# **SCHEDULE B - Submission Form**

The Proponent must not amend this Form in any way other than by providing the requested information. This form must be completed, signed and submitted as part of the Proponent’s Proposal.

**To the Canadian Partnership Against Cancer:**

1. **Proponent Information**

|  |  |
| --- | --- |
|  | The full legal name of the Proponent is: |
|  |  |
|  | Any other relevant name under which the Proponent carries on business is: |
|  |  |
|  | The jurisdiction under which the Proponent is governed is: |
|  |  |
|  | The name, address, telephone, facsimile number and e-mail address of the contact person for the Proponent is: |
|  |  |
|  | The Proponent is:  *Proponents must select one of the following choices.*  an individual {Provide HST/GST #}  a sole proprietorship {Provide HST/GST #}  a corporation {Provide HST/GST #}  a partnership {Provide HST/GST #}  a joint venture {Provide HST/GST #}  an incorporated consortium {Provide HST/GST #}  a consortium that is a partnership {Provide HST/GST #}  other legally recognized entity: {Specify type, provide HST/GST # or state "N/A".} |

1. Acknowledgment of Non-Binding Procurement Process

The Proponent acknowledges that the RFP process will be governed by the terms and conditions of the RFP, and that, among other things, such terms and conditions confirm that this procurement process does not constitute a formal, legally binding bidding process (and for greater certainty, does not give rise to a Contract A bidding process contract), and that no legal relationship or obligation regarding the procurement of any good or service will be created between the Partnership and the Proponent unless and until the Partnership and the Proponent execute a written agreement for the Deliverables.

1. Ability to Provide Deliverables

The Proponent has carefully examined the RFP documents and has a clear and comprehensive knowledge of the Deliverables required. The Proponent represents and warrants its ability to provide the Deliverables in accordance with the requirements of the RFP for the rates set out in its Proposal.

1. **Price**

The Proponent has submitted its price in accordance with the instructions in the RFP and in the form set out at Schedule C.

1. **Addenda**

The Proponent is deemed to have read and accepted all Addenda issued by the Partnership prior to the Deadline for Issuing Addenda. The onus remains on the Proponent to make any necessary amendments to the Proposal based on the Addenda. The Proponent confirms that it has received the following Addenda:

|  |
| --- |
| {List Addenda numbers or, if no Addenda were issued, state “None”.} |
|  |
|  |
|  |

1. **Conflict of Interest**

The Proponent, by submitting the Proposal, confirms that to its 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 other than those disclosed in this Submission Form. Where the Partnership discovers a Proponent’s failure to disclose all actual or potential Conflicts of Interest, the Partnership may disqualify the Proponent or terminate any Agreement awarded to that Proponent as a result of this procurement process.

Conflict of Interest includes, but is not limited to, any situation or circumstance where:

1. in relation to the RFP process, the Proponent has an unfair advantage or engages in conduct, directly or indirectly, that may give it an unfair advantage, including but not limited to
   * 1. having or having access to information in the preparation of its Proposal that is confidential to the Partnership and not available to other Proponents;
     2. communicating with any person with a view to influencing preferred treatment in the RFP process; or
     3. engaging in conduct that compromises or could be seen to compromise the integrity of the RFP process and render that process non-competitive and unfair; or
2. in relation to the performance of its contractual obligations under the Agreement, the supplier’s other commitments, relationships or financial interests
   * 1. could or could be seen to exercise an improper influence over the objective, unbiased and impartial exercise of its independent judgment; or
     2. could or could be seen to compromise, impair or be incompatible with the effective performance of its contractual obligations;

*Proponents must choose one of the following two options.*

The Proponent declares that: (1) there was no Conflict of Interest in preparing its Proposal; and (2) there is no foreseeable Conflict of Interest in performing the contractual obligations contemplated in the RFP.

**OR**

The Proponent declares that there is an actual or potential Conflict of Interest relating to the preparation of its Proposal, and/or the Proponent foresees an actual or potential Conflict of Interest in performing the contractual obligations contemplated in the RFP. The details of the actual or potential Conflict of Interest are as follows:

|  |
| --- |
|  |

1. **Disclosure of Information**

The Proponent hereby agrees that any information provided in this Proposal, even if it is identified as being supplied in confidence, may be disclosed where required by law or if required by order of a court or tribunal. The Proponent hereby consentsto the disclosure, on a confidential basis, of this Proposal by the Partnership to its advisers retained for the purpose of evaluating or participating in the evaluation of this Proposal. The Proponent acknowledges that the Partnership may make public the name of any and all Proponents.

I confirm that this Submission Form has been completed with no changes to the text provided in the RFP.

|  |  |
| --- | --- |
| Signature of Witness: | Signature of Proponent representative: |
|  |  |
| Name of Witness: | Name and Title of Proponent representative: |
|  |  |
|  | Date: |
|  | I have authority to bind the Proponent. |

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# **SCHEDULE C - Pricing Sheet**

**Required to provide the rates for the resources being proposed.**

**Proposed Team (please attach CV):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years of Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years of Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years of Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years of Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years of Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years of Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years of Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years of Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information for Key Contact Personnel:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Expenses**

Please provide a list of all additional expenses including but not limited to: administrative costs, out of pocket expenses, transportation, food etc.

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# **SCHEDULE D - Reference Form**

**Form D1**

*Each Proponent should provide references from three (3) different clients* (excluding the Partnership) *who have obtained services similar to those required in this RFP from the Proponent within the last three (3) years.*

*The Partnership is not required to contact all references provided by the Proponent. In addition, references other than those provided by the Proponent (including but not limited to Partnership staff) may be contacted to obtain additional information that will be used in evaluating the Proponent’s past performance.*

*Past performance will be evaluated on a pass/fail basis. Items to be evaluated include but is not limited to:*

* 1. *Conformance to contract requirements*
  2. *Adherence to contract schedules*
  3. *Cost Performance*
  4. *Risk Management*
  5. *Reasonable and Cooperative behavior (Business relations)*
  6. *Commitment to Customer Service*
  7. *Concern for the interest of the Customer*

|  |  |
| --- | --- |
| Proponent: |  |

**Reference #1**

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| Contact Name: |  |
| Contact Title: |  |
| Contact Telephone Number & Email Address: |  |
| Date Work Undertaken: |  |
| Nature of Assignment: |  |

**Reference #2**

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| Contact Name: |  |
| Contact Title: |  |
| Contact Telephone Number & Email Address: |  |
| Date Work Undertaken: |  |
| Nature of Assignment: |  |

**Reference #3**

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| Contact Name: |  |
| Contact Title: |  |
| Contact Telephone Number & Email Address: |  |
| Date Work Undertaken: |  |
| Nature of Assignment: |  |

**Form D2**

*Each Proponent should provide references from two (2) different clients* (excluding the Partnership)  *to whom each candidate proposed for a key role has provided services within the last three (3) years in a role similar to that set out for the candidate in the Proposal.*

*Please include in the Proposal a separate copy of this part of the reference form for each candidate proposed for each key role set out in the Proposal.*

|  |  |
| --- | --- |
| Name of Candidate: |  |
| Proposed Role: |  |

**Reference #1**

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| Contact Name: |  |
| Contact Title: |  |
| Contact Telephone Number & Email Address: |  |
| Date Work Undertaken: |  |
| Nature of Assignment: |  |

**Reference #2**

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| Contact Name: |  |
| Contact Title: |  |
| Contact Telephone Number & Email Address: |  |
| Date Work Undertaken: |  |
| Nature of Assignment: |  |