUSINESS ORGANIZATION

1. In what year was your organization established? _____

2. How many years has your organization been in business under its present business name? _____

3. List any former names your organization has operated under: _____

4. Is your organization a subsidiary or affiliate of another entity?

- Yes
- No

If Yes, what are your affiliates' names, addresses and phone numbers. _____

5. Names and titles of the owners, officers, partners and principals of your company:

Name	Title/Position	Years with the Company

SECTION 3: CONFLICT OF INTEREST DECLARATION

1. Are any owners, officers, principals or employees of your organization **related** to any staff member(s) at LKDSB/SCCDSB? *(Related is defined as: family member, such as spouses, children, parents, siblings, nieces, nephews, cousins and in-laws.)*

- Yes
- No

If Yes, please indicate the name of your employee(s), the name of their LKDSB/SCCDSB employee relative(s), and their relationship and the location where the LKDSB/SCCDSB employee(s) work.

2. Are there any other circumstances that might put your company into a potential conflict of interest situation?

- Yes
- No

If Yes, please provide details: _____

SECTION 4: PROFESSIONAL CERTIFICATIONS AND TRADE LICENSING INFORMATION

1. Has a complaint ever been filed against your organization with any licensing or similar authorities?

- Yes
- No

If Yes, please provide details: _____

2. List trade licenses – with license numbers – under which you are qualified to do business. (ie. electrical, fire protection and other federal, provincial or municipal business licenses, etc.)

LICENSE TYPE	LICENSE NUMBER	EXPIRATION DATE

SECTION 5: WORK EXPERIENCE PROFILES

1. Has your organization, any predecessors with which you have been affiliated, or its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you?

- Yes
- No

If Yes, please explain _____

2. Are there any judgments, claims, arbitration proceedings or litigation pending or outstanding against your organization or its officers within the last five (5) years?

- Yes
- No

If Yes, please explain _____

3. Has your organization filed any lawsuits or requested arbitration with regard to contracts within the last five (5) years?

- Yes
- No

If Yes, please explain _____

4. Has your organization ever had a claim made against it for improper, delayed, defective or non-compliant work or failed to meet its warranty obligations?

- Yes
- No

If Yes, please explain _____

5. List the organization's business volume (dollar amount) for the last fiscal year?

6. What is the largest contract your organization has completed?

Amount _____

Year _____

Project Name and Scope _____

7. Have you had previous school board experience?

- Yes
- No

If Yes, please provide list of names and contacts. _____

8. List similar service work or projects completed by your organization over the last five (5) years for clients or customers who may be contacted to obtain references. (provide at least 3 references)

i)Project Title/Service Contracts/Location and Description:

Date Completed: _____

Project Value: _____

Subcontract Value: _____

Value Payable to your Organization: _____

Client Name: _____ Contact: _____

Phone #: _____ Fax #: _____

Consultant Name: _____ Contact: _____

Phone #: _____ Fax #: _____

General Contractor: _____ Contact: _____

Phone #: _____ Fax #: _____

ii)Project Title/Service Contracts/Location and Description:

Date Completed: _____

Project Value: _____

Subcontract Value: _____

Value Payable to your Organization: _____

Client Name: _____ Contact: _____

Phone #: _____ Fax #: _____

Consultant Name: _____ Contact: _____

Phone #: _____ Fax #: _____

General Contractor: _____ Contact: _____

Phone #: _____ Fax #: _____

iii) Project Title/Service Contracts/Location and Description:

Date Completed: _____

Project Value: _____

Subcontract Value: _____

Value Payable to your Organization: _____

Client Name: _____ Contact: _____

Phone #: _____ Fax #: _____

Consultant Name: _____ Contact: _____

Phone #: _____ Fax #: _____

General Contractor: _____ Contact: _____

Phone #: _____ Fax #: _____

SECTION 6: OCCUPATIONAL HEALTH AND SAFETY:

NOTE: If your organization employs one or more employees and you do not have an occupational health and safety policy and occupational health and safety program manual in writing, your application will be rejected.

OCCUPATIONAL HEALTH AND SAFETY:

1. Does your organization have a written health and safety policy and written occupational health and safety manual?

- Yes
- No

2. Will you provide a copy of your health and safety policy and written occupational health and safety manual if requested?

- Yes
- No

3. Does your health and safety policy and program address the following elements?

	Yes	No
i) Management commitment and expectations		
ii) Employee participation		
iii) Accountabilities and responsibilities for managers, supervisors and employees		

iv) Resources for meeting safety and health requirements			<input type="checkbox"/>
v) Periodic safety and health performance appraisals for employees			<input type="checkbox"/>
vi) Hazard recognition and control			<input type="checkbox"/>

4. Does your health and safety program include work practices and procedures such as:

	Yes	No	
i) Equipment lockout and tag-out (LOTO)			<input type="checkbox"/>
ii) Confined space entry			<input type="checkbox"/>
iii) Fall protection			<input type="checkbox"/>
iv) Personal protective equipment (PPE)			<input type="checkbox"/>
v) Portable electrical/power tools			<input type="checkbox"/>
vi) Vehicle safety			<input type="checkbox"/>
vii) Compressed gas cylinders			<input type="checkbox"/>
viii) Electrical equipment grounding assurance			<input type="checkbox"/>
ix) Powered industrial vehicles (cranes, forklifts, etc.)			<input type="checkbox"/>
x) Housekeeping			<input type="checkbox"/>
xi) Accident/incident reporting			<input type="checkbox"/>
xii) Unsafe condition reporting			<input type="checkbox"/>
xiii) Emergency preparedness, including evacuation plan			<input type="checkbox"/>
xiv) Waste disposal			<input type="checkbox"/>
xv) Respiratory protection			<input type="checkbox"/>
xvi) Designated substance management			<input type="checkbox"/>

5. Was your organization's occupational health and safety policy and occupational health and safety manual developed or reviewed by a health and safety consultant or certified industrial hygienist to ensure it meets provincial regulations? (*attach a copy of the table of contents of your organization's occupational health and safety manual to this application*)

- Yes
- No

6. Do you have a qualified person responsible for safety within your organization? If Yes, please describe his/her qualifications:

- Yes
- No

7. Do your employees read, write and understand English such that they can perform their job tasks safely without an interpreter? If No, please provide a description of your plan to assure that they can safely perform their jobs.

- Yes
- No

8. Do you have personnel certified in Standard Care First Aid?

- Yes
- No

9. Do you assign health and safety supervisors who are certified in Standard Care First Aid at your job sites?

- Yes
- No

10. Do you have an emergency plan in place?

- Yes
- No

11. Are First Aid kits provided?

- Yes
- No

12. Is application Personal Protective Equipment (PPE) provided for employees?

- Yes
- No

13. Do you have a program to assure that PPE is inspected and maintained?

- Yes
- No

14. Are employees trained in PPE use?

- Yes
- No

15. Do you conduct inspections on operating equipment (ie. cranes, forklifts, etc.) in compliance with regulatory requirements?

- Yes
- No

16. Do you maintain operating equipment in compliance with regulatory requirements?

- Yes
- No

17. Do you maintain the applicable inspection and maintenance certification records for operating equipment?

- Yes
- No

18. Are these applicable inspection and maintenance certification records available upon request?

- Yes
- No

19. Does your health and safety policy contain a process for accident reporting and investigation, as well as record keeping?

- Yes
- No

20. Do you know the regulatory health and safety training requirements for your employees and subcontractors?

- Yes
- No

21. Does your organization provide occupational health and safety training to all employees? If yes, please list the employee health and safety training courses provided or attach a copy of your company's health and safety training program for supervisors, employees, new hires and subcontractors.

- Yes
- No

22. Are copies of your employee and subcontractor health and safety training records available, if requested?

- Yes
- No

23. Have your employees and subcontractors received the necessary health and safety training, refresher training and retraining as prescribed by provincial regulations based on the type of work they will perform for LKDSB/SCCDSB?

- Yes
- No

24. Does your organization have a program recognizing employee excellence in safety performance?

- Yes
- No

25. Does your organization have a disciplinary program in place for safety violations? []

- Yes
- No

26. Does your organization have a policy of terminating the contracts of subcontractors if they do not comply with applicable occupational health and safety regulations and/or company rules and policies? []

- Yes
- No

27. Do you have a process in place to inspect, record and correct unsafe work conditions and unsafe work practices without delay at your job sites? []

- Yes
- No

28. Do you hold regular job site safety meetings for:

	Yes	No	
i) Employees			[]
ii) Field supervisors			[]
iii) New hires			[]
iv) Subcontractors			[]

29. Are your job site safety meetings documented? []

- Yes
- No

30. In the last three (3) years, has your organization or your subcontractors ever received a citation, notice of order, or been the subject of a prosecution under any provincial or federal Occupational Health and Safety Act, its regulations or other similar government legislation? If Yes, please provide details on a separate sheet of paper. []

- Yes
- No

31. Does your organization and your subcontractors maintain Worker's Compensation coverage, as per statutory requirements? If Yes, please provide a Worker's Compensation Clearance Certificate. []

- Yes
- No

SUBCONTRACTORS:

32. Do you have a health and safety pre-qualification process for your subcontractors? []

- Yes
- No

33. Do you use health and safety performance criteria in the selection of subcontractors?

- Yes
- No

34. Do you evaluate the ability of subcontractors to comply with applicable environment health and safety regulatory requirements, employee training requirements, and best practices as part of the selection process?

- Yes
- No

35. Do your subcontractors have health and safety policies and occupational health and safety manuals in writing?

- Yes
- No

36. Do you evaluate your subcontractor's health and safety programs and performance at least annually?

- Yes
- No

37. Do you include your subcontractors in:

	Yes	No
i) Safety and health orientation		
ii) Safety and health meetings		
iii) Inspections		
iv) Audits		

HEALTH AND SAFETY PERFORMANCE:

38. For the last three (3) years (including subcontractors):

i) Total number of employees working for your organization.	
ii) Total number of subcontractor employees working for your organization.	
iii) Total number of fatalities. (employees and subcontractors)	
iv) Number of lost time incidents in man hours. (employees and subcontractors)	
v) Number of medical aid injuries. (employees and subcontractors)	
v) Total man hours worked in the last three (3) years. (including those of the subcontractors)	

vi) Worker's Compensation experience rating for the last three (3) years.	
---	--

Attach copies of WCB summaries for your organization and your subcontractors for last three (3) years.

39. Is your company experience rated (CAD-7, NEER)? If Yes, please attach CAD-7 reports for the last three (3) years.

- Yes
- No

40. Has your company ever been subjected to a Work-well Audit? If Yes, what was your final score? _____

SECTION 7: INSURANCE INFORMATION

TYPE OF INSURANCE	AMOUNT OF INSURANCE COVERAGE	NAME, ADDRESS AND PHONE # OF INSURANCE COMPANY	NAME OF INSURANCE AGENT
General liability	\$5,000,000 minimum		
Automobile liability	\$1,000,000 minimum		
Worker compensation/ employees (as per statutory requirements)			
Professional liability (for architects, engineers and consultants) insurance	\$2,000,000 minimum		
Other insurance coverage: Specify type:			

Certificates of insurance must be provided upon entering into contract with LKDSB/SCCDSB and must comply with the terms and conditions set out therein.

SECTION 8: FINANCING AND BONDING REFERENCES:

BANK REFERENCE (use a separate sheet for additional references)

Name of Banking Company: _____

Address: _____

Phone #: _____

Contact Person: _____

BONDING INFORMATION

Name of Bonding/Surety Company: _____

Agent Name: _____

Address: _____

Phone #: _____

Contact Person: _____

Bonding Rate: _____

Bonding Capacity – Per Project \$ _____ Aggregate \$ _____

Attach letter(s) from nationally-recognized surety company stating total bonding limit, current bonding committed and confirming availability of required bonding for projects. The following may be required: 10% bid bond, 50% performance bond and 100% performance bond for projects in excess of \$1,000,000.

Note: if you are not bondable, you will only be considered for work under \$30,000. A certified cheque in trust in an amount equal to the cost of work will be required, if or when you are successful in negotiating a contract.

SECTION 9: QUALITY ASSURANCE

Organization:

Department Head: Name: _____
 Title: _____

Reports to: Name: _____
 Title: _____

Supervisors: Name: _____
 Title: _____

Name: _____
 Title: _____

Program /System

	Yes	No
i) Is a QA Program in effect		
ii) Is a Quality Control/Inspection System in effect		
iii) is there a QA Manual		
iv) Are there Quality Assurance/Control Procedures		

Approvals/Certification

	Yes	No
i) Has the QA/QC Control System been registered by an recognized authorities		

If yes, copy of certificate must accompany this questionnaire

Comments:

If not recognized by a registered authority, attach a copy of the Quality Assurance Program/Quality System for Evaluation.

SECTION 10: SUBMISSION CHECKLIST AND SIGNATURE

Please ensure all information listed in the following table is attached to your completed application; otherwise your pre-qualification application will be rejected.

Have you included the following information with your completed application form?
(check Yes or No for each)

	Yes	No
Company information		
Company organization		
Conflict of interest declaration		
Copies of professional certifications and trade licenses		
Previous work experience write-ups		
List of references		
Table of contents of your organization’s occupational health and safety program manual		
Worker’s Compensation Board experience summaries for past three (3) years for your organization and your Subcontractors, as well as Worker’s Compensation Board clearance certificate		
List of health and safety training courses provided to supervisors, tradespersons, organization employees and subcontractors’ employees broken down by job descriptions		
Insurance information		
Bank references		
Bonding information		
Letter from nationally-recognized surety company stating total bonding limit, current bonding committed and confirming availability of required bonding for projects		
Quality Assurance Certificate / Program/ Manual		

I – the undersigned – certify and declare that the information provided is true and correct and I acknowledge that I am duly authorized and have legal authority to bind the contractor on whose behalf I am signing this application. By my signature, the contractor also consents to have representatives of LKDSB/SCCDSB conduct the reference checks indicated on this form.

Name of Applicant: (print) _____

Signature: _____

Company Name: _____

Business Address: _____

City: _____ Province: _____ Postal Code: _____

Business Phone: _____ Email: _____