



Purchasing and Contract Services

Centre for Education, 1 Kingsway NW, Edmonton AB T5H 4G9
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Office Use Only

Procurement Agent Approval Stamp

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE VENDOR APPLICATION FORM

The Vendor Application Form is a legal document. Before applications can be considered, this form must be completed and signed. We withhold the information provided in confidence and use it to verify that businesses meet Edmonton Public Schools' (EPS) policies and government legislation. Being an approved vendor does not guarantee business with EPS. Vendors working directly with students may require a criminal record check. Any waivers that are required to be signed by EPS staff, parents or students must be provided for prior approval.

VENDOR INFORMATION			
Legal Company Name			
Contact Name and Title	Telephone <i>(with area code)</i>	Cell <i>(with area code)</i>	Email
Sales Contact Name and Title	Telephone <i>(with area code)</i>	Cell <i>(with area code)</i>	Sales Email
Fax <i>(with area code)</i>	Website		
Street Address <i>(Address, City, Province, Postal Code)</i>			
Payment Address <i>(if different than Street Address)</i>			

INSURANCE

MINIMUM COMMERCIAL GENERAL LIABILITY INSURANCE
 Vendors must maintain commercial general liability insurance for a minimum of \$2,000,000 per occurrence. Projects that require more liability insurance coverage will include the required amount on the bid documentation. Your insurer must be made aware that they are required to provide thirty (30) days written notice for cancellation/termination or adverse material changes of the insurance policy to Edmonton Public Schools.

Current Liability Coverage Amount \$ _____ Certificate of Insurance Attached? Yes No

PROOF OF INSURANCE
 You must provide proof of insurance. Email a copy of your Certificate of Insurance with your Vendor Application form.

BUSINESS LICENSE
 Vendors must maintain a valid business license and permits as required by civic bylaw and/or legislation.

Business License Number _____ Nature of Business _____

<p>GST Vendors require a GST number if annual revenue exceeds \$30,000. Does your company exceed \$30,000 annually? <input type="checkbox"/> Yes <input type="checkbox"/> No GST Number _____</p>	<p>WCB COVERAGE <i>(if applicable)</i> WCB Account Number _____</p>
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SIGNATURE OF AUTHORIZED REPRESENTATIVE	
<p>I/We hereby declare that no employee of Edmonton Public Schools has any financial interest directly or indirectly in this company. I/We certify that the information on this application and its supporting documents are accurate and complete. I/We understand and agree that failure to fully complete the form, misrepresentation, or omission of facts, represents grounds for elimination from consideration as a vendor.</p>	
Signature	Title
Print Name	Date

IMPORTANT: Complete the rest of this application form ONLY if you are a construction contractor (general contractor and subtrades).

PROJECT VALUE			
Minimum Project Value \$ _____ to Maximum Project Value \$ _____			
KEY STAFF			
Name	Position	Years With Company	Responsibilities
BONDING			
Name of Bonding Company	Contact Name	Telephone	Length of Relationship With Bonding Company
Total Maximum Aggregated Bonding Capacity \$ _____ Maximum Single Project Bonding Capacity \$ _____			
PROJECT HISTORY			
List up to four <u>projects in progress</u>.			
Owner	Contact Name	Telephone	Description/Size/Value of Project
List up to four <u>recent projects completed in the past five years</u>.			
Owner	Contact Name	Telephone	Description/Size/Value of Project
LEGAL		OCCUPATIONAL HEALTH AND SAFETY	
Has your organization ever failed to complete any work awarded to it? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any judgments, claims, arbitration proceedings, liens or suits pending or outstanding against your organization or its officers? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your organization been involved in any lawsuits or requested arbitration with regard to construction contracts within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your company currently suspended/in dispute? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have experience fulfilling the responsibilities of a prime contractor under the Alberta Occupational Health and Safety Act? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing and qualified to assume the responsibilities of a prime contractor described under the Alberta Occupational Health and Safety Act? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a safety program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you Certificate of Recognition (COR) Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SUPPLEMENT FOR CONSTRUCTION CONTRACTORS ONLY