



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	
Number and Street		City	
Province/ State	Postal code/ Zip code	Firm number	Firm creation date (year/month)
Telephone 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): _____		

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- Insurance Conditions – Minimum Requirements

The following Insurance Conditions will be requested for all Contracts:

- Commercial General Liability (min. \$2,000,000)
- Automobile Liability (min. \$1,000,000)
- Professional Liability (according to the Contract)

WSIB/CNESST certified

D- Quality and Environment Programs

D.1. Quality Program

Do you have ISO certification for your Quality Programs?

☐ Yes ☐ No

If yes, indicate in which Quality Programs your firm is registered:

D.2. Environment

Do you have a Sustainable Development Program?

☐ Yes ☐ No

Do you have an Environmental Program?

☐ Yes ☐ No

Do you offer environmentally friendly solutions?

☐ Yes ☐ 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: ☐ Yes ☐ 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".

F- Additional Information

F.1. For tendering purposes

General email address	
Contact name	

F.2. For accounting 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.	
Tax Number (HST or GST)	
For your information, our terms of payment are Net 30 days	

I affirm that the information provided in the form, including its attachments, is true, accurate and have read and accept the SLSMC Supplier Code of Ethics - https://greatlakes-seaway.com/wp-content/uploads/2024/07/Model-Supplier_Code_en.pdf

Name of authorized signatory	Date
Title	<div>_____</div> <div>Signature (mandatory)</div>
Telephone Number	
Email address	

Please email this form to the appropriate Procurement Department

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

niaprocurer@seaway.ca

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

maisoumissions@seaway.ca



202 Pitt Street
Cornwall, Ontario
K6J 3P7
Telephone: (613) 932-5170

March 27, 2025

Attention: Accounting Department

Dear Sir or Madam,

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.

Please be advised that as part of our due diligence, a member of our team will contact you by phone to confirm and validate your banking information.

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 St. Lawrence Seaway Management Corporation Privacy Policy.

If you have any questions, please feel free to e-mail accountspayable@seaway.ca or contact 613-932-5170, ext. 3040.

*Daniel Roy
Manager of Accounting
Ext. 3322*