



REQUEST FOR QUALIFICATION FOR IT/IS CONTRACTOR

NOTES:

- 1) **REQUIRED** in order to provide information on the capacity, skill and experience of the contractor. Applicants may supplement information requested with their current portfolio available or additional sheets if required. **Please only fill in information that pertains to your business/service.**
- 2) Once completed, this form will be treated as a confidential document by the St. Lawrence Seaway Management Corporation (SLSMC) who will use it solely for determining the contractor's qualifications.
- 3) Personal information provided by you or your employees or sub-contractors will be handled in accordance with the SLSMC Privacy Policy <https://greatlakes-seaway.com/en/privacy-policy/>. This personal information may be shared with others within the SLSMC and retained by the SLSMC for the purposes of assessing your firm's suitability for our "Qualified contractors list".
- 4) Receipt of your Request for qualification will be acknowledged by email.
- 5) You are obliged at all times to keep the SLSMC informed of any change regarding your firm, in particular a change of business name, address or a merger.

A- General Information

Business name of the firm		Legal name of the firm		Name of authorized signatory	
Number and Street				City	
Province/ State	Postal code/ Zip code	Firm number	Firm creation date (year/month)		
Telephone number	Fax number	Cellular number	Email address		

Legal structure of your firm					
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Other	
No. of employees		No. of mgmt. / admin		No. of technical/Project mgmt..	

B- Area(s) of Experience

Please check the areas of expertise you are applying for:			
<input type="checkbox"/> Managed IT Service	<input type="checkbox"/> Cybersecurity	<input type="checkbox"/> Software support	<input type="checkbox"/> Hardware support
<input type="checkbox"/> Remote Monitoring	<input type="checkbox"/> System architecture	<input type="checkbox"/> Data storage	<input type="checkbox"/> System Integration
<input type="checkbox"/> Database Management	<input type="checkbox"/> Cloud Service	<input type="checkbox"/> VoIP Service	<input type="checkbox"/> Auditing
<input type="checkbox"/> SAP ERP	<input type="checkbox"/> SAP SuccessFactors	<input type="checkbox"/> Enterprise Information Management	<input type="checkbox"/> Software Development
<input type="checkbox"/> Web Development	<input type="checkbox"/> Software Analytics		<input type="checkbox"/> OSISoft PI System
<input type="checkbox"/> AI & Machine Learning	<input type="checkbox"/> Other (please specify): _____		
If you are applying for a specific project, please complete:			
Project Title:		Location:	

THE FOLLOWING SECTIONS ARE FOR INFORMATION ONLY. LEAVING FIELDS BLANK (THOSE THAT NOT APPLY TO YOU) WILL NOT DISQUALIFY YOUR COMPANY BUT PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE.

C- Insurances and Guarantees – For our information only

C.1. Commercial General Liability (CGL) Insurance

Do you have 2 million CGL insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Company & Contact info
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C.2. Automobile Liability (AL) Insurance

Do you have 1 million AL insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Company & Contact info
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C.3. Professional Liability (PL) Insurance

Do you have PL insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Company & Contact info
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D- Quality and Environment Programs

D.1. Quality Program

Do you have ISO certification for your Quality Programs? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate in which Quality Programs your firm is registered:

D.2. Environment

Do you have a Sustainable Development Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an Environmental Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you offer environmentally friendly solutions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Give examples:

E- Health and Safety Programs

Indicate in which Safety Management Programs your firm is registered:
Please attach your firm Health and Safety Program Safety Program attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Details required shall include, but not necessarily limited to the following: a) The person(s) in charge of health and safety at the firm. b) Familiarity with "SLSMC Corporate Safety Requirements".
Please attach WSIB or CNESST Clearance Certificate Clearance Certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No

F- Commitment to Marine Security

Are some of your employees R2 cleared with Transport Canada MARSEC? <input type="checkbox"/> Yes <input type="checkbox"/> No How many?
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I affirm that the information provided in the form, including its attachments, is true and accurate.

Name of authorized signatory	Date
Title	Please note that a <u>signature</u> is mandatory if you would like to be considered
Telephone Number	
Email address	
_____ Signature	

For accounting purposes please provide the following information

What information is required from the SLSMC to set up a credit account with your firm?	
Payment address, if different from above	
General email address for tender purposes	
The SLSMC uses the electronic funds transfer (EFT) mode of payment. Are you structured for this mode of payment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out the attached EFT request form.	
Term of payment (specify)	

This form can be emailed or sent by courier to the appropriate office:

For work in the Welland Canal section of the Corporation and at the Head Office in Cornwall

Procurement Department
508 Glendale Avenue
St. Catharines, Ontario L2R 6V8
niaprocur@seaway.ca

For work in the Montreal-Lake Ontario section of the Corporation

Procurement Department
9200 Marie-Victorin Blvd
Brossard, Quebec J4X 1A3
maisoumissions@seaway.ca



October 27, 2021

Attention: Accounting Department

**Re: Electronic Funds Transfer (EFT)
For Canadian Account Bank holders in CAD funds**

Dear Sir or Madam,

To reduce the risk of COVID-19 transmission, the St. Lawrence Seaway Management Corporation (SLSMC) is taking extra precautions and steps to maintain the health and wellbeing of our customers, employees and community. We have modified our operations to increase our work from home capabilities and are working to minimize or eliminate activities related to processing physical documents.

If you are currently a vendor who is accepting a cheque in Canadian dollars as a method of payment from us, we would appreciate your cooperation with respect to paying you by Electronic Funds Transfer (EFT).

This process is expected to be more efficient and cost effective for both our suppliers and ourselves as payments will be deposited directly into your bank account, at which time you will be notified by e-mail that the deposit has been made. Included in this e-mail will be a remittance advice detailing the invoice(s) being paid.

To enable us to provide you with this service, please complete the attached Electronic Funds Transfer Request Form and return it to our Accounts Payable Department with a copy of a void cheque.

The personal information obtained from this form is used for the purposes of payment to the vendor only and is handled in accordance with the SLSMC Privacy Policy.

If you have any questions, please feel free to e-mail accountspayable@seaway.ca or contact any of the following at 613-932-5170.

Daniel Roy
Manager of Accounting
Ext. 3322

Carole Robertson
Accounting Clerk
Ext. 3306

Aimee Hughes
Accounting Clerk
Ext. 3215

Jani Pilon
Accounting Clerk
Ext. 3334