

**SCHEDULE B – FORM OF SUBMISSION**

**RESPONDENT’S REQUEST FOR EXPRESSIONS OF INTEREST**

**AND**

**STATEMENTS OF QUALIFICATIONS**

This Request For Expressions of Interest/Statements of Qualifications (the “**RFEOI/SOQ**”) will enable the City of Surrey (the “**City**”) to determine your relevant experience, capacity, resources and financial capability for eligibility to submit a submission for security guard, mobile security and related services.

Materially incomplete RFEOI/SOQ submissions may be deemed to fail the qualification process. Respondents may supplement information requested with additional sheets if required. All information provided should be relevant to the prequalification.

**Project Title: Prequalification For Security Guard, Mobile Patrols and Related Services**

**Reference No.: 1220-050-2021-009**

**Submitted To:**

City Representative: Richard D. Oppelt, Manager, Procurement Services

Email for PDF Files: [purchasing@surrey.ca](mailto:purchasing@surrey.ca)

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| SECTION A. | GENERAL INFORMATION |

Through the information provided in your Submission, the City of Surrey (the “City”) expects to gain an in-depth understanding of a Respondent’s experience, capabilities, capacity to provide the goods and Services outlined in Schedule A – Scope of Services. Respondents may supplement information requested with additional sheets, if required.

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| 1. | |  | | | | |
|  | | Full Legal Name of Firm | | | | |
| 2. | |  | | | | |
|  | | Business Address | | | | |
| 3. | Phone No.: | |  |  | Fax No.: |  |
| 4. | Email Address: | |  |  | Website  Address: |  |

5. Contact for prequalification inquiries (full name, position and email address):

6. Contact for general inquiries (full name, position and email address):

7. Membership of industry associations (please list):

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| SECTION B. | COMPANY PROFILE |

8. How many years has your organization been in business as a contractor? \_\_\_\_\_\_\_\_\_\_\_\_

9. How many years has your organization been in business under its present business name? \_\_\_\_\_\_\_\_\_\_\_

10. **Form of Business Organization:**

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| --- | --- | --- |
|  | Sole Proprietorship |  |
|  | Partnership – jurisdiction and date of establishment: |  |
|  | Corporation – jurisdiction and date of incorporation: |  |
|  | Joint Venture – identify all joint venturers, and who has primary responsibility for this RFEOI/SOQ |  |

11. **Respondent Summary** (Note: Provide background information (brief history, size, services offered, etc.))

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| Comments: |

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| SECTION C. | FINANCIAL CAPACITY |

**Insurance Reference:**

12. Name of Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Telephone/Fax Numbers: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Are you able to provide comprehensive General Liability Insurance, on an occurrence basis, in the amount of not less than $10,000,000 (CAD) with an insurer licensed in British Columbia for bodily injury, (including death) and damage to property including loss of use thereof?  Yes  No

17. Are you able to provide Automobile Liability Insurance for a limit of not less than $3,000,000 (CAD) for all owned, leased or rented licensed vehicles used in the performance of Work and shall include third party liability?

Yes  No

18. Are you able to provide a comprehensive dishonesty, disappearance and destruction bond for commercial business: Insurance covering loss of money, securities and other property which the insured and the City shall sustain, to an amount not less than $30,000 dollars for any one loss or in aggregate, resulting from fraudulent or dishonest act(s) committed by an employer or employee of the insured, acting alone or in collusion with others.  Yes  No

Note: Refer also to the City’s sample insurance certificate form available on the City's web site at [www.surrey.ca](http://www.surrey.ca) (search "Insurance Certificates") titled City of Surrey Certificate of Insurance Standard Form.

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| SECTION D. | RESPONNDENT’S EXPERIENCE, REPUTATION AND RESOURCES |

19. **Experience:** Respondent should describe your relevant experience delivering Services the same/similar to the Services as described in Schedule A – Scope of Services of this RFEOI/SOQ.

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| Comments: |

20. **Capacity:** Respondent should describe your capacity to take on the Services within the expectations as described in Schedule A – Scope of Services of this RFEOI/SOQ:

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| Comments: |

21. **References:** Respondents should provide details, in order of date, of relevant security guard, mobile patrol and related services projects completed in the past five years – Schedule B – Appendix A (data sheet). I/We hereby consent to the City contacting references for the purposed of evaluating our prequalification.

22. Respondents should provide details, in order of date, of relevant security guard, mobile patrol and related services projects underway as of Submission Date – Schedule B – Appendix B (data sheet). I/We hereby consent to the City contacting references for the purposed of evaluating our prequalification.

23. Respondents should provide responses to scenarios as set out in Schedule B – Appendix C (data sheet).

24. **Key Personnel:** Respondents should identify the key personnel that the Respondent would propose to use for the Services, together with their qualifications, related project experience and an indication of their duties and responsibilities using a format similar to the following. (Note: By completing this information, you warrant and represent you have each individual’s consent to disclosure of their personal information to the City in accordance with privacy laws):

**NAME:**

(a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall be responsible for supervision of the Services (resume of qualifications and experience attached);

(b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall be responsible for contract management and administrative work (resume of qualifications and experience attached);

(c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall be responsible for quality assurance/quality control of the Services (resume of qualifications and experience attached); and

(d) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall be responsible for safety of the Services (resume of qualifications and experience attached).

25. **Sub-Contractors**: Respondents should provide the following information on the background and experience of all preferred sub-contractors proposed to undertake a portion of the Services. Where final selection has not been made, identify potential subcontractors from which the selection will be made. If none, indicate “Not Applicable”. If any are individuals, by completing this information, you

warrant and represent you have each individual’s consent to disclosure of their personal information to the City in accordance with privacy laws. (use the spaces provided and/or attach additional pages, if necessary):

| Name and Address | Contact Name & Phone Number | Area of Responsibility | Experience |
| --- | --- | --- | --- |
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26. **Conflict of Interest:** – *check as applicable*

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|  | To the best of the Respondent’s knowledge, upon undertaking appropriate investigation and due diligence, the Respondent is not aware of any employees or persons who may be involved in this project, being “Associates”[[1]](#footnote-2) of City of Surrey, employees or officers. |
|  | The Respondent is aware of conflict(s) of interest or potential conflict(s) of interest, as follows:  *(Note: Identify parties and their role in the project, confirm their relationship based on the definition of “Associate”, and described the proposed solution to manage, minimize or eliminate any perceived or actual conflict(s).* |
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| SECTION E. | RESPONDENT’S TECHNICAL RESPONSE |

27. **Workers’ Compensation Board Information**:

Workers’ Compensation Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Letter of Good Standing attached: r Yes r No

28. **Quality Control Program:** Respondents should provide a description of their quality control program; how it works, personnel who provide it, standards by which the effectiveness of the program can be measured, record of results on previous projects, etc.

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| Comments: |

29. **Customer Satisfaction:** Indicate whether you have a formal documented customer satisfaction program and formal quality assurance program. If so, provide details including how these programs work and how often reviews are performed. Provide a written summary of the programs. Explain how these programs would be implemented at the City and how your company would ensure deficiencies in the performance of security services are corrected and standards are maintained.

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| Comments: |

30. **Training and Education**: The Respondent should demonstrate that their organization is adequately staffed and trained to perform the Services. The Respondent should demonstrate that its employees are competent and skilled in the trade and craft program they practice. Please identify the minimum basic education and training requirements, or other expectations that your staff is required to meet.

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| Comments: |

31. **Health and Safety:** Utilization of Occupational Health and Safety (OH&S) – Respondents should provide evidence of a current program in place, a sample or example OH&S program with safety program for all workers.

Do you have specific Health and Safety Training Program for supervisors?  Yes  No

Have your employees received the required Health and Safety training and retraining?

Yes  No

Corporate OH&S policy attached (please tick to confirm).

Has your company received any awards for health and safety performance achievement?

Yes  No

If Yes, please list.

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| Comments: |

32. Respondents should demonstrate their ability to scale up their services with a tiered pricing model. Can the Respondent provide a preferred rate of service specific to the standard security work requirements such as base building security i.e., City Hall, Libraries, Rec Centres, Operations Centre etc. and event security requirements. Concerts, filming and other special events.

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| Comments: |

33. **Other**: Identify any additional information you feel may be of interest or benefit to the City.

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| Comments: |

**I/We confirm** that this Submission is accurate and true to best of my/our knowledge.

This Submission is submitted this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2021.

**I/We have the authority to bind the Respondent**.

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(Name of Respondent ) (Name of Respondent)

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(Signature of Authorized Signatory) (Signature of Authorized Signatory)

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(Print Name and Position of Authorized (Print Name and Position of Authorized Signatory) Signatory)

Revision Date: June 25, 2018

RDO

1. "Associate" means (a) a spouse, (b) a parent, sibling, son or daughter, or the spouse of any one of them, (c) a relative who lives in the person’s home, (d) a company in which a person owns shares carrying more than 10% of the voting rights attached to all shares of the corporation, (e) a person’s business partner, or (f) a trust or estate of which a person is one of the main beneficiaries or for which the person serves as a trustee. [↑](#footnote-ref-2)