

Name of the Respondent: *The Respondent should insert its name in this space.*

RFSQ SUBMISSION TEMPLATE FOR:
>insert RFSQ #

Student Transportation Services

For >insert the name of the Consortium

Submitted by:
> The Respondent is required to insert its name

Name of the Respondent: *The Respondent should insert its name in this space.*

**STUDENT TRANSPORTATION SERVICES RFSQ >insert #:
Mandatory Submission Requirements**

Sub-section 5.1: MANDATORY REQUIREMENT: Respondent Profile

The Respondent **must** provide the following information about its organization.

INSTRUCTIONS TO RESPONDENTS: Use the following table for your response:

Information Requirements:	Respondent Responses
1. The name and address of its organization	Name: Address:
2. The name and contact details (phone number, fax number and email address) of an individual to whom the Consortium may direct questions about its response.	Contact Name: Contact Phone Number: Contact Fax Number: Contact Email Address:
3. A description of the ownership structure of its organization e.g. sole proprietorship, incorporation, partnership and its directors and any related companies, all as applicable to the Respondent's organization.	

5.2 MANDATORY REQUIREMENT: Respondent Service Areas of Interest

The Respondent **must** provide the following information:

1. An indication of the service areas for which the Respondent would be interested in providing student transportation services. Refer to Appendix A of the RFSQ document for a description of the service areas.

INSTRUCTIONS TO RESPONDENTS: Use the following table for your response:

			Respondents indicate the areas they have an interest in providing student transportation services by inserting a "v" as applicable.

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			Respondents indicate the areas they have an interest in providing student transportation services by inserting a “v” as applicable.

5.3 MANDATORY REQUIREMENT: Respondent Qualifications

1. The Respondent **must** include a copy of its most recent **Commercial Vehicle Operator’s Record (CVOR) Level 1** with a rating of “satisfactory – audited or unaudited” or better. Equivalent records i.e. a comparable document from a province other than Ontario, with a rating of “satisfactory – audited or unaudited” or better will be accepted.
2. The Respondent **must** disclose any conflict of interest it may have in responding to this RFSQ or in responding to a subsequent RFS in stage two of the overall two-stage procurement process.

INSTRUCTIONS TO RESPONDENTS: The Respondent must check the box which applies.

<input type="checkbox"/> The Respondent declares that it has a conflict of interest. <input type="checkbox"/> The Respondent declares that it does not have a conflict of interest.
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3. The Respondent **must** submit an Ontario Tax Compliance Declaration using the form attached to this RFSQ Submission document.

5.4 MANDATORY REQUIREMENT: Customer Contact Information

1. The Respondent **must** provide the name and contact information of a customer to whom the Respondent provided student transportation services within the last **x** years > **insert years** as well as the contract start and the end dates.

INSTRUCTIONS TO RESPONDENTS: Use the Customer Contact Form attached to this RFSQ Submission Template for your response.

2. The Respondent **must** obtain the customer’s consent to be contacted by the Consortium. The Respondent will sign and date the Customer Contact Form to indicate that consent has been obtained.

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MANDATORY REQUIREMENT:

An authorized official of the Respondent **must** sign and date the Submission:

Respondent Name:

Name of the Authorized Official

Signature of the Authorized Official

Date:

Name of the Respondent: *The Respondent should insert its name in this space.*

Pursuant to section 39(1) of the Freedom of Information and Protection of Privacy Act, I,
....., authorize the Consortium to contact the persons or organizations listed below for the purposes of obtaining reference information including information contained in my personnel file(s). These persons are authorized to disclose such information.

CUSTOMER CONTACT FORM	
Name of the Respondent:	
Customer Name:	
Customer Contact Name:	
Customer Contact Telephone Number:	
Customer Contact Fax Number:	
Customer Contact E-mail Address:	
Contract Start and End Dates:	

Respondent Signature: _____

Date: _____

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TAX COMPLIANCE DECLARATION FORM

Respondents are advised that any contract with the Consortium will require a declaration from the successful respondent that the respondent's provincial taxes are in good standing. In order to be considered for a contract award, the respondent must submit the following tax compliance status statement and the following consent to disclosure:

Declaration

I/WE hereby certify that _____ at the time of submitting its Submission,
(legal name of Respondent)

is in full compliance with all tax statutes administered by the Ministry of Revenue for Ontario and that, in particular, all returns required to be filed under all provincial tax statutes have been filed and all taxes due and payable under those statutes have been paid or satisfactory arrangements for their payment have been made and maintained.

Consent to Disclosure

I/We consent to the Ministry of Revenue releasing the taxpayer information described in this Declaration to the Consortium issuing the RFSQ as necessary for the purpose of verifying that I/we am/are in full compliance with all statutes administered by the Ministry of Revenue.

Dated at _____ this _____ day of _____ 20_____

(An authorized signing officer)

(Print Name)

(Title)

(Phone Number) (Fax Number)