

## APPENDIX A - Request for Proposals (RFP) Cover Page

Please complete and submit as a cover page to the proposal.

Company Legal Name:	
Number of Years in Business:	
Address:	
HST Number: <i>(if exempted, please complete APPENDIX D – GST/HST Registration - Confirmation of Exemption)</i>	
Website:	
Primary Contact Name:	
Title:	
Telephone:	
Email:	
Number of employees/current staff	
Core competencies, services and products	

The undersigned:

- 1) confirms that they have carefully examined the RFP documents and have clear and comprehensive knowledge of the deliverables required;
- 2) consents to ACCES and their representatives checking and verifying the information provided with their proposal, including checking references;
- 3) represents and warrants its ability to provide the deliverables of this RFP and comply with the contractual terms ***(APPENDIX F – Services Agreement)***;
- 4) has authority to bind the organization listed above.

Signature:	
Print Name:	
Title:	
Date:	

## APPENDIX B - Conflict of Interest Statement

In addition to the other information and representations made by each proponent in the RFP, each proponent must declare whether it has an actual or potential Conflict of Interest. If, at the sole and absolute discretion of ACCES, the proponent is found to be in a Conflict of Interest, ACCES may, in addition to any other remedies available at law or in equity, disqualify the proposal submitted by the proponent.

The proponent, by submitting the proposal, warrants that to their best knowledge and belief, no actual or potential Conflict of Interest exists with respect to the submission of the proposal or performance of the contemplated Agreement. Where ACCES discovers a proponent’s failure to disclose all actual or potential Conflicts of Interest, ACCES may disqualify the proponent or terminate any Agreement awarded to that proponent pursuant to this RFP process.

Conflict of Interest	Response
<p>Is there an actual Conflict of Interest, relating to the preparation of their proposal, or if the proponent foresees an actual or potential Conflict of Interest in performing the contractual obligations contemplated in the RFP? (<i>e.g. Is your company receiving training subsidy from ACCES?</i>)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>[If yes, please enter details here.]</p>

The proponent agrees to provide any additional information, which may be requested by ACCES.

Signature:	
Print Name:	
Title:	
Date:	

I have authority to bind the organization listed above.

### APPENDIX C - References

Proponents must provide a minimum of 3 current references for projects of similar size and scope from within the last 3 years. Please do not list current or past staff members of ACCES. ACCES reserves the right to contact these references at any time throughout this process. Reference checks will be kept confidential.

#### Reference # 1

Company Name:	
Contact Name:	
Company Address:	
Company Telephone Number:	
Contact Email Address:	
Date:	From:                      To:
Project Description:	

#### Reference # 2

Company Name:	
Contact Name:	
Company Address:	
Company Telephone Number:	
Contact Email Address:	
Date:	From:                      To:
Project Description:	

#### Reference # 3

Company Name:	
Contact Name:	
Company Address:	
Company Telephone Number:	
Contact Email Address:	
Date:	From:                      To:
Project Description:	

## APPENDIX D - GST/HST Registration - Confirmation of Exemption

I confirm to ACCES that I am exempted from having a GST/HST registration number due to one of the following conditions:

- ( ) I am a sole proprietor, my total revenues from taxable supplies (before expenses) from all my businesses are \$30,000 or less in the last four consecutive calendar quarters and in any single calendar quarter.
- ( ) I am in partnership / I am a corporation, the total revenues from taxable supplies (before expenses) of the partnership or corporation are \$30,000 or less in the last four consecutive calendar quarters and in any single calendar quarter.
- ( ) I am a public service body (charity, non-profit organization, municipality, university, public college, school authority, or hospital authority), the total revenues from taxable supplies from all of the activities of the organization are \$50,000 or less in the last four consecutive calendar quarters and in any single calendar quarter. A gross revenue threshold of \$250,000 also applies to charities and public institutions.
- ( ) Our organization is not based in Canada.
- ( ) Other (please describe below):

I confirm that the information I have provided is accurate.

Signature:	_____
Print Name:	_____
Title:	_____
Date:	_____

I have authority to bind the organization listed above.