

Annex C

Floating Docks Surveying and Replacement Design 2024

Checklist of Submission Requirements

Annex D

Floating Docks Surveying and Replacement Design 2024

Qualifications and Reference Forms

COMPANY QUALIFICATIONS AND REFERENCES

Name of Company: _____

1. The Company has been engaged in business, under the present business name for _____ years.
2. Experience in work of a nature similar to that covered in the proposal documents extends over a period of _____ years.
3. The following contracts have been satisfactorily completed in the last three (3) years for the persons, companies or authorities indicated:

	Year	Type of Work	Contract Amount	Location and for Whom Performed
(a)				
(b)				
(c)				

4. The following person may be contacted for information concerning the work listed above (list a reference for each contract named):

	Name	Title	Address	Telephone
(a)				
(b)				
(c)				

5. The following contracts are no longer current but have been satisfactorily completed in the last five (5) years for the persons, companies or authorities indicated:

	Year	Type of Work	Contract Amount	Location and for Whom Performed
(a)				
(b)				
(c)				

Annex E

**Floating Docks Surveying and Replacement Design
2024**

Local Benefits Form

LOCAL BENEFITS

(SOCIAL, ECONOMIC AND ENVIRONMENTAL)

All pages of this form must be completed and returned with the Proponent's response.

This form is used to gather information to influence and help the economic transformation and enable meaningful participation of Bermudians and "specified business" in Bermuda's economy. This form looks at the ownership, management structures, and skill development opportunities and to learn more about the businesses bidding on Government Contracts. The Government's aim is to increase access to local economic activities and encourage skills training opportunities for Bermudians and the Government's use of specified businesses.

Rated criteria in the Government's Standard Evaluation Matrix Section 3 is equivalent to 40% of the overall score. It helps the public officers to measure, promote equal opportunities, and optimize the participation of specified businesses.

Date:

Ownership:

1. Bermudian Owned Business..... Yes No
2. Are you defined as a "Specified Business" in Bermuda (Small or Medium Sized)?
 Yes No
 Other _____

Definition - According to the Code of Practice Project Management and Procurement (page 8 and 9), "**Specified Business**" means a Bermudian-owned and owner-operated business enterprise with such characteristics as the Bermuda Economic Development Corporation may determine and

(A) gross annual sales of less than one million dollars, or an annual payroll of less than five hundred thousand dollars; or

(B) at least three of the following attributes:

- (i) gross annual revenue of between \$1,000,000 and \$5,000,000;
- (ii) net assets of less than \$2,500,000;
- (iii) an annual payroll of between \$500,000 and \$2,500,000;
- (iv) between a minimum of 11 and a maximum of 50 employees; and
- (v) been in operation for a minimum of 10 years.

Please note that BEDC has not yet requested any additional requirements of businesses to be categorized as a Specified Business. Any Bermuda owned company that satisfies the criteria on item A or item B above will be considered a Specified Business.

3. Provide a copy of the Certificate of Incorporation (if applicable).

Copy attached Yes No

4. Number of employees/Bermudians

Please indicate the total number of persons employed by the company and the number and percentage of Bermudian employees.

NUMBER OF NON-BERMUDIANS:	
NUMBER OF BERMUDIANS:	
NUMBER OF SPOUSES OF BERMUDIANS:	
NUMBER OF EMPLOYEES:	
PERCENTAGE OF BERMUDIANS:	

Skill Development - Apprenticeships/training opportunities

5. Does your business offer internship, apprenticeships or training opportunities?

Yes No

6. Does your business offer Bermudian's internships opportunities?

Yes No

7. Does your business offer Bermudian's apprenticeships/training opportunities?

Yes No

8. Is your business willing/able to provide Bermudians new internship, apprenticeship or training opportunities?

Yes No

9. If yes, to questions 6, 7 or 8, what apprenticeship or training opportunities exist, please indicate below. (add more lines as needed)

<u>EMPLOYEE NAME</u>	<u>NON BERMUDIAN</u>	<u>BERMUDIAN</u>	<u>(month/year)</u>	<u>NAME OF INTERNSHIP OR APPRENTICESHIP PROGRAM OFFERED BY YOUR COMPANY</u>

Preference Procurement

10. Will the proponent use Bermuda specified businesses in their supply chain?

Yes _____ No _____

Please provide an explanation _____

11. Will the proponent use Bermuda specified business sub-contractors (if applicable)?

Yes _____ No _____

Please provide an explanation _____

Enterprise and Supplier Development

12. Has the respondent participated in the BEDC Construction Incubator or any other Business Program

Yes No, if yes, state program _____ and year _____

13. Safety and Health, Sustainability and Environmental Policies

Please indicate whether the business has a:

a) Safety and Health Policy,

Yes No, if yes, then please provide a copy.

b) Sustainable Goods and Services Policy

Yes No, if yes, then please provide a copy.

c) Environmental Policy.

Yes No, if yes, then please provide a copy.