



<b>REQUEST FOR PROPOSAL (RFP)</b>	
<b>TITLE</b>	Data Capture Services
<b>SOLICITATION NUMBER</b>	9328-12-0005
<b>SOLICITATION CLOSING DATE</b>	3 July 2013 at 2:00 p.m. Eastern Daylight Time (EDT)
<b>CONTRACTING AUTHORITY</b>	Cynthia Carty Contracting Authority Human Resources and Skills Development Canada E-Mail: <a href="mailto:NC-SOLICITATIONS-GD@HRSDC-RHDCC.GC.CA">NC-SOLICITATIONS-GD@HRSDC-RHDCC.GC.CA</a>
<b>SEND PROPOSAL TO</b>	Human Resources and Skills Development Canada Mail and Distribution Services HRSDC Bid Receiving Unit 140 Promenade du Portage Place du Portage, Phase IV, Level 01 Gatineau, Quebec K1A 0J9

<b>VENDOR/FIRM NAME:</b>	
<b>ADDRESS:</b>	
<b>TELEPHONE NO.:</b>	
<b>E-MAIL:</b>	
<b>FAX NO.:</b>	
<b>NAME AND TITLE OF PERSON AUTHORIZED TO SIGN ON BEHALF OF VENDOR/FIRM (PLEASE PRINT)</b>	
<b>SIGNATURE</b>	<b>DATE</b>
_____	_____
<b>THE SIGNATURE INDICATES ACCEPTANCE OF THE TERMS AND CONDITIONS SET OUT HEREIN</b>	

**COMPLETE, SIGN AND INCLUDE WITH YOUR TECHNICAL PROPOSAL**



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ADDITIONAL INFORMATION FOR BIDDERS CAN BE FOUND AT THE FOLLOWING WEB SITE:

<http://www.hrsdc.gc.ca/eng/about/contracting/index.shtml>

The following shall apply to the contract:

- **Appendix E - General Conditions**
- **Appendix F – Supplementary Conditions**
- **Intellectual property – Crown to own Intellectual Property**



## **SECTION A**

### **BIDDER INSTRUCTIONS, INFORMATION AND CONDITIONS**

This request for proposal (RFP) is issued by Human Resources and Skills Development Canada (HRSDC).

#### **1. ACCEPTANCE OF TERMS AND CONDITIONS**

The first page must be signed by the Bidder or by an authorized representative of the Bidder. Should the page not be signed at bid closing, the bidder will be allowed 24 hours to do so. The signature indicates that the Bidder agrees to be bound by the instructions, information and conditions in their entirety as they appear in this RFP. No other terms and conditions included in the Bidder's proposal will be applicable to the resulting contract notwithstanding the fact that the Bidder's proposal may become part of the resulting contract.

In the event of a proposal submitted by a joint venture, the proposal shall either be signed by all members of the joint venture or a statement shall be provided to the effect that the signatory represents all parties of the joint venture.

#### **2. VENDOR PERFORMANCE**

1. Canada may reject a bid where any of the following circumstances is present:

- (a) the Bidder, or any employee or subcontractor included as part of the bid, has been convicted under section 121 (Frauds on the government and Contractor subscribing to election fund), 124 (Selling or purchasing office), or 418 (Selling defective stores to Her Majesty) of the Criminal Code;
- (b) the Bidder is subject to a Vendor Performance Corrective Measure, under the Vendor Performance Policy, which renders the Bidder ineligible to bid on the Work;
- (c) an employee or subcontractor included as part of the bid, is subject to a Vendor Performance Corrective Measure, under the Vendor Performance Policy, which would render that employee or subcontractor ineligible to bid on the Work, or the portion of the Work the employee or subcontractor is to perform;
- (d) with respect to current or prior transactions with the Government of Canada:
  - (i) the Bidder is bankrupt or where, for whatever reason, its activities are rendered inoperable for an extended period;
  - (ii) evidence, satisfactory to Canada, of fraud, bribery, fraudulent misrepresentation or failure to comply with any law protecting individuals against any manner of discrimination, has been received with respect to the Bidder, any of its employees or any subcontractor included as part of its bid;



- (iii) Canada has exercised its contractual remedies of suspension or termination for default with respect to a contract with the Bidder, any of its employees or any subcontractor included as part of its bid;
- (iv) Canada determines that the Bidder's performance on other contracts, including the efficiency and workmanship, as well as the extent to which the Bidder executed the work in accordance with contractual terms and conditions, is sufficiently poor to jeopardize the successful completion of the requirement being bid on.

2. Where Canada intends to reject a bid pursuant to a provision of paragraph 1, other than 1(b), the Contracting Authority will so inform the Bidder and provide the Bidder ten (10) calendar days within which to make representations, prior to making a final decision on the bid rejection.

### **3. ENQUIRIES REGARDING THE BID SOLICITATION**

1. To ensure the integrity of the competitive bid process, enquiries and other communication regarding this procurement are to be directed **only** to the Contracting Authority in writing. Enquiries and other communication are not to be directed to any other government official(s). Failure to comply with this condition during the solicitation period may (for that reason alone) result in the disqualification of the proposal.

2. Enquiries **MUST** be received **no later than seven (7) calendar days** prior to bid closing date to allow sufficient time to provide a response. Enquiries received after that time may not be answered prior to the bid closing date.

3. To ensure consistency and quality of information provided to Bidders, provision will be made to provide, simultaneously to all Bidders to which this RFP has been sent, any information with respect to significant inquiries received and the replies to such inquiries without revealing the sources of the enquiries.

### **4. PROPOSAL COSTS**

No payment shall be made for costs incurred in the preparation and submission of a proposal in response to this RFP.

No costs incurred before receipt of a signed contract or specified written authorization from the Contracting Authority can be charged to any resultant contract.

### **5. REVISIONS**

After the RFP closing date, no revisions to the proposal or additional documentation will be accepted, unless requested by the Contracting Authority. During the evaluation, the Contracting Authority may, at their discretion, submit questions to Bidders to obtain clarifications.



## **6. RIGHTS OF CANADA**

Canada reserves the right to:

- (a) reject any or all proposals received in response to this RFP;
- (b) enter into negotiations with Bidders on any or all aspects of their proposal;
- (c) accept any proposal in whole or in part without negotiations;
- (d) cancel and/or reissue this RFP at any time;
- (e) seek clarification and verify any or all information provided with respect to this RFP;  
and
- (f) negotiate with the sole compliant Bidder to ensure best value to Canada.

## **7. PRICE SUPPORT**

In the event that the Bidder's bid is the sole responsive bid received, the Bidder shall provide, on Human Resources and Skills Development Canada's request, one or more of the following as an acceptable price support;

- (a) a current published price list, indicating the percentage discount available to HRSDC, if applicable;
- (b) a copy of paid invoices for like services performed for other customers or for like items sold to other customers, as applicable;
- (c) a price breakdown showing, if applicable, the cost of direct labour, direct materials, purchased items, engineering and plant overheads, general and administrative overhead, transportation, profit, etc.

## **8. EXAMINATION OF BIDDER'S CAPABILITY**

The Bidder agrees that, during the bid evaluation phase, representatives of Canada may conduct, at their discretion, a survey of the Bidder's proposed facilities and technical capabilities for performance of the Work described herein. The Bidder hereby agrees to make its facilities, including its resources and documentation, available for this purpose.

## **9. PRICING REVIEW**

Bidders are advised that a review of the proposed pricing may be required by Canada. Detailed supporting data may be requested by Canada to validate the rates and other charges proposed.

## **10. APPLICABLE LAWS**

Any resulting contract shall be interpreted and governed, and the relations between the Parties determined, by the laws in force in the Province of Ontario, Canada.

The Bidder may, at its discretion, substitute the applicable laws of a Canadian Province or territory of its choice without affecting the validity of its proposal, by deleting the name of the Canadian province



or territory specified and inserting the name of the Canadian province or territory of its choice. If no change is made, it acknowledges that the applicable laws specified are acceptable to the Bidder.

## **11. CLOSURE OF GOVERNMENT OFFICES**

Bidder personnel are employees of the Bidder and are paid by the Bidder on the basis of services rendered. Where the Bidder's employees are providing services on government premises pursuant to this Contract and the said premises become non accessible due to a strike or labour stoppage, evacuation or closure of government offices and consequently no work is being performed as a result of the closure, Canada will not be liable for payment to the Bidder for the period of the closure.

## **12. AUDITED FINANCIAL STATEMENTS**

In order to confirm a Bidder's financial capability to perform the subject requirement, the contracting authority reserves the right to have access, during the proposal evaluation phase, to current Bidder financial information. If requested, the financial information to be provided shall include, but not be limited to, the Bidder's most recent audited financial statements or financial statements certified by the Bidder's Chief Financial Officer.

In the event that a proposal is deemed non-responsive because it was determined that the bidder does NOT have the required financial capability to perform the work, an official notice to this effect will be provided to them.

Should the Bidder provide the requested information to Canada in confidence while indicating that the disclosed information is confidential, then Canada will treat the information in a confidential manner as provided in the *Access to Information Act*.



## **SECTION B**

### **SUBMISSION AND PREPARATION OF PROPOSALS**

#### **1. SUBMISSION OF PROPOSAL**

**ELECTRONIC BIDS WILL NOT BE ACCEPTED.** Due to the nature of this solicitation, electronic transmission of a proposal by such means as electronic mail, facsimile, or commercial telex is not considered to be practical and, therefore, will not be accepted.

When responding, the proposal **MUST** be delivered to the following location, by the time and date indicated on the covering page of this RFP document:

HUMAN RESOURCES AND SKILLS DEVELOPMENT CANADA  
MAIL AND DISTRIBUTION SERVICES  
(HRSDC BID RECEIVING UNIT)  
140 PROMENADE DU PORTAGE  
PLACE DU PORTAGE, PHASE IV, LEVEL 01  
GATINEAU, QUÉBEC  
K1A 0J9

Telephone: 819-953-0675

The Bidder's name and return address, the solicitation number and the solicitation closing date and time should be clearly visible on the envelope or parcel containing the proposal. Proposals submitted in response to this RFP will not be returned.

#### **2. PREPARATION OF PROPOSALS**

Bidders shall prepare a proposal on 8 ½ x 11 paper, addressing all the requirements of this RFP.

It is requested that the Bidders submit their proposal in three parts (A, B and C) which **MUST BE BOUND SEPARATELY**.

Part A – Technical Proposal (**with no reference to price**): four (4) copies

Part B – Financial Proposal: two (2) copies

Part C – Certification and Other Information: one (1) copy

##### **A – TECHNICAL PROPOSAL**

The technical proposal should follow specific instructions as they are presented in Section F.



In order to facilitate the evaluation of the proposal, the Bidder is requested to address the mandatory and the point rated requirements in the order they are presented in the Statement of Work.

## **B – FINANCIAL PROPOSAL**

**ALL INFORMATION RELATED IN ANY WAY TO PRICE IS TO APPEAR ONLY IN THE FINANCIAL PROPOSAL.**

Bidders are to submit their financial proposal in accordance with the following:

- (a) For Canadian-based bidders, prices must be in Canadian funds with Canadian customs duty and excise taxes as applicable included, and Goods and Services Tax (GST) or Harmonized Sales Tax (HST) as applicable, excluded;
- (b) For foreign-based bidders, prices must be in Canadian funds and exclude Canadian duty, excise taxes and GST or HST, as applicable. Canadian customs duty and excise taxes payable to the consignee will be added, for evaluation purposes only, to the prices submitted by foreign-based bidders;
- (c) The total estimated amount of GST or HST is to be shown separately, as applicable.

## **C – CERTIFICATIONS**

Bidders are requested to sign and submit the attached certifications, Section E.





## **SECTION C**

### **CONDITIONS PRECEDENT TO CONTRACT AWARD**

**In order to be considered for contract award, a bidder whose proposal is technically and financially responsive, must comply with the following conditions and must provide the necessary documentation to support compliance.**

#### **1. CONTRACT CAPACITY**

The Bidder shall have the legal capacity to contract. If the Bidder is a sole proprietorship, a partnership or a corporate body, the Bidder shall provide a statement indicating the laws under which it is registered or incorporated together with the registered or corporate name and place of business. In the case of a joint venture, the names and addresses of each member of the joint venture must be provided and the bid must clearly state that it is submitted as a joint venture.

#### **2. NON-PERMANENT RESIDENT (FOREIGN BIDDER) (if applicable))**

The Bidder shall ensure that non-permanent residents intending to work in Canada on a temporary basis in fulfillment of the Contract, who are neither Canadian citizens nor United States nationals, receive all appropriate documents and instructions relating to Canadian immigration requirements and secure all required employment authorizations prior to their arrival at the Canadian port of entry.

The Bidder shall ensure that United States nationals having such intentions receive all appropriate documents and instructions in that regard prior to their arrival at the Canadian port of entry. Such documents may be obtained at the appropriate Canadian Embassy/Consulate in the Bidder's country. The Bidder shall be responsible for all costs incurred as a result of non-compliance with immigration requirements.



## **SECTION D**

### **FINANCIAL PROPOSAL**

1. **PROJECT TITLE**

Data Capture Services

2. **FINANCIAL CONTENT**

The Undersigned hereby offers to Her Majesty the Queen in Right of Canada, as requested by the Minister, to furnish all expertise, materials, equipments and others things necessary to the entire satisfaction of the Minister or his authorized representative, the work as described in the RFP according to the terms and conditions of the Department.

3. **FINANCIAL PROPOSAL**

The financial proposal **MUST** be submitted **IN CANADIAN FUNDS**.

4. **TAX WITHHOLDING OF 15 PERCENT (15%) (For Non-Canadian Bidders Only)**

The Bidder agrees that, pursuant to the provisions of the *Income Tax Act* (Web site: <http://lois.justice.gc.ca/en/I-3.3/index.html>), Canada is empowered to withhold an amount of 15 percent (15%) of the price to be paid to the Bidder, if the Bidder is a non-resident Bidder as defined in said Act. This amount will be held with respect to any liability for taxes which may be owed to Canada.

5. **PROPOSED BASIS OF PAYMENT**

For the provision of data entry services as detailed in the SOW, the contractor shall be paid a firm all inclusive unit price for each quantity of 1,000 documents requested on an as and when required basis, FOB Destination.

**See Proposed Basis of Payment Table**

The supplier will provide data capture services for an estimated amount that may vary between 1 million and 3 million documents in the first year with potential decreases in the subsequent years. The quantities are approximation of requirement only, and the Contractor shall process documents as and when requested by Canada for such quantity as is actually required.

\*The sum of all periods will be used for evaluation purposes.



**PROPOSED BASIS OF PAYMENT**

ITEM	ROE DOCUMENT	UNIT OF ISSUE	PRICING (per 1000)			SUB-TOTAL	ESTIMATED QTY FOR EVALUATION PURPOSES	TOTAL
			Initial Period	Optional Period				
				2013/14	2014/15			
1	Data Entry Services (INS2106 and INS2436)	Per 1000				3,000,000		
2	Data Entry Services (INS2106 +Blocks 6, 12&15C))	(30% of 1,000)						
3	Data Entry Services INS 5097 + Option A (Shipping)	Per 1000						
4	Data Entry Services INS5097 + Option B (Shipping)	Per 1000						
5	Data Entry Services INS5098 + Option A (Shipping)	Per 1000						
6	Data Entry Services INS5098 + Option B (Shipping)	Per 1000						
7	Data Entry Services INS5211 + Option A (Shipping)	Per 1000						
8	Data Entry Services INS5211 + Option B (Shipping)	Per 1000						
<b>TOTAL</b>			\$	\$	\$	3,000,000	*\$	



Note: Bidder shall provide his GST/HST registration number (see [www.contractsCanada.gc.ca](http://www.contractsCanada.gc.ca)).

GST/HST registration number: \_\_\_\_\_

**6. METHOD OF PAYMENT**

Payment shall be made within thirty (30) days following the date on which an invoice and substantiating documentation are received according to the terms of the contract.

**7. INVOICING INSTRUCTIONS**

The invoice **MUST** clearly state the date, contract number, the deliverable/task and the GST number. Any amount to be levied against Her Majesty in respect of the GST/HST is to be shown separately on all invoices for goods supplied or services provided and will be paid by the Government of Canada. The Bidder agrees to remit any GST/HST paid or due to CRA.



**SECTION E**

**CERTIFICATIONS**

**BIDDER CERTIFICATION**

We hereby certify that all information provided herein is accurate. Furthermore we have satisfied ourselves that the personnel proposed by us for this requirement is capable of satisfactorily performing the requirement described herein. In addition, we certify that individuals proposed will be available until completion of the project. Also that the work specified herein can be met in a timely manner, and will be achieved within the time frame allocated.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**VALIDITY PERIOD**

The Undersigned agree(s) that this Proposal will remain firm for a period of 90 calendar days after the proposal closing date.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**LANGUAGE CAPABILITY**

The Bidder certified that it has the language capability required to perform the Work, as stipulated in the Statement of Work.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date



**EDUCATION AND EXPERIENCE**

The Bidder hereby certifies that all the information provided in the résumés and supporting material submitted with its proposal, particularly as this information pertains to education achievements, experience and work history, has been verified by the Bidder to be true and accurate. Furthermore, the Bidder warrants that the individuals proposed by the Bidder for the requirement are capable of satisfactorily performing the Work described herein.

Should a verification by the Minister disclose untrue statements, the Minister shall have the right to declare the proposal non responsive and, pursuant to the default provisions of any resulting contract, terminate any such contract for default.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**STATUS AND AVAILABILITY OF RESOURCES**

The Bidder certifies that, should it be requested to provide services under any contract resulting from this solicitation, the persons proposed in its proposal will be available to commence performance of the work as required by the Project Authority and at the time specified within or agreed to with the Project Authority.

If the Bidder has proposed any person in fulfillment of this requirement who is not an employee of the Bidder, the Bidder hereby certifies that it has the written permission from such person to propose his/her services in relation to the Work to be performed in fulfillment of this requirement and to submit such person's résumé to the Contracting Authority.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**FEDERAL CONTRACTORS PROGRAM FOR EMPLOYMENT EQUITY**

**(OVER \$25,000 AND UNDER \$200,000) IF APPLICABLE**

Organizations that are subject to the Federal Contractors Program for Employment Equity (FCP- EE), but that have been declared ineligible to receive government contracts of goods and services over the threshold for solicitation of bids as set out in the Government Contract Regulations (GCRs) (currently \$25,000 including applicable taxes) by Human Resources and Social Development Canada-Labour (HRSDC-Labour), either as a result of a finding of non-compliance by HRSDC-Labour, or following their voluntary withdrawal from the FCP-EE for a reason other than a reduction in their workforce, have been advised by HRSDC-Labour that as a



consequence of this action they are no longer eligible to receive any government contract over this threshold. Consequently, their certificate numbers have been cancelled and their names have been placed on HRSDC-Labour's List of Ineligible Contractors. Bids from such organizations will be considered non-responsive.

The Bidder is required to certify that it has not been declared "ineligible" by HRSDC-Labour to receive government contracts over the GCR threshold for solicitation of bids as a result of a finding of non-compliance, or as a result of having voluntarily withdrawn from the FCP-EE for a reason other than a reduction in their workforce.

The Bidder acknowledges that the Minister shall rely on this certification to award the contract. Should verification by the Minister disclose a misrepresentation on the part of the Bidder, the Minister shall have the right to treat any contract resulting from this bid as being in default.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**FEDERAL CONTRACTORS PROGRAM FOR EMPLOYMENT EQUITY**

**(OVER \$200,000) IF APPLICABLE**

The FCP-EE requires that some organizations bidding for federal government contracts, valued at \$200,000 or more, make a formal commitment to implement employment equity, as a condition precedent to the contract award. If the Bidder is subject to the Program, evidence of its commitment **MUST** be provided prior to the award of any contract.

Note: Contractors that have been declared "Ineligible Contractors" by HRSDC-Labour [http://fas-sfa.hq-ac.prv/admin/policies/E\\_fedcontractors-eequity.shtml](http://fas-sfa.hq-ac.prv/admin/policies/E_fedcontractors-eequity.shtml) are no longer eligible to receive government contracts over the threshold for solicitation of bids as set out in the GCR (currently at \$25,000), either as a result of a finding of non-compliance by HRSDC-Labour, or following their voluntary withdrawal from the Program for a reason other than the reduction in their workforce. Any bid from ineligible contractors will not be considered for award.

The Bidder is required to certify to its status with FCP-EE, as follows:

- The Bidder a.( ) is not subject to FCP-EE, having a workforce of less than 100 persons in Canada,
- b.( ) is not subject to FCP-EE, being a regulated employer under the *Employment Equity Act*;
- c.( ) is subject to the requirements of FCP-EE, having a workforce of 100 persons or more, but has not previously obtained a certificate number from HRSDC-Labour, (having not bid on requirements of \$200,000 or more), in which case a duly signed certificate of commitment is provided herewith (attached);
- d.( ) is subject to FCP-EE, and has a valid certification number as follows: \_\_\_\_\_ (i.e. has not been declared "Ineligible Contractor" by HRSDC-Labour).

If the Bidder does not fall within the exceptions enumerated in (a) or (b), the Program requirements do apply, and as such, the Bidder is required to submit a Certificate of Commitment **DULY SIGNED** as referenced below or a valid Certificate number confirming its adherence to the FCP-EE.



The Bidder acknowledges that the Minister shall rely on this certification to award the contract. Should verification by the Minister disclose a misrepresentation on the part of the Bidder, the Minister shall have the right to treat any contract resulting from this bid as being in default.

In all cases, the Bidder is required to produce evidence or supporting information on demand prior to contract award, if such evidence is not included with its bid.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**FORMER PUBLIC SERVANTS**

Contracts with former public servants (FPS) in receipt of a pension or of a lump sum payment must bear the closest public scrutiny and reflect fairness in spending public funds. In order to comply with Treasury Board policies and directives on contracts with FPS, Bidders must provide the information required below.

Definitions

For the purpose of this clause,

“former public servant” means a former member of a department as defined in the *Financial Administration Act*, R.S., 1985, c. F-11, a former member of the Canadian Armed forces or a former member of the Royal Canadian Mounted Police and includes:

- a) an individual
- b) an individual who has incorporated
- c) a partnership made up of former public servants; or
- d) a sole proprietorship or entity where the affected individual has a controlling or major interest in the entity

"lump sum payment period" means the period measured in weeks of salary, for which payment has been made to facilitate the transition to retirement or to other employment as a result of the implementation of various programs to reduce the size of the Public Service. The lump sum payment period does not include the period of severance pay, which is measured in a like manner.

"pension" means, in the context of the fee abatement formula, a pension or annual allowance paid under the [Public Service Superannuation Act](#) (PSSA), R.S., 1985, c.P-36, and any increases paid pursuant to the [Supplementary Retirement Benefits Act](#), R.S., 1985, c.S-24 as it affects the PSSA. It does not include pensions payable pursuant to the [Canadian Forces Superannuation Act](#), R.S., 1985, c.C-17, the [Defence Services Pension Continuation Act](#), 1970, c.D-3, the [Royal Canadian Mounted Police Pension Continuation Act](#), 1970, c.R-10, and the [Royal Canadian Mounted Police Superannuation Act](#), R.S.,





1985, c.R-11, the Members of Parliament Retiring Allowances Act, R.S., 1985, c.M-5, and that portion of pension payable to the Canada Pension Plan Act, R.S., 1985, c.C-8.

**Former Public Servant in Receipt of a Pension**

Is the Bidder a FPS in receipt of a pension as defined above? **YES** ( ) **NO** ( )

*(Note that the information provided in response to the question above may be disclosed publicly, consistent with Treasury Board Policy ([http://www.tbs-sct.gc.ca/pubs\\_pol/dcgpubs/ContPolNotices/2012/10-31-eng.asp](http://www.tbs-sct.gc.ca/pubs_pol/dcgpubs/ContPolNotices/2012/10-31-eng.asp)))*

If so, the Bidder must provide the following information:

- a) name of former public servant,; and
- b) date of termination of employment or retirement from the Public Service.

**Work Force Reduction Program**

Is the Bidder a FPS who received a lump sum payment pursuant to the terms of a work force reduction program? **YES** ( ) **NO** ( )

If so, the Bidder must provide the following information:

- a) name of former public servant;
- b) conditions of the lump sum payment incentive;
- c) date of termination of employment
- d) amount of lump sum payment
- e) rate of pay on which lump sum payment is based;
- f) period of lump sum payment including start date, end date and number of weeks; and
- g) number and amount (professional fees) of other contracts subject to the restrictions of a work force reduction program.

For all contracts awarded during the lump sum payment period, the total amount of fee that may be paid to a FPS who received a lump sum payment is \$5,000, including Goods and Services Tax or Harmonized Sales Tax.

Signature of authorized representative: \_\_\_\_\_ Date: \_\_\_\_\_



## SECTION F

### STATEMENT OF WORK/TERMS OF REFERENCE

1. **Title**

Data Capture Services

2. **Objective**

This RFP has 2 components, an essential requirement and an optional requirement that may or may not be required.

The primary objective of this contract is to obtain services for the essential requirements, however, as the Integrity Services Branch of Human Resources and Skills Development Canada is presently assessing options with regards to internal processing simplification, contractors should therefore also provide a quote for the optional requirement.

**Essential Requirement:** To provide data entry services of the Record of Employment (ROE) forms from Human Resources and Skills Development Canada. This refers to both the INS 2106 regular ROE and INS 2436 self-employed fisher ROE which contain a record of earnings and work history of an employee with an employer. (See Appendices B to H).

**Optional Requirement:** To provide services mentioned in the essential requirement in addition to data entry services for the Request for Payroll Information form (INS5097) which is sent to employers to obtain earning information, the Request for Clarification of Employment Information (INS5098) which is sent to clients to clarify earning discrepancies, and the Custom Questionnaire (INS5211) which is sent to clients who were outside of Canada while in receipt of Employment Insurance (EI) benefits. HRSDC may opt to exercise the optional requirement for one, two or for all forms. (Refer to Appendix I for more details on the optional requirement.)

NOTE: HRSDC reserves the right to opt for the data entry of one or all forms at any time during the period of the contract.



### 3. **Background Information**

**Essential Requirement:** The Employment Insurance Act requires all employers to complete a *Record of Employment* each time there is an interruption of earnings of an employee who was in an insurable employment or upon request by the Commission. The information contained on the second copy Record of Employment is captured and entered into the ROE Information System for the purpose of the Computer Post Audit and EI Benefit programs.

**Optional Requirement:** The Employment Insurance Act requires employers and clients to provide information on employment or absences from Canada upon request by the Commission. The information contained on the Request for Payroll Information, the Request for Clarification of Employment Information and the Custom Questionnaire is captured and entered into the National Integrity Investigation Systems for review purposes and EI Benefit programs.

### 4. **Scope**

**Essential Requirement:** The Contractor will provide data entry services of the Record of Employment (ROE) forms from Human Resources and Skills Development Canada (HRSDC).

There are three (3) types of documents and three (3) data entry formats.

The Contractor will data capture an amount varying between 1 million and 3 million documents in the first year with potential decreases in the subsequent years.

The variance in range can be the result of other departmental initiatives and/or decisions.

Our forecast for 2013-2014 is approximately 2 million ROE documents to be data captured, but this amount is subject to potential decrease.

**Optional Requirement:** The Contractor will provide data entry services of the Request for Payroll Information form, the Request for Clarification of Employment Information and the Custom Questionnaire from Human Resources and Skills Development Canada (HRSDC).

Each form has a different data entry format.

The Contractor will data capture amounts varying from 45,000 to 675,000 but this amount is subject to change depending on the number of reviews by the Commission.



**The Contractor will data capture approximately 400,000 Request for Payroll Information forms, 230,000 Requests for Clarification of Employment Information forms and 45,000 Custom Questionnaires.**

5. **Task**

The Contractor is to provide data entry services on an "as and when" required basis. The work will be performed in accordance with detailed specified requirements related to the information to be data captured and to technical conditions as to an acceptable error rate, security standards, turnaround time, input data, storage media to be kept until permission to destroy them is received.

6. **Disclosure or Collection of Personal Information**

**Please note that these guidelines pertain to both the Essential and the Optional Requirements.**

6.1 For the purpose of allowing the Contractor to perform the work under the contract, HRSDC shall make available to the Contractor, in accordance with section 34(1) of the *Department of Human Resources and Skills Development Act* and other applicable laws governing the protection of information under its control, the following information, which is stored in HRSDC's Personal Information Bank HRSDC PPU 385 – Record of Employment – Second Copy and HRSDC PPU 005 or HRSDC PPU 150 – Insurance Claim file (Local Office). This includes all data elements displayed on the sample forms in Appendices B, C D and I.

6.2 The Contractor and its employee(s) who have access to protected data, during and after the rendering of the service shall treat as confidential any data of a sensitive or valuable nature to the Government of Canada, to which it/they may become privy as a result of this contract.

6.3 Unless otherwise required by law or authorized in writing by the individuals to whom that information relates, the Contractor shall not use or disclose the information referred to in section 6.1 above except for the purpose of performing the work under the contract.

6.4 The Contractor shall maintain all information referred to in section 6.1 above, and make sure it is only accessible, in Canada.



6.5 The Contractor shall segregate all records containing information referred to in section 6.1 above (whether in electronic format or in hard copy) from its other records, and keep all databases in which such records are to be maintained physically independent from all other database, directly or indirectly, which are located outside Canada.

6.6 The Contractor shall ensure that all aspects of the processing of information referred to in section 6.1 above are conducted and only accessible in Canada.

6.7 Unless otherwise required by law or authorized in writing by the individuals to whom that information relates, the Contractor will ensure that no information referred to in section 6.1 above, is disclosed to a third party for a purpose authorized herein, unless there is a written agreement between the Contractor and the third party, imposing upon the third party obligations that are the same as those that are imposed upon the Contractor under this contract with respect to the protection of this information.

6.8 The information referred to in section 6.1 above remains at all times under the control of HRSDC.

6.9 The information referred to in section 6.1 above is protected by the *Privacy Act* and any other applicable federal laws governing the protection of personal information held by federal institutions. That information shall be treated as such by the Contractor in accordance with the *HRSDC Security Policy and Procedures Manual*, the Government of Canada Security Policy or other instructions that HRSDC may issue.

6.10 Unless otherwise required by law or authorized in writing by the individuals to whom that information relates, the Contractor shall not make any copies of the information referred to in section 6.1 above except with the written consent of HRSDC.

6.11 The Contractor shall ensure that arrangements are made for the marking, storage, transportation, communication, and disposal of protected data as approved by HRSDC's security officials.

6.12 The Contractor shall ensure any recording media containing protected data is degaussed or over-written prior to maintenance or use for other data.

6.13 In the event the successful bidder subcontracts courier service, the Contractor remains fully liable for ensuring that the sub-contractor is capable of meeting the requirements stipulated herein as well as the security requirements relating the transportation of protected material and media:



6.14 The Contractor shall ensure that all courier service companies used under this contract are bonded;

6.15 The Contractor shall ensure that courier service employees are escorted to and from any area containing protected material and media; and

6.16 The Contractor shall ensure that procedures are implemented to monitor, direct, and resolve incidents involving the loss or misrouting of material or media.

6.17 The Contractor shall notify the HRSDC client and security officials immediately after he becomes aware that a breach of any provision of this contract governing the protection of personal information has occurred.

6.18 The Contractor shall take all necessary measures to ensure that every person it hires, or the services of whom it retains to fulfill its obligations under this contract, knows and complies with all the terms and conditions of this contract with respect to the protection of information referred to in section 6.1 above.

6.19 The Contractor and its employee(s) who have access to protected data shall be screened for enhanced reliability according to the Reliability Screening procedures, established within the policy of the Government of Canada.

6.20 The Contractor shall designate as restricted all areas where the protected data is processed or stored, and shall post "RESTRICTED AREA" signs at all entrances to these areas.

6.21 The Contractor shall authorize and control access privileges to:

6.22 restricted areas;

6.23 security containers (see 4.8.4), and

6.24 system resources where the protected data is processed or stored.

6.25 The Contractor shall have the protected data either in security-approved container, or open shelving in an operations zone or other approved secure areas. The Contractor will supply these containers if used.

6.26 The Contractor's premises shall be open for inspection by authorized representatives of HRSDC at reasonable times to ensure compliance with the provisions of this contract governing the protection of personal information.

6.27 The Contractor shall notify HRSDC immediately after he becomes aware that a breach of any provision of this contract governing the protection of personal information has occurred.



6.28 From time to time HRSDC may have reason to modify the security procedures applicable to the facility and the handling and processing of information. The Contractor shall respond accordingly.

6.29 The Contractor shall establish the following procedures to be implemented when it becomes known that the employment of any individual who has access to the protected data is to be terminated:

6.30 revocation of access privileges to restricted areas and systems which contain the protected data, and

6.31 retrieval of protected material, including access control items.

6.32 The Contractor shall prohibit entry to RESTRICTED AREAS where the protected data is processed or stored except to the authorized personnel.

6.33 Unless otherwise required by law or authorized in writing by the individuals to whom that information relates, upon expiry or termination of the contract, whichever is earlier, the Contractor shall return to HRSDC the information referred to in section 6.1 above and copies thereof, if any. All other information compiled or produced by the Contractor in performing the work under the contract shall be disposed of in such manner as HRSDC may direct (see Appendix J).

6.34 Any intentional breach by the Contractor of any provision of this contract governing the protection of personal information constitutes a fundamental breach of contract such that the contract may be terminated by HRSDC.

## 7. Security Requirements

**Please note that these requirements pertain to both the Essential and the Optional Requirements.**

The Contractor shall treat this information as “Protected B”, during as well as after the services contracted for, any information of a designated character of the affairs of HRSDC, to which his employees or agents become privy.

The Contractor must, at all times during the performance of the Contract, hold a valid Designated organization Screening (DOS) with approved Document Safeguarding at the level of Protected B, issued by the Canadian and International Industrial Security Directorate (CIISD) of Public Works and Government Services Canada (PWGSC).

The Contractor’s personnel requiring access to PROTECTED information, assets or work site(s) must each hold a valid RELIABILITY screening, granted or approved by the Departmental Security Office or the Canadian and International



Industrial Security Directorate (CIISD) of Public Works and Government Services Canada (PWGSC).

The Contractor must not remove any PROTECTED information or assets from the identified work site and the Contractor must ensure that its personnel are made aware of and comply with this restriction.

Subcontracts which contain security requirements are NOT to be awarded without the prior written permission of CIISD/PWGSC.

The Contractor must comply with the provisions of:

- 7.1 Security Requirements Checklist; and
- 7.2 Industrial Security Manual (Latest Edition).

For proposed personnel, who will require access to PROTECTED information, assets and/or sensitive work sites Bidders should provide the following information as part of their proposal. HRSDC will not delay award of contract pending required security clearances.

Team Member	Security Level Clearance	Security Clearance Number	Department Holding Clearance	Date of Birth





## 8. IT Security Requirements

**Please note that these requirements pertain to both the Essential and the Optional Requirements.**

HRSDC is responsible for the safeguarding of Protected/Classified information and assets under its control as per the **Policy on Government Security**. It extends to Contractor where Protected/Classified information and assets are entrusted to, or developed, by a Contractor. To ensure the **confidentiality, integrity and availability** of information and assets, HRSDC<sup>1</sup> will assess the security risks associated with the Contractor's IT/IM environment by means of an IT threat and risk assessment<sup>2</sup> in order to identify the appropriate security measures to be applied via the Industrial Security Program, PWGSC. This will ensure compliance with the **Operational Security Standard: Management of Information Technology Security, Policy on Departmental IT Security Management<sup>3</sup>**, and **CSEC IT Security Guideline-33/38/22** as a minimum security baseline. Additional safeguards and IT security guidelines may be referenced based on the security posture of the contractor IT/IM environment.

## 9. Contract Period

The contract period will be from award of contract for a period of one (1) year.

### Option to Extend the Contract

The Contractor grants to Canada the irrevocable option to extend the term of the Contract by up to two (2) additional periods of one (1) year under the same terms and conditions. The Contractor agrees that, during the extended period of the Contract, it will be paid in accordance with the applicable provisions as set out in the Basis of Payment.

Canada may exercise this option at any time by sending a written notice to the Contractor at least 30 calendar days before the Contract expiry date. The option may only be exercised by the Contracting Authority, and will be evidenced for administrative purposes only, through a contract amendment..

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<sup>1</sup> Departmental IT Security Coordinator

<sup>2</sup> HRSDC templates

<sup>3</sup> HRSDC/ITSCOE



10. **Intellectual Property**

**Please note that these guidelines pertain to both the Essential and the Optional Requirements.**

The Minister of Human Resources and Skills Development Canada has determined that any intellectual property arising from the performance of the work under this contract will vest in Canada.

11. **Applicable Documents:**

Appendix B contains a sample of the INS 2106 ROE “A” form and data entry instructions for that form. Forms INS 2106 ROE “E” and “K” are identical to Form “A”.

Appendix C contains a sample of the INS 2106 ROE “L” form and data entry instructions for that form.

Appendix D contains a sample of the INS 2436 ROE “Z” form and data entry instructions for that form.

Appendix E contains a sample of the FCI 748 batch header form and data entry instructions for that form.

Appendix F contains projected monthly volumes of forms.

Appendix G contains business validation rules.

Appendix H contains a sample of the validation report.

Appendix I-1 contains a sample of the INS5097 and data entry instructions for that form.

Appendix I-2 contains a sample of the INS5098 and data entry instructions for that form.

Appendix I-3 contains a sample of the INS5211 and data entry instructions for that form.



## 12. Work Specifications

### Essential Requirement

There are three (3) types of documents and three (3) data entry formats for the ROE forms. Refer to appendices for samples and instructions. Each batch will contain 99 documents plus a batch header. All one hundred (100) documents must be data captured.

Maximum characters to data capture per form will be 486 characters for the INS 2106 (including Block 15C).

Block 15C includes earnings amounts provided by the employer. This block is completed by employers in approximately 30% of ROEs and can contain anywhere from 1 to 27 numeric entries.

Data in blocks 6 and 12 of the INS 2106 form must only be data captured when data is present in Block 15C.

A separate quote must be provided for the data capture of the INS2106 when data capture of blocks 6, 12 and 15C is necessary.

Maximum characters to data capture per form will be 116 characters for the INS 2436 form.

In all records there are a minimum of 9 alpha characters and a maximum of 26 alpha characters. The remainder are numeric.

Only one record will be created per form.

The estimated volume is 11,000 ROE documents per day but it is only an approximation given by Human Resources and Skills Development Canada in good faith. (See Appendix "F".)

The estimated annual form (document type) usage is:

INS 2106 "A", "E", "K"	- 97% total
INS 2106 "L"	- 1% total
INS 2436 "Z"	- 2% total

The documents will be the second copy of a three part form (carbon copy) and possibly photocopies, and will vary in quality from good to very good.



### **Optional Requirement**

There are three (3) types of documents to process. Refer to Appendix I for samples and instructions. Each batch will contain a different number of forms and all forms must be data captured.

There may be more than one record per form for the INS5097 form and a maximum of 132 characters per record.

Maximum characters to data capture per form will be 116 characters for the INS 5098 and INS5211 forms.

A header record which contains 40 characters is required for all three forms.

A separate quote must be provided for the data capture for each form.

The documents will be printed on white bond paper and will vary in quality from very good to excellent.

## **13. Data Capture Error Rate**

### **Essential Requirement**

A data entry error rate exceeding 5%, based on the field, is not acceptable. The various fields on the forms are important. Any error in a field will render the field and perhaps the whole form invalid.

### **Optional Requirement**

A data entry error rate exceeding 2%, based on the field, is not acceptable. The various fields on the forms are important. Any error in a field will render the field and perhaps the whole form invalid.

The error rate on the field is defined as follows:

Any error in a field will be considered an error in the whole field (i.e. if one number of the Social Insurance Number is entered wrong, the whole number and therefore the field will be considered in error).

If there are errors in more than 5% (2% for the Optional Requirement) of the fields checked on a complete or random basis, this will be considered to have exceeded the acceptable error rate.



HRSDC will carry out monitoring of data entry quality on a regular basis. A statistically valid sample of records will be monitored to determine the quality of the work performed.

Any material not meeting this criterion may be returned in its entirety to the Contractor for correction at their expense, including pick-up and delivery costs and material to be furnished by the Contractor.

Any material returned for correction must be given priority and returned to HRSDC within ten (10) days.

All errors prior or after the data entry function whether caused by HRSDC or the Contractor must be corrected by the Contractor at no additional cost to HRSDC. This service must be included in the base price.

#### 14. **Validation Rules**

##### **Essential Requirement**

Several fields will require validation by business rules (see Appendix G).

ROE Forms failing a validation rule must be removed from their respective batches and returned to HRSDC as per specifications in Appendix H.

The Contractor shall data capture ROE Forms failing a validation rule, as usual. Special processing only applies to the return of the paper forms.

The Contractor shall maintain a count of all instances of validation errors and provide HRSDC with a validation report for each batch processed.

The report shall be subdivided into Fields categories and contain a listing of each ROE serial number which failed validation in said field.

A sample of the validation report is included in Appendix H.

This report is only for forms failing a *business rule*. Other data capture errors will be handled as specified in section 11.

##### **Optional Requirement**

Only two fields require validation by business rules, the Social Insurance Number (SIN) and the Business Number (BN). Please refer to Section 1 of Appendix G for details.

#### 15. **Shipping and Turn-Around Time**



### **Essential Requirement**

HRSDC will ship boxes of forms on a bi-weekly basis to the Contractor.

Typically, the shipment consists of about 9-12 boxes, each weighing approximately 30 pounds.

The shipment is sent on a palette, via the courier service company designated by the Contractor.

The turnaround time shall not exceed 20 calendar days from time of pick up at Human Resources and Skills Development Canada, Bathurst to the delivery of processed data back in Bathurst.

The Contractor will maintain bi-weekly return shipments.  
The Contractor will be responsible for all shipping costs in both directions.

### **Optional Requirement**

#### **Option A:**

HRSDC will ship the forms on a daily basis to the Contractor.

Typically, the shipment consists of envelopes containing forms that are ready for data entry.

The turnaround time shall not exceed 48 hours from time of receipt to the shipment of processed data back to HRSDC (location(s) to be determined).

HRSDC will be responsible for all shipping costs in both directions.

#### **Option B:**

Canada Post will deliver the forms on a daily basis to the Contractor.

Typically, the shipment consists of forms being returned by employers and/or clients using return envelopes provided by HRSDC.

The Contractor will open the envelopes and extract the forms in preparation for data entry.

The turnaround time shall not exceed 72 hours from time of receipt to the shipment of processed data back to HRSDC (location(s) to be determined).

HRSDC will be responsible for all shipping costs in both directions.



## 16. Deliverables

**Please note that these guidelines pertain to both the Essential and the Optional Requirements.**

The Contractor shall provide:

Captured data on storage media (CD or DVD).

All data must be returned to HRSDC on commonly used storage media.

Storage media must have a label which accurately identifies:

- the Contractor;
- the exact number of records contained on the media;
- identification date number; and
- clearly identified as "Protected B".

The Contractor must also have the ability to transfer data through a secure electronic mechanism (File Transfer Protocol).

If the data being returned represents corrections to previous work, then each batch or date must be listed on the label.

Failure to provide storage media in the above manner will result in such media being returned for proper compliance or suspension of services.

Backup storage media containing information captured from all forms must be kept by the Contractor after completion until permission to destroy them is received from HRSDC.

The information is required not to exceed 20 calendar days in order that discrepancies of unreported work and earnings under the Employment Insurance Act can be detected as quickly as possible.

An error report (see section 13 and Appendix H).



**17. Constraints: Please note that these guidelines pertain to both the Essential and the Optional Requirements.**

HRSDC reserves the right to accept only those services in such quantity as is actually ordered.





## **APPENDIX A-2**

### **RECORD OF EMPLOYMENT**

#### **GENERAL DATA CAPTURE SPECIFICATIONS**

##### **GENERAL**

There are three (3) different source documents to be data captured. Each field on the document is identified by a block number. The data to be captured from each block is identified in the detailed specifications. The record length form must be of 486 characters for the INS2106 and of 116 characters for the INS2436. The data must be stored and sent in a text (.txt) file format.

Data from block 6 and 12 must only be data captured when data is present in Block 15C of the INS2106 form.

All forms will be batched (99 forms plus a batch header Form FCI 748). Forms for different series and/or formats will be batched separately. Refer to Appendices "B", "C", "D", "E" for samples of source documents and Appendices "B.1", "C.1", "D.1", "E.1" for data entry instructions for each type of transaction.



APPENDIX B

Development Canada / Ressources Humaines Canada  
**RECORD OF EMPLOYMENT (ROE)** Protected when completed - 8

1 SERIAL NO. **A 51752560** 2 SERIAL NO. OF ROE AMENDED OR REPLACED 3 EMPLOYER'S PAYROLL REFERENCE NO.

4 EMPLOYER'S NAME AND ADDRESS 5 CCRA'S BUSINESS NO. (BN)

6 PAY PERIOD TYPE 7 POSTAL CODE 8 SOCIAL INSURANCE NO.

9 EMPLOYEE'S NAME AND ADDRESS 10 FIRST DAY WORKED (OR FIRST DAY WORKED SINCE LAST ROE ISSUED) D M Y 11 LAST DAY FOR WHICH PAID D M Y 12 FINAL PAY PERIOD ENDING DATE D M Y

13 OCCUPATION 14 EXPECTED DATE OF RECALL D M Y  
 UNKNOWN  NOT RETURNING

15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON REVERSE 16 REASON FOR ISSUING THIS ROE ENTER CODE

15B TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE \$ FOR FURTHER INFORMATION, CONTACT TELEPHONE NO. ( )

15C ONLY COMPLETE IF THERE HAS BEEN A PAY PERIOD WITH NO INSURABLE EARNINGS. COMPLETE ACCORDING TO CHART ON REVERSE. 17 ONLY COMPLETE IF PAYMENTS OR BENEFITS (OTHER THAN REGULAR PAY) PAID IN OR IN ANTICIPATION OF THE FINAL PAY PERIOD OR PAYABLE AT A LATER DATE.

P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS
1		2		3	
4		5		6	
7		8		9	
10		11		12	
13		14		15	
16		17		18	
19		20		21	
22		23		24	
25		26		27	

A - VACATION PAY \$ B - STATUTORY HOLIDAY PAY FOR D M Y \$

C - OTHER MONIES (SPECIFY) \$

18 COMMENTS

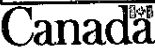
19 ONLY COMPLETE IF PAID SICK/MATERNITY/PARENTAL LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  
 PAYMENT START DATE D M Y AMOUNT \$  PER DAY  PER WEEK

20 COMMUNICATION PREFERRED IN  ENGLISH  FRENCH 21 TELEPHONE NO. ( )

22 I AM AWARE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE. 22 A D M Y DATE

SIGNATURE OF ISSUER NAME OF ISSUER (please print)

Appendix B  
INS 2106  
"A" series ROE



MAIL THIS COPY TO:  
HUMAN RESOURCES DEVELOPMENT CANADA  
P.O. BOX 9000  
BATHURST, NEW BRUNSWICK, CANADA E2A 4T3

Ce formulaire est également disponible en français.



**APPENDIX B.1**  
**FORM INS 2106 ROE “A, E, or K” series**

<b>FIELD</b>	<b>COLUMNS</b>	<b>DESCRIPTION</b>	<b>OPERATION AND REMARKS</b>
1	1-9	Serial No.	First character alpha “A” “E” or “K”. Remaining characters are numeric. Data to be taken from Block 1.
2	10-18	Serial No. of record amended or replaced	Data to be taken from Block 2. First character must be alphabetical. Last 8 characters numeric.
3	19-33	Employer’s Payroll Reference No.	Data to be taken from first 15 characters of Block 3.
4	34-48	RCT Employer Acct. No.  OR  Business Number.	First 3 characters alpha remaining characters numeric. Data to be taken from Block 5. OR First 9 characters numeric, second 2 characters always alpha (RP), last 4 characters numeric. If last 4 characters not indicated or complete, leave that part of block empty. Data to be taken from Block 5.
5	49-54	Postal Code	Format ANANAN. Data to be taken from Block 7.
6	55-63	Employee’s Social Insurance Number	Must be numeric. Data to be taken from Block 8.
7	64-69	First Day Worked	Must be numeric. Data to be taken from Block 10.
8	70-75	Last Day for Which Paid	Must be numeric. Data to be taken from Block 11.
9	76	Reason for Issuing this ROE	Must be alpha. Data to be taken from Block 16.
10	77-80	Total Insurable Hours	Must be numeric. Data to be taken from Block 15A.
11	81-85	Total Insurable Earnings	Must be numeric. Left zero fill. Data to be taken from Block 15B.



12	86-87	Filler	
13	88-92	Filler	
14	93-106	Telephone Number	Must be numeric. Blank if block is empty. Data to be taken from Block 21
15	107-112	Date of Issue	Must be numeric. Data to be taken from Block 22.
16	113-116	Filler	
17	117-118	Filler	
18	119-119	Pay Period Type <b>W</b> Weekly <b>B</b> Bi-weekly <b>M</b> Monthly <b>O</b> Monthly non-standard <b>S</b> Semi-monthly <b>E</b> Semi-monthly non-standard <b>H</b> Thirteen per year	Must be alphabetical. Use the character associated with each specific Pay Period Type. Data to be taken from Block 6.  <b>Leave blank if no data in block 15C.</b>
19	120-123	Filler	
20	124-129	Final Pay Period Ending Date	Must be numeric. Data to be taken from Block 12.  <b>Leave blank if no data in block 15C.</b>
21	130-135	Filler	
22	136-137	P.P. (1) (pay period number)	Data to be taken from block 15C. P.Ps. are numbered from 1 to 27. Include a leading zero for numbers 1 to 9 (Ex: 01). There are three (3) P.P. per line. P.P. are to be read from left to right.  P.P. in following fields are to be displayed in chronological ascending order
23	138-146	Insurable Earnings	Must be numeric. Data to be taken from block 15C.  Maximum of nine (9) characters in total. If less, use leading



			<p>zeros on the data file. If no decimal and cents are displayed, then use (.00) on the data file.</p> <p>If there are earnings, the employer may display earnings in the following fashions.</p> <p>1234.80 1,234.08 (remove comma on data file) 1234 (add .00 on data file)</p> <p>If there are no earnings for a given pay period, the employer may include the following in this field.</p> <p>Left blank Zero (0) Zero with a slash across (Ø) NA N/A Bar across ( — ) Diagonal bar ( \ ) , ( / )</p> <p>If a zero is used in this field, then include nine (9) characters (000000.00) on the data file, if any other alpha character or line, then leave field blank.</p>
24	147-148	Filler	
25	149-150	P.P. (2) (pay period number)	See explanation for field 22
26	151-159	Insurable Earnings	See explanation for field 23
27	160-161	Filler	
28	162-163	P.P. (3) (pay period number)	See explanation for field 22
29	164-172	Insurable Earnings	See explanation for field 23
30	173-174	Filler	
31	175-176	P.P. (4) (pay period number)	See explanation for field 22



32	177-185	Insurable Earnings	See explanation for field 23
33	186-187	Filler	
34	188-189	P.P. (5) (pay period number)	See explanation for field 22
35	190-198	Insurable Earnings	See explanation for field 23
36	199-200	Filler	
37	201-202	P.P. (6) (pay period number)	See explanation for field 22
38	203-211	Insurable Earnings	See explanation for field 23
39	212-213	Filler	
40	214-215	P.P. (7) (pay period number)	See explanation for field 22
41	216-224	Insurable Earnings	See explanation for field 23
42	225-226	Filler	
43	227-228	P.P. (8) (pay period number)	See explanation for field 22
44	229-237	Insurable Earnings	See explanation for field 23
45	238-239	Filler	
46	240-241	P.P. (9) (pay period number)	See explanation for field 22
47	242-250	Insurable Earnings	See explanation for field 23
48	251-252	Filler	
49	253-254	P.P. (10) (pay period number)	See explanation for field 22
50	255-263	Insurable Earnings	See explanation for field 23
51	264-265	Filler	
52	266-267	P.P. (11) (pay period number)	See explanation for field 22
53	268-276	Insurable Earnings	See explanation for field 23
54	277-278	Filler	
55	279-280	P.P. (12) (pay period number)	See explanation for field 22
56	281-289	Insurable Earnings	See explanation for field 23
57	290-291	Filler	
58	292-293	P.P. (13) (pay period number)	See explanation for field 22
59	294-302	Insurable Earnings	See explanation for field 23



60	303-304	Filler	
61	305-306	P.P. (14) (pay period number)	See explanation for field 22
62	307-315	Insurable Earnings	See explanation for field 23
63	316-317	Filler	
64	318-319	P.P. (15) (pay period number)	See explanation for field 22
65	320-328	Insurable Earnings	See explanation for field 23
66	329-330	Filler	
67	331-332	P.P. (16) (pay period number)	See explanation for field 22
68	333-341	Insurable Earnings	See explanation for field 23
69	342-343	Filler	
70	344-345	P.P. (17) (pay period number)	See explanation for field 22
71	346-354	Insurable Earnings	See explanation for field 23
72	355-356	Filler	
73	357-358	P.P. (18) (pay period number)	See explanation for field 22
74	359-367	Insurable Earnings	See explanation for field 23
75	368-369	Filler	
76	370-371	P.P. (19) (pay period number)	See explanation for field 22
77	372-380	Insurable Earnings	See explanation for field 23
78	381-382	Filler	
79	383-384	P.P. (20) (pay period number)	See explanation for field 22
80	385-393	Insurable Earnings	See explanation for field 23
81	394-395	Filler	
82	396-397	P.P. (21) (pay period number)	See explanation for field 22
83	398-406	Insurable Earnings	See explanation for field 23
84	407-408	Filler	
85	409-410	P.P. (22) (pay period number)	See explanation for field 22
86	411-419	Insurable Earnings	See explanation for field 23
87	420-421	Filler	



88	422-423	P.P. (23) (pay period number)	See explanation for field 22
89	424-432	Insurable Earnings	See explanation for field 23
90	433-434	Filler	
91	435-436	P.P. (24) (pay period number)	See explanation for field 22
92	437-445	Insurable Earnings	See explanation for field 23
93	446-447	Filler	
94	448-449	P.P. (25) (pay period number)	See explanation for field 22
95	450-458	Insurable Earnings	See explanation for field 23
96	459-460	Filler	
97	461-462	P.P. (26) (pay period number)	See explanation for field 22
98	463-471	Insurable Earnings	See explanation for field 23
99	472-473	Filler	
100	474-475	P.P. (27) (pay period number)	See explanation for field 22
101	476-484	Insurable Earnings	See explanation for field 23
102	485-486	Filler	

**NOTE:** Data from blocks 6 and 12 must only be data captured when data is present in block 15C.





APPENDIX C

Human Resources Development Canada / Développement des ressources humaines Canada  
 EMPLOYER: THE GUIDE - HOW TO COMPLETE THE RECORD OF EMPLOYMENT, PROVIDES DETAILED INSTRUCTIONS. Protected when completed - B

**RECORD OF EMPLOYMENT (ROE)**

1 SERIAL NO. L09823321  
 2 SERIAL NO. OF RECORD AMENDED OR REPLACED  
 3 EMPLOYER'S PAYROLL REFERENCE NO.

4 EMPLOYER'S NAME AND ADDRESS  
 5 CCRA BUSINESS NO. (BN)  
 6 PAY PERIOD TYPE  
 7 POSTAL CODE  
 8 SOCIAL INSURANCE NO.

9 EMPLOYEE'S NAME AND ADDRESS  
 10 FIRST DAY WORKED D M Y  
 11 LAST DAY FOR WHICH PAID D M Y  
 12 FINAL PAY PERIOD ENDING DATE D M Y

13 OCCUPATION  
 14 EXPECTED DATE OF RECALL D M Y  
 UNKNOWN  N - NOT RETURNING

15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON REVERSE  
 15B TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE \$  
 15C ONLY COMPLETE IF THERE HAS BEEN A PAY PERIOD WITH NO INSURABLE EARNINGS. COMPLETE ACCORDING TO CHART ON REVERSE.

P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS
1		2		3	
4		5		6	
7		8		9	
10		11		12	
13		14		15	
16		17		18	
19		20		21	
22		23		24	
25		26		27	

16 REASON FOR ISSUING THIS ROE ENTER CODE  
 FOR FURTHER INFORMATION, CONTACT  
 TELEPHONE NO. ( )  
 17 ONLY COMPLETE IF PAYMENTS OR BENEFITS (OTHER THAN REGULAR PAY) PAID IN OR IN ANTICIPATION OF THE FINAL PAY PERIOD OR PAYABLE AT A LATER DATE.

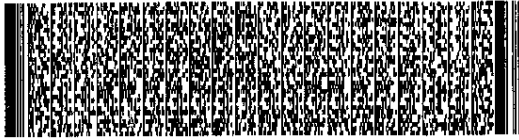
A - VACATION PAY \$  
 B - STATUTORY HOLIDAY PAY FOR  
 D M Y \$  
 D M Y \$  
 D M Y \$  
 C - OTHER MONIES (SPECIFY)  
 \$  
 \$  
 \$

19 ONLY COMPLETE IF SICK/MATERNITY/PARENTAL LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).  
 PAYMENT START DATE D M Y AMOUNT \$  PER DAY  PER WEEK

20 COMMUNICATION PREFERRED IN  English  French  
 21 TELEPHONE NO. ( )

22 I AM AWARE THAT IT IS AN OFFENSE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE  
 Signature of issuer  
 Name of issuer D M Y

18 COMM  
**Appendix C  
 INS 2106  
 "L" series ROE**





**APPENDIX C.1**  
**FORM INS 2106 ROE "L" series**

FIELD	COLUMNS	DESCRIPTION	OPERATION AND REMARKS
1	1-9	Serial No.	First character alpha "L". Remaining characters numeric. Data to be taken from Block 1.
2	10-18	Serial No. of record amended or replaced	Data to be taken from Block 2. First character must be alphabetical. Last 8 characters numeric.
3	19-33	Employer's Payroll Reference No.	Data to be taken from first 15 characters of Block 3.
4	34-48	RCT Employer Acct. No.  OR  Business Number.	First 3 characters alpha remaining characters numeric. Data to be taken from Block 5. OR First 9 characters numeric, second 2 characters always alpha (RP), last 4 characters numeric. If last 4 characters not indicated or complete leave that part of block empty. Data to be taken from Block 5.
5	49-54	Postal Code	Format ANANAN. Data to be taken from Block 7.
6	55-63	Employee's Social Insurance Number	Must be numeric. Data to be taken from Block 8.
7	64-69	First Day Worked	Must be numeric. Data to be taken from Block 10.
8	70-75	Last Day for Which Paid	Must be numeric. Data to be taken from Block 11.
9	76	Reason for Issuing this ROE	Must be alpha. Data to be taken from Block 16.
10	77-80	Total Insurable Hours	Must be numeric. Data to be taken from Block 15A.
11	81-85	Total Insurable Earnings	Must be numeric. Left zero fill. Data to be taken from Block 15B.
12	86-87	Filler	
13	88-92	Filler	
14	93-106	Telephone Number	Must be numeric. Blank if block is empty. Data to be taken from Block 21
15	107-112	Date of Issue	Must be numeric. Data to be taken from Block 22.



16	113-116	Filler	
17	117-118	Filler	
18	119-119	Pay Period Type W Weekly B Bi-weekly M Monthly O Monthly non-standard S Semi-monthly E Semi-monthly non-standard H Thirteen per year	Must be alphabetical. Use the character associated with each specific Pay Period Type. Data to be taken from Block 6.
19	120-123	Filler	
20	124-129	Final Pay Period Ending Date	Must be numeric. Data to be taken from Block 12.
21	130-135	Filler	
22	136-137	P.P. (1) (pay period number)	Data to be taken from block 15C. P.Ps. are numbered from 1 to 27. Include a leading zero for numbers 1 to 9 (Ex: 01). There are three (3) P.P. per line. P.P. are to be read from left to right.  P.P. in following fields are to be displayed in chronological ascending order
23	138-146	Insurable Earnings	Must be numeric. Data to be taken from block 15C.  Maximum of nine (9) characters in total. If less, use leading zeros on the data file. If no decimal and cents are displayed, then use (.00) on the data file.  If there are earnings, the employer may display earnings in the following fashions.  1234.80 1,234.08 (remove comma on



			<p>data file) 1234 (add .00 on data file)</p> <p>If there are no earnings for a given pay period, the employer may include the following in this field.</p> <p>Left blank Zero (0) Zero with a slash across (Ø) NA N/A Bar across ( — ) Diagonal bar ( \ ) , ( / )</p> <p>If a zero is used in this field, then include nine (9) characters (000000.00) on the data file, if any other alpha character or line, then leave field blank.</p>
24	147-148	Filler	
25	149-150	P.P. (2) (pay period number)	See explanation for field 22
26	151-159	Insurable Earnings	See explanation for field 23
27	160-161	Filler	
28	162-163	P.P. (3) (pay period number)	See explanation for field 22
29	164-172	Insurable Earnings	See explanation for field 23
30	173-174	Filler	
31	175-176	P.P. (4) (pay period number)	See explanation for field 22
32	177-185	Insurable Earnings	See explanation for field 23
33	186-187	Filler	
34	188-189	P.P. (5) (pay period number)	See explanation for field 22
35	190-198	Insurable Earnings	See explanation for field 23
36	199-200	Filler	
37	201-202	P.P. (6) (pay period number)	See explanation for field 22



38	203-211	Insurable Earnings	See explanation for field 23
39	212-213	Filler	
40	214-215	P.P. (7) (pay period number)	See explanation for field 22
41	216-224	Insurable Earnings	See explanation for field 23
42	225-226	Filler	
43	227-228	P.P. (8) (pay period number)	See explanation for field 22
44	229-237	Insurable Earnings	See explanation for field 23
45	238-239	Filler	
46	240-241	P.P. (9) (pay period number)	See explanation for field 22
47	242-250	Insurable Earnings	See explanation for field 23
48	251-252	Filler	
49	253-254	P.P. (10) (pay period number)	See explanation for field 22
50	255-263	Insurable Earnings	See explanation for field 23
51	264-265	Filler	
52	266-267	P.P. (11) (pay period number)	See explanation for field 22
53	268-276	Insurable Earnings	See explanation for field 23
54	277-278	Filler	
55	279-280	P.P. (12) (pay period number)	See explanation for field 22
56	281-289	Insurable Earnings	See explanation for field 23
57	290-291	Filler	
58	292-293	P.P. (13) (pay period number)	See explanation for field 22
59	294-302	Insurable Earnings	See explanation for field 23
60	303-304	Filler	
61	305-306	P.P. (14) (pay period number)	See explanation for field 22
62	307-315	Insurable Earnings	See explanation for field 23
63	316-317	Filler	
64	318-319	P.P. (15) (pay period number)	See explanation for field 22
65	320-328	Insurable Earnings	See explanation for field 23



66	329-330	Filler	
67	331-332	P.P. (16) (pay period number)	See explanation for field 22
68	333-341	Insurable Earnings	See explanation for field 23
69	342-343	Filler	
70	344-345	P.P. (17) (pay period number)	See explanation for field 22
71	346-354	Insurable Earnings	See explanation for field 23
72	355-356	Filler	
73	357-358	P.P. (18) (pay period number)	See explanation for field 22
74	359-367	Insurable Earnings	See explanation for field 23
75	368-369	Filler	
76	370-371	P.P. (19) (pay period number)	See explanation for field 22
77	372-380	Insurable Earnings	See explanation for field 23
78	381-382	Filler	
79	383-384	P.P. (20) (pay period number)	See explanation for field 22
80	385-393	Insurable Earnings	See explanation for field 23
81	394-395	Filler	
82	396-397	P.P. (21) (pay period number)	See explanation for field 22
83	398-406	Insurable Earnings	See explanation for field 23
84	407-408	Filler	
85	409-410	P.P. (22) (pay period number)	See explanation for field 22
86	411-419	Insurable Earnings	See explanation for field 23
87	420-421	Filler	
88	422-423	P.P. (23) (pay period number)	See explanation for field 22
89	424-432	Insurable Earnings	See explanation for field 23
90	433-434	Filler	
91	435-436	P.P. (24) (pay period number)	See explanation for field 22
92	437-445	Insurable Earnings	See explanation for field 23
93	446-447	Filler	



94	448-449	P.P. (25) (pay period number)	See explanation for field 22
95	450-458	Insurable Earnings	See explanation for field 23
96	459-460	Filler	
97	461-462	P.P. (26) (pay period number)	See explanation for field 22
98	463-471	Insurable Earnings	See explanation for field 23
99	472-473	Filler	
100	474-475	P.P. (27) (pay period number)	See explanation for field 22
101	476-484	Insurable Earnings	See explanation for field 23
102	485-486	Filler	

**NOTE:** Data from blocks 6 and 12 must only be data captured when data is present in block 15C



APPENDIX D

RECORD OF EMPLOYMENT (ROE) — SELF-EMPLOYED FISHER A SPECIAL MAILING ENVELOPE IS AVAILABLE FROM YOUR HRCC Protected when completed - B

1 Serial No. **Z00537400**

2 Serial No. of ROE Amended or Replaced

3 Employer's Payroll Reference No.

4 Employer's Name and Address

5 Postal Code

6 Starting with the final trip or purchase date, enter insurable earnings for period of employment up to a maximum of 31 consecutive weeks or to the last ROE, whichever is less.

6A Trip(s) Start Date (Fresh Catch Only)	6B Trip(s) End Date (Fresh) OR Date of Purchase (Cured)	6C \$ Share of Insurable Earnings
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

7 Canada Customs and Revenue Agency Business No. (CCRA - BN)

8 Name and Address of Self-Employed Fisher

9 Social Insurance Number

10 Commercial Fishing Vessel Number (CFVN)

11 Reason for issuing this ROE. If other than end of fishing specify in Block 12 - Comments.  
 (A)  End of Fishing (B)  Other

12 Comments

13 I am aware that it is an offense to make false entries and hereby certify that all statements on this form are true.

Communication preferred in:  English  French

Telephone No. ( )

Name of Issuer (Print)

Signature of Issuer

13A D M Y Date

Appendix D  
INS 2436  
"Z" series ROE

MS-2436-09-00E

THIS IS A VALUABLE DOCUMENT — KEEP IT IN A SAFE PLACE

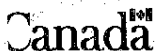
MAIL THIS COPY (PART 2) TO:

Human Resources Development Canada

P.O. Box 9000, Bathurst, New Brunswick, Canada E2A 4T3

PART 2

Ce formulaire est également disponible en français.







**APPENDIX D.1**

**FORM INS 2436 ROE “Z” series**

<b>FIELD</b>	<b>COLUMNS</b>	<b>DESCRIPTION</b>	<b>OPERATION AND REMARKS</b>
1	1-9	Serial No.	First character alpha “Z”. Remaining characters numeric. Data to be taken from Block 1.
2	10-18	Serial No. of record amended or replaced	Data to be taken from Block 2. Last 8 characters numeric.
3	19-33	Employer’s Payroll Reference No.	Data to be taken from first 15 characters of Block 3.
4	34-39	Postal Code	Format ANANAN. Data to be taken from Block 5.
5	40-54	RCT Employer Acct. No.  Business Number.	First 3 characters alpha remaining characters numeric. Data to be taken from Block 7.  First 9 characters numeric, second 2 characters always alpha (RP), last 4 characters numeric. If last 4 characters not indicated or complete leave that part of block empty. Data to be taken from Block 7.
6	55-63	Social Insurance No.	Must be numeric. Data to be taken from Block 9.
7	64-64	Reason for Issue	Must be alpha. Data to be taken from Block 11.
8	65-69	Filler	
9	70-71	Filler	
10	72-85	Telephone Number	Must be numeric. Data to be taken from Block 13.
11	86-91	Trip Start Date	Must be numeric. Data to be taken from box 16 of Block 6A.
12	92-97	Trip End Date	Must be numeric. Data to be taken from box 16 of Block 6B.
13	98-102	Share of Insurable Earnings	Must be numeric. Data to be taken from box 16 of Block 6C.
14	103-108	Date of Issue	Must be numeric. Data to be taken from Block 13A.
15	109-116	Filler	



**APPENDIX E**

NATIONAL SERVICES - Central Index  
SERVICES NATIONAUX - Fichier central

**Appendix E  
FCI 748  
Batch Header**

**RECORD OF EMPLOYMENT BATCH CONTROL SLIP  
FICHE DE CONTRÔLE DE LOT DE RELEVÉS D'EMPLOI**

QUANTITY / QUANTITÉ		
0	9	9

FIRST NUMBER / PREMIER NUMÉRO						

DECADE / DÉCENNIE	JULIAN DATE / DATE JULIENNE		

LAST NUMBER / DERNIER NUMÉRO						

SEQUENCE NUMBER / NUMÉRO SÉQUENTIEL				
0	0	0	0	0

A 001



**APPENDIX E.1**

**KEYPUNCH SPECIFICATION**

**BATCH HEADER FCI 748**

<b>FIELD</b>	<b>COLUMNS</b>	<b>DESCRIPTION</b>	<b>OPERATION AND REMARKS</b>
1	1	Transaction Code	<b>ALWAYS "1"</b> . This data is not shown on the form.
2	2 to 4	Quantity	Must be numeric. Left zero fill.
3	5 to 12	First Number	Must be numeric.
4	13 to 14	Decade	Must be numeric.
5	15 to 17	Julian Date	Must be numeric.
6	18 to 25	Last Number	Must be numeric.
7	26 to 30	Sequence Number	Must be numeric.
8	31 to 34	Batch Number	Must be alphanumeric
9	35 to 116	Blank	



**APPENDIX F**

**ESTIMATED ROE MONTHLY VOLUMES**

**April 01, 2013 TO March 31, 2014**

<b>MONTH</b>	<b>VOLUME</b>
July	225,000
August	220,000
September	280,000
October	230,000
November	230,000
December	270,000
January	225,000
February	200,000
March	200,000
<b>TOTAL</b>	<b>2,080,000</b>

The above volumes are based on estimates of ROEs received in Bathurst; they are given in good faith by HRSDC and are not binding. The volumes are subject to change as a result of other departmental initiatives and/or decisions.



## APPENDIX G

### VALIDATION BUSINESS RULES

Validation of data by business rules only applies to the different versions of the INS 2106 forms, e.g. the “A”, “E”, “K” and “L” series. The INS 2436 is not subject to this validation.

Validation of data by business rules will be performed on the following fields:

- a. The Business Number (first 9 numbers in box 5)
  - b. The Social Insurance Number (box 8)
  - c. The First Day Worked and the Last Day for Which Paid (boxes 10 and 11)
  - d. The Reason for Issuing the ROE (box 16)
1. The business rule for box 5 and box 8 is the modulus 10 check. The following is an example of the modulus 10 validation, using the number: 998 986 731
- a. Starting with the 1<sup>st</sup> digit, add every 2<sup>nd</sup> digit: **9 9 8 9 8 6 7 3 1**.  
Therefore,  $9 + 8 + 8 + 7 + 1 = 33$
  - b. Double and add the other digits. If the doubling results in more than 9, add the two digits in the result, i.e.,  $2 \times 9 = 18$ , so  $1 + 8 = 9$ .  
Therefore,  $9 \ 9 \ 6 \ 3 = (1 + 8) + (1 + 8) + (1 + 2) + 6 = 27$
  - c. Add the results of 1 and 2.  
Therefore,  $33 + 27 = 60$ .
  - d. The results of this addition should be a multiple of 10. If it is not, the SIN and/or Business Number is invalid.
2. The First Day Worked and the Last Day for Which Paid, boxes 10 and 11, is information in date format e.g. *ddmmyy*.
- e. The Contractor should ignore century information in the year.
  - f. Validation rule for these fields: the value in box 11 should be greater than the value in box 10.
3. The Reason for Issuing a ROE is a controlled list. Only the following characters are valid:
- A, B, C, D, E, F, G, H, J, K, L, M, N, P, Z



**APPENDIX H**  
**SAMPLE VALIDATION REPORT**

Processing date: 03-apr-2007		page 1 of 4
<b>Batch: B251</b>		
Business Number (Box 5):		
A11244577		
SIN (Box 8):		
A65498721	A12345678	A52241352
A95184621	A24357657	
Dates worked (Box 10 & 11):		
A85285285	A74174174	
Reason code (Box 16):		
A15926487	A32615948	A78495162
<b>Batch: L252</b>		
Business Number (Box 5):		
L11244577	L78495162	L12345678
L95184621		
SIN (Box 8):		
L65498721	L24357657	L52241352
Dates worked (Box 10 & 11):		
L85285285	L74174174	
Reason code (Box 16):		
L15926487	L32615948	

Documents which failed validation shall be deemed “rejects”.

Rejects are to be pulled from their original batch and placed in four distinct bundles, one for each type of validation.

All four reject bundles should be returned to HRSDC attached to this report.



**APPENDIX I**  
**OPTIONAL REQUIREMENT**

**Request for Payroll Information Form (INS5097) / Request for Clarification of Employment Information Form (INS5098) / Custom Questionnaire (INS5211)**

Optional Requirement: If the Integrity Services Branch of Human Resources and Skills Development Canada opt to move forward with this option, the contractor would provide the essential requirements (Appendices B to H), in addition to data capture services for the Request for Payroll Information form (INS5097), the Request for Clarification of Employment Information (INS5098) and the Custom Questionnaire (INS5211).

These forms contain payroll, Reason for Separation and travel outside of Canada information.

Our forecast for 2013-14 may vary from 45,000 to 675,000 forms. In order to help with the transition towards imaging, the number of documents to be data captured for the essential requirement may be subject to a potential decrease if we opt to move ahead with the optional requirement.

**2. WORK SPECIFICATIONS**

All work specifications included in Appendix I-1, I-2 and I-3 will apply to this option.

There may be more than one record created per form as per requirements indicated below.

It should be noted that employers and/or clients will display a week of zero earnings in various ways (A zero, a zero with a bar across, the words NUL, NIL, NA, N/A, a blank field, a straight or diagonal bar, etc...). These should all be interpreted as a 0,000.00 value on record type 2.

Employers/clients may or may not have included cents in the earnings amounts displayed in the earnings box. For the purpose of data inclusion on a record type 2, all amounts should be displayed with cents (i.e. 413 would be translated as 413.00 on the data file).

There may also be more than one page to these forms (maximum of five (5) pages); however, only a small number of forms have more than two (2) pages.

In a small number of cases, a form may also include an attachment (i.e.: payroll sheet, flight information, etc.). In these situations, the Contractor needs to ensure that a flag indicating an attachment is used.



APPENDIX I-1

Request for Payroll Information Form (INS5097) Data Capture Requirements

Request for Payroll Information Form (INS5097) (English text first) - Front of Form

**Service Canada**

**REQUEST FOR PAYROLL INFORMATION**  
**DEMANDE DE RENSEIGNEMENTS-REGISTRES DE PAIE**

PROTECTED WHEN COMPLETED / PROTÉGÉ UNE FOIS REMPLI -B

PROGRAMME PROGRAM	CASE NO. / N° DU CAS 0/5015910
CPA/VPA	123456789RP0001 91740375 A9 1/1

NAME OF CLAIMANT / NOM DU PRESTATAIRE  
JACK FROST

BADGE-PAYROLL NO. / N° D'INSIGNE-REGISTRE DE PAIE  
149006002214022

SOCIAL INSURANCE NUMBER / NUMÉRO D'ASSURANCE SOCIALE 111 111 111	DATE Y/A M DU 08 12 21	BF/AR Y/A M DU 09 01 15	BCP/DPP 1453	FOR ASSISTANCE PLEASE CALL / BESOIN D'AIDE?...APPELEZ 1 604 872-8721 EXT: 0
---	---------------------------	----------------------------	-----------------	--

SERVICE CANADA CENTRE / CENTRE SERVICE CANADA

5999  
JACK'S HARDWARE STORE  
110 HARWOOD ST  
VANCOUVER BC  
V6E 6S6

H.R.C.C. 5999  
872 EAST 11TH AVENUE  
VANCOUVER  
BC  
V5T 5Z5

For the purpose of the Employment Insurance Act, it is necessary to obtain information concerning the employment of the above mentioned person.

Did this person work and / or have earnings for the week(s) shown below?  YES  NO

If "YES" please provide the payroll data requested, complete and SIGN the reverse of this page. If "NO" please answer any question appearing in the "MESSAGE" block below, complete and SIGN the reverse of this page.

It is essential that ALL GROSS EARNINGS be shown by CALENDAR WEEK (Sunday to Saturday) even though this may differ from your pay period. Unemployment benefits are calculated on a calendar week basis and adjusted for earnings in each week.

It is important that you SIGN and return this form in the enclosed envelope by:

Aux fins de l'administration de la Loi sur l'assurance-emploi, il est nécessaire d'obtenir des renseignements concernant le travail de la personne mentionnée ci-haut.

Est-ce que cette personne a travaillé durant la (les) semaine(s) indiquée(s) ci-après ou a-t-elle reçu une rémunération pendant cette période?  OUI  NON

Si «OUI» veuillez fournir les données de paie requises, compléter et SIGNER le verso de cette page. Si «NON» veuillez répondre à toute question demandée dans la section «MESSAGE» ci-dessous, compléter et SIGNER le verso de cette page.

Il est essentiel d'indiquer TOUTE LA RÉMUNÉRATION BRUTE par SEMAINE CIVILE (dimanche au samedi) même si votre période de paie diffère de ce cycle. Les prestations de chômage sont calculées selon la semaine civile en fonction des gains de chaque semaine.

Il est important que vous SIGNIEZ et que vous retourniez ce formulaire en utilisant l'enveloppe ci-jointe d'ici le:

OFFICE USE A / L'USAGE DU BUREAU	FOR THE WEEK COMMENCING (SUNDAY) / POUR LA SEMAINE COMMENÇANT (DIMANCHE)	GROSS EARNINGS REMUNERATION BRUTE	OFFICE USE A / L'USAGE DU BUREAU	FOR THE WEEK COMMENCING (SUNDAY) / POUR LA SEMAINE COMMENÇANT (DIMANCHE)	GROSS EARNINGS REMUNERATION BRUTE	OFFICE USE A / L'USAGE DU BUREAU	FOR THE WEEK COMMENCING (SUNDAY) / POUR LA SEMAINE COMMENÇANT (DIMANCHE)	GROSS EARNINGS REMUNERATION BRUTE
	D/J M Y/A			D/J M Y/A			D/J M Y/A	
1456	15/05/05		1457	22/05/05		1458	29/05/05	
1459	05/06/05		*****			1461	19/06/05	

MESSAGE MESSAGE

INS-5097-02-07-EF1

OVER - It is important that the reverse be completed and signed. VERSO - Il est important de remplir et signer le verso.





Request for Payroll Information Form (INS5097) (English text first) - Back of Form

SOCIAL INSURANCE NUMBER NUMÉRO D'ASSURANCE SOCIALE	CASE NO. N° DU CAS
Were other monies, such as vacation pay, sick leave, maternity leave, wage loss insurance, severance pay, tips, bonus, etc.,	Est-ce que d'autres sommes, telles que paie de vacances, congés de maladie, congés de maternité, assurance-salaire, indemnité de départ, commissions, pourboires, bonis, etc.,
a) paid and included in the gross earnings, during the period shown on the reverse?	a) ont été versées pendant n'importe laquelle des semaines indiquées au verso et sont incluses dans la rémunération brute?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> OUI <input type="checkbox"/> NON
b) paid during any of the weeks shown on the reverse and not included in the gross earnings shown?	b) ont été versées pendant n'importe laquelle des semaines indiquées au verso et ne sont pas incluses dans la rémunération brute?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> OUI <input type="checkbox"/> NON
c) paid after separation from employment?	c) ont été versées après la cessation d'emploi?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> OUI <input type="checkbox"/> NON
If yes, Type of payment _____	Si oui, genre de paiement _____
Amount paid _____	Montant versé _____
Date paid _____	Date du versement _____
Reason for payment _____	Motif du versement _____
----- ADDITIONAL INFORMATION / INFORMATION ADDITIONNELLE ----- ----- ----- ----- ----- ----- ----- -----	
Information collected on this form is used for the application of the Employment Insurance Program. Its collection is authorized under the Employment Insurance Act. Under the Privacy Act, individuals have the right to access their income Benefit file which will include this form once completed.	Les renseignements recueillis sur le présent formulaire sont utilisés aux fins de l'application du Régime de l'assurance-emploi. Leur collecte est autorisée en vertu de la Loi sur l'assurance-emploi. En vertu de la Loi sur la protection des renseignements personnels, toute personne a le droit de consulter ses dossiers de prestations de soutien du revenu, incluant le présent formulaire, une fois complété.
The Commission undertakes to respect the confidentiality of the information obtained on this form and to use this information solely for the purpose for which it is obtained. For more information refer to the index of Personal Information Banks available at all Canada Service Centres quoting registration number HRSDC PPU 005 or HRSDC PPU 150.	La Commission s'engage à respecter le caractère confidentiel des renseignements obtenus sur le présent formulaire et utiliser ces renseignements uniquement aux fins pour lesquelles ils ont été obtenus. Pour plus d'information, veuillez consulter le Répertoire des fichiers de renseignements personnels RHDC PPU 005 ou RHDC PPU 150 disponible dans tous les Centres Service Canada.
YOUR COOPERATION IN COMPLETING THIS FORM ACCURATELY ASSISTS TO ENSURE THAT BENEFITS ARE PAID ONLY TO THOSE ENTITLED TO RECEIVE THEM.	REMPLIR CE FORMULAIRE AVEC PRÉCISION CONTRIBUE À NOUS ASSURER QUE DES PRESTATIONS NE SONT PAYÉES QU'À CEUX QUI Y ONT DROIT.
<b>CERTIFICATION / ATTESTATION</b>	
I hereby certify that I am authorized to sign on behalf of the employer and that the information concerning the employment and earnings of the aforementioned person is correct.	Je déclare par la présente être autorisé(e) à signer au nom de l'employeur et que les renseignements concernant l'emploi et la rémunération de la personne précitée sont exacts.
DATE	* PRINT NAME / NOM EN LETTRES MOULÉES
* AREA CODE IND. RÉGIONAL	* SIGNATURE
TEL. NO. / N° DE TÉL. ( ) -	POSITION / TITRE OU FONCTION
INS-5097-01-07-EF2	







Request for Payroll Information Form (INS5097) (French text first)
Back of Form

Form with fields for NUMÉRO D'ASSURANCE SOCIALE, N° DU CAS, and sections for PARTIE A (agreement to information) and PARTIE B (observations). Includes a disclaimer and a 'REMARQUES' section.



**Request for Payroll Information Form (INS5097)**

1. One (1) form may have from one (1) to five (5) pages
2. The number of pages involved is written at the end of the last line in the “CASE NO/NO DU CAS” box (1/1, 1/2)
3. The employer may or may not return all pages of the document. Some may be forgotten in error.
4. All pages that are considered as part of the same form are to be data entered together (page 1 front then back, page 2 front and back, etc...).
5. Fields indicated below are those that need be data captured.
6. If an attachment is included with the form, the Contractor must return the attachment stapled to the form to prevent loss of data. Less than three percent (3%) of the forms may contain an attachment.

**Header Record**

FIELD	COLUMNS	DESCRIPTION (Block on Form)	OPERATION AND REMARKS
1	1-4	Will contain the form number for ease of identification  5097	The Request for Payroll Information form is known to our database as form INS 5097  Only the four numeric characters will be input to identify the form data captured.
2	5-12	Date of capture	Numeric value (yyyymmdd)
3	13-15	File Number	Unique File ID Number
4	16-20	Record Count	Total Number of records including header record.
5	21-30	First Case	First Case Number
6	31-40	Last Case	Last Case Number

**RECORD 1**

<b>Front of Form</b>			
FIELD	COLUMNS	DESCRIPTION (Block on Form)	OPERATION AND REMARKS
1	1-4	Will contain the form number for ease of identification	The Request for Payroll Information form is known to our database as form INS 5097



		5097	Only the four numeric characters will be input to identify the form data captured.
2	5-14  This number will be stored without the space  i.e. 91977961A0	Case No. / No du cas	Located on the third line of the 'Case No. / No du cas' box.  First sequence is from 6 to 8 digits numeric followed by a space, then an alpha character (A,B,C,D,E,H,M,R,S or T), then a numeric character.  i.e. 91977961 A0
3	15-29	Business Number  (In 'Case No. / No du cas' box)	Located on the second line of the 'Case No. / No du cas' box.  First 9 characters numeric, second 2 characters always alpha (RP), last 4 characters numeric. If last 4 characters not indicated or complete, leave that part of block empty  OR Can also be a combination of 6 numeric characters followed by 3 alpha characters
4	30-30	Record Type	Record Type is equal to "1" for the first record.
5	31-39	Social Insurance Number	Will be 9 numeric characters  OR A combination of 4 alpha characters followed by 5 numeric characters
6	40-54	Filler	
7	55-60	Date	Represents the date the form was mailed. Consists of 6 numeric characters.
8	61-64	BPC/DPP	Must be numeric



10	66-66	Row of four (4) check boxes in middle of form.	<p>This is a bilingual form where one language (either English or French) is on the left side of the form and the other language on the right side of the form.</p> <p>Therefore on this row, from left to right of the page:          box 1 and 3 = YES          box 2 and 4 = NO</p> <p>A one (1) digit alpha character will indicate whether the client has selected the YES box, the NO box, or, left them all blank.</p> <p>Yes = Y          No = N          Blank = B</p> <p>Although there may be multiple pages to the form, as soon as the YES or NO boxes have been selected by the client on one of the pages, a 'Y or N' will be indicated for this field even though the field may be blank on other pages of the form.</p> <p>For example if the fields are blank on page 1 but have been completed on page 2, then page 2 counter would be kept instead of the field on page1.</p> <p>If a Y has been selected on one page but an N has been selected on a different page, then the 'Y' will always take precedence.</p>
11	67-67	Filler	
12	68-68	Message	<p>If typed text is included in the blank area below the table on the front of the form, then a 'Y' will be displayed in this field.</p>



			<p>If the area contains no type written message, then this field will display an 'N'.</p> <p>If multiple pages are involved, they may not all have messages. A 'Y' will always overwrite an 'N'</p>
13	69-69	Filler	

<b>Back of Form (continuation or Record 1)</b>			
<b>FIELD</b>	<b>COLUMNS</b>	<b>DESCRIPTION (Block on Form)</b>	<b>OPERATION AND REMARKS</b>
14	70-70	Section a)	<p>This is a bilingual form where one language (either English or French) is on the left side of the form and the other language on the right side of the form.</p> <p>Therefore on this row, from left to right of the page:            box 1 and 3 = YES            box 2 and 4 = NO</p> <p>A one (1) digit alpha character will indicate whether the client has selected the YES box, the NO box, or, left them all blank.</p> <p>Yes = Y            No = N            Blank = B</p> <p>Although there may be multiple pages to the form, as soon as the YES or NO boxes have been selected by the client on one of the pages, a 'Y or N' will be indicated for this field even though the field may be blank on other pages of the form.</p> <p>For example if the fields are blank on page 1 but have been completed on page 2, then page 2 counter would be kept instead</p>



			<p>of the field on page1.</p> <p>If a Y has been selected on one page but an N has been selected on a different page, then the 'Y' will always take precedence.</p>
15	71-72	Filler	
16	73-73	Section b)	<p>This is a bilingual form where one language (either English or French) is on the left side of the form and the other language on the right side of the form.</p> <p>Therefore on this row, from left to right of the page:          box 1 and 3 = YES          box 2 and 4 = NO</p> <p>A one (1) digit alpha character will indicate whether the client has selected the YES box, the NO box, or, left them all blank.</p> <p>Yes = Y          No = N          Blank = B</p> <p>Although there may be multiple pages to the form, as soon as the YES or NO boxes have been selected by the client on one of the pages, a 'Y or N' will be indicated for this field even though the field may be blank on other pages of the form.</p> <p>For example if the fields are blank on page 1 but have been completed on page 2, then page 2 counter would be kept instead of the field on page1.</p> <p>If a Y has been selected on one page but an N has been selected on a different page,</p>





			then the 'Y' will always take precedence.
17	74-75	Filler	
18	76-76	Section c)	<p>This is a bilingual form where one language (either English or French) is on the left side of the form and the other language on the right side of the form.</p> <p>Therefore on this row, from left to right of the page:          box 1 and 3 = YES          box 2 and 4 = NO</p> <p>A one (1) digit alpha character will indicate whether the client has selected the YES box, the NO box, or, left them all blank.</p> <p>Yes = Y          No = N          Blank = B</p> <p>Although there may be multiple pages to the form, as soon as the YES or NO boxes have been selected by the client on one of the pages, a 'Y or N' will be indicated for this field even though the field may be blank on other pages of the form.</p> <p>For example if the fields are blank on page 1 but have been completed on page 2, then page 2 counter would be kept instead of the field on page1.</p> <p>If a Y has been selected on one page but an N has been selected on a different page, then the 'Y' will always take precedence.</p>
19	77-78	Filler	
20	79-79	Row beginning with text :	This is a bilingual form where one language (either English or



		<p>“If yes, Type of payment” OR “Si oui, genre de paiement”</p>	<p>French) is on the left side of the form and the other language on the right side of the form.</p> <p>On this row, from left to right of the page there are 2 areas where the employer can write in text.</p> <p>A one (1) digit alpha character will indicate whether the employer has written or typed text in one of the 2 designated areas.</p> <ul style="list-style-type: none"> <li>- Text in one of the 2 spaces = T</li> <li>- Both areas blank = B</li> </ul> <p>Although there may be multiple pages to the form, as soon as the text is included on one of the pages, a ‘T’ will be displayed for this field.</p> <p>For example if the fields are blank on page 1 but have been completed on page 2, then page 2 counter would be kept instead of the counter on page1.</p> <p>A ‘T’ will always take precedence over a ‘B’.</p>
21	80-81	Filler	
22	82-82	<p>Row beginning with text::</p> <p>“Amount paid” OR “Montant versé”</p>	<p>This is a bilingual form where one language (either English or French) is on the left side of the form and the other language on the right side of the form.</p> <p>On this row, from left to right of the page there are 2 areas where the employer can write in text.</p> <p>A one (1) digit alpha character will indicate whether the</p>



			<p>employer has written or typed text in one of the 2 designated areas.</p> <ul style="list-style-type: none"> <li>- Text in one of the 2 spaces = T</li> <li>- Both areas blank = B</li> </ul> <p>Although there may be multiple pages to the form, as soon as the text is included on one of the pages, a 'T' will be displayed for this field.</p> <p>For example if the fields are blank on page 1 but have been completed on page 2, then page 2 counter would be kept instead of the counter on page1.</p> <p>A 'T' will always take precedence over a 'B'.</p>
23	83-84	Filler	
24	85-85	<p>Row beginning with text::</p> <p>“Date paid” OR “Date du versement”</p>	<p>This is a bilingual form where one language (either English or French) is on the left side of the form and the other language on the right side of the form.</p> <p>On this row, from left to right of the page there are 2 areas where the employer can write in text.</p> <p>A one (1) digit alpha character will indicate whether the employer has written or typed text in one of the 2 designated areas.</p> <ul style="list-style-type: none"> <li>- Text in one of the 2 spaces = T</li> <li>- Both areas blank = B</li> </ul> <p>Although there may be multiple pages to the form, as soon as the text is included on one of the pages, a 'T' will be displayed for</p>



			<p>this field.</p> <p>For example if the fields are blank on page 1 but have been completed on page 2, then page 2 counter would be kept instead of the counter on page1.</p> <p>A 'T' will always take precedence over a 'B'.</p>
25	86-87	Filler	
26	88-88	<p>Free text lines underneath :</p> <p>“Reason for payment” OR “Motif du versement”</p>	<p>There are 2 rows in which the employer can write an explanation.</p> <p>A one (1) digit alpha character will indicate whether the employer has written or typed text in one of the 2 designated rows.</p> <ul style="list-style-type: none"> <li>- Text in one of the 2 rows = T</li> <li>- Both rows blank = B</li> </ul> <p>Although there may be multiple pages to the form, as soon as the text is included in this area on one of the pages, a 'T' will be displayed for this field.</p> <p>For example if the field is blank on page 1 but has been completed on page 2, then page 2 counter would be kept instead of the counter on page1.</p> <p>A 'T' will always take precedence over a 'B'.</p>
27	89-90	Filler	
28	91-91	<p>Free text lines underneath :</p> <p>“ADDITIONAL INFORMATION” OR “INFORMATION ADDITIONNELLE”</p>	<p>There are 6 rows in which the employer can write an explanation.</p> <p>A one (1) digit alpha character will indicate whether the employer has written or typed</p>



			<p>text in one of the 6 designated rows.</p> <ul style="list-style-type: none"> <li>- Text in one of the 6 rows = T</li> <li>- Both columns blank = B</li> </ul> <p>Although there may be multiple pages to the form, as soon as the text is included in this area on one of the pages, a 'T' will be displayed for this field.</p> <p>For example if the field is blank on page 1 but has been completed on page 2, then page 2 counter would be kept instead of the counter on page1.</p> <p>A 'T' will always take precedence over a 'B'.</p>
29	92-93	Filler	
30	94-94	Signature	<p>The employer is required to sign the form.</p> <p>The contractor will only need to determine whether or not the client has written text in this block.</p> <p>A one (1) digit alpha character will indicate if the area has text or is blank.</p> <p style="text-align: center;">Text = T Blank = B</p> <p>Although there may be multiple pages to the form, as soon as this field has been completed with text on one of the pages a 'T' will be indicated for this field even though the field may be blank on other pages of the form.</p> <p>For example if the field is blank</p>



			on page 1 but has been completed on page 2, then page 2 counter would be kept instead of the field on page1 and a 'T' will be displayed on the data file.
31	95-96	Filler	1 - If there is an attachment to the form 0 – If there are no attachment
32	97-97	Flag	
33	98-132	Filler	



**RECORD 2 and Subsequent Records**

<b>Front of Form</b>			
<b>FIELD</b>	<b>COLUMNS</b>	<b>DESCRIPTION (Block on Form)</b>	<b>OPERATION AND REMARKS</b>
1	1-4	Will contain the form number for ease of identification  5097	The Request for Payroll Information form is known to our database as form INS 5097  Only the four numeric characters will be input to identify the form data captured.
2	5-14  This number will be stored without the space  i.e. 91977961A0	Case No. / No du cas	Located on the third line of the 'Case No. / No du cas' box.  First sequence is from 6 to 8 digits numeric followed by a space, then an alpha character (A,B,C,D,E,H,M,R,S or T), then a numeric character.  i.e. 91977961 A0
3	15-29	Business Number  (In 'Case No. / No du cas' box)	Located on the second line of the 'Case No. / No du cas' box.  First 9 characters numeric, second 2 characters always alpha (RP), last 4 characters numeric. If last 4 characters not indicated or complete, leave that part of block empty <b>OR</b> Can also be a combination of 6 numeric characters followed by 3 alpha characters
4	30-30	Record Type	This record will start its count at 2 as it is the second record for the INS 5097 form.  This number will increment by one (1) with each subsequent record for the form.  When a new INS5097 is data captured, the record count will



			be cleared and re-initiated with each new form.
<p>A table is included in the bottom half of the form. It contains three (3) sets of three (3) columns which are to be read from left to right.</p> <p>Office Use = code used by the Department to identify the week for which info is needed For the Week Commencing ... = date corresponding to the code in the previous column Gross Earnings = field to be completed by the employer</p> <p>This area may be blank, may contain a single week, may contain a number of weeks, or, may contain up to five (5) pages of weeks for which the Department needs information.</p>			
5	31-32	Filler	
6	33-36	OFFICE USE OR A L'USAGE DU BUREAU	<p>A four (4) character numeric value</p> <p>When a previous week displayed is not subsequent there will be asterisks in the "Week commencing" field. If this is the case then the OFFICE USE field for that week would be blank. Simply skip to the next field containing a number or amount.</p>
7	37-45	GROSS EARNINGS OR RÉMUNÉRATION BRUTE	<p>Nine (9) characters in total but may be less. If less, put leading zeros on the data file. If no period and cents are displayed, then put (.00) on the data file.</p> <p>If there are earnings, the employer may display earnings in the following fashions.</p> <p>1234.80 1,234.08 (take comma out on data file) 1234 (add .00 on data file)</p> <p>If there are no earnings for a given week the employer may put the following in this field.</p> <p>Left blank</p>





			<p>Zero (0) Zero with a slash across (Ø) NA N/A Bar across (—) Diagonal bar ( \ ) , ( / )</p> <p>If a zero is included in this field, then 000000.00 will be included on the data file, if any other alpha character or line, then leave field blank.</p> <p>When a previous week displayed is not subsequent there will be asterisks in the “Week commencing” field. If this is the case then the OFFICE USE field for that week would be blank. Simply skip to the next field containing a number or amount.</p>
8	46-47	Filler	
9	48-51	OFFICE USE OR A L’USAGE DU BUREAU (second on same row)	See explanation for field 6
10	52-60	GROSS EARNINGS OR RÉMUNÉRATION BRUTE (second on same row)	See explanation for field 7
11	61-62	Filler	
12	63-66	OFFICE USE OR A L’USAGE DU BUREAU (second on same row)	See explanation for field 6
13	67-75	GROSS EARNINGS OR RÉMUNÉRATION BRUTE (second on same row)	See explanation for field 7
14	76-77	Filler	
15	78-81	OFFICE USE	See explanation for field 6



		OR A L'USAGE DU BUREAU (first on next row)	
16	82-90	GROSS EARNINGS OR RÉMUNÉRATION BRUTE (first on next row)	See explanation for field 7
Continue to display all weeks in ascending Office Use Code order until all weeks have been included on subsequent records.			
17	91-92	Filler	
18	93-96	OFFICE USE	See explanation for field 6
19	97-105	GROSS EARNINGS	See explanation for field 7
20	106-107	Filler	
21	108-111	OFFICE USE	See explanation for field 6
22	112-120	GROSS EARNINGS	See explanation for field 7
23	121-132	Filler	











**Request for Clarification of Employment Information (INS5098)**

1. Data on both side of the form must be data captured to a certain degree
2. One (1) form may have from one (1) to five (5) pages
3. The number of pages involved is written at the end of the first line in the “CASE NO/NO DU CAS” box (01/01, 01/02)
4. The client may or may not return all pages of the document. Some may be forgotten in error.
5. Items below are those that need be data captured.
6. If an attachment is included with the form, the Contractor must return the attachment stapled to the form to prevent loss of data. Less than three percent (3%) of the forms may contain an attachment.

**Header Record**

FIELD	COLUMNS	DESCRIPTION (Block on Form)	OPERATION AND REMARKS
1	1-4	Will contain the form number for ease of identification  5098	The Request for Payroll Information form is known to our database as form INS 5098  Only the four numeric characters will be input to identify the form data captured.
2	5-12	Date of capture	Numeric value (yyyymmdd)
3	13-15	File Number	Unique File ID Number
4	16-20	Record Count	Total Number of records including header record.
5	21-30	First Case	First Case Number
6	31-40	Last Case	Last Case Number

Front of INS 5098 Form			
FIELD	COLUMNS	DESCRIPTION (Block on Form)	OPERATION AND REMARKS
1	1-4	Will contain the form number for ease of	The Request For Clarification of Employment Information form is



		identification  5098	known to our database as form INS 5098  Only the four numeric characters will be input to identify the form data captured.
2	5-14  This number will be stored without the space  i.e. 91977961A0	Case No. / No du cas	Located on the second line of the 'Case No. / No du cas' box.  First sequence is from 6 to 8 digits numeric followed by a space, then an alpha character (A,B,C,D,E,H,M,R,S or T), then a numeric character.  i.e. 91977961 A0
3	15-20	Social Insurance Number	It is to be noted that the first three (3) digits of the social insurance number are replaced by asterisks. The asterisks will not be data captured.  The remaining six (6) numeric characters will be data captured.  OR  Can also be a combination of 4 alpha characters followed by 5 numeric characters
5	21-26	Date	Represents the date the form was mailed. Consists of 6 numeric characters.
6	27-30	BPC/DPP	Must be numeric

<b>Back of INS 5098 Form</b>			
<b>FIELD</b>	<b>COLUMNS</b>	<b>DESCRIPTION (Block on Form)</b>	<b>OPERATION AND REMARKS</b>
7	31-32	Filler	
8	33-33	PART A / PARTIE A	Part A on the back of the form contains 'yes/no' selection boxes.  A one (1) digit alpha character will indicate whether the client





			<p>has selected the YES box, the NO box, or, left them both blank.</p> <p>Yes = Y No = N Blank = B</p> <p>Although there may be multiple pages to the form, as soon as the YES or NO boxes have been selected by the client on one of the pages, a 'Y or N' will be indicated for this field even though the field may be blank on other pages of the form. For example if the fields are blank on page 1 but have been completed on page 2, then page 2 counter would be kept instead of the field on page1.</p> <p>If both a Y and an N have been selected, then the 'N' will always take precedence.</p>
9	34-35	Filler	
10	36-36	PART A / PARTIE A	<p>Part B includes a block where the client can enter free form text.</p> <p>The Contractor will only need to determine whether or not the client has written text in this block.</p> <p>A one (1) digit alpha character will indicate if the area has text or is blank.</p> <p>Text = T Blank = B</p> <p>Although there may be multiple pages to the form, as soon as this field has been completed with text on one of the pages a 'T' will be indicated for this field</p>



			<p>even though the field may be blank on other pages of the form.</p> <p>For example if the field is blank on page 1 but has been completed on page 2, then page 2 counter would be kept instead of the field on page1.</p>
11	37-38	Filler	
12	39-39	NOM / NAME	<p>The client is required to sign the form.</p> <p>The Contractor will only need to determine whether or not the client has written text in this block.</p> <p>A one (1) digit alpha character will indicate if the area has text or is blank.</p> <p>Text = T Blank = B</p> <p>Although there may be multiple pages to the form, as soon as this field has been completed with text on one of the pages a 'T' will be indicated for this field even though the field may be blank on other pages of the form.</p> <p>For example if the field is blank on page 1 but has been completed on page 2, then page 2 counter would be kept instead of the field on page1.</p>
13	40-41	Filler	
14	42-42	Flag	<p>1 - If there is an attachment to the form 0 – If there are no attachment</p>
15	43-116	Filler	



**APPENDIX I-3**

**Custom Questionnaire (INS5211) Data Capture Requirements**

**Custom Questionnaire (INS5211)** (English form) - Front of Form

		PROTECTED WHEN COMPLETED - B							
SOCIAL INSURANCE NUMBER		DATE		BF	PROGRAM				
**** ** *		Y	M	D	Y	M	D	RCRP	CASE NO.
								1254	R/002 00000052 D7
						FOR ASSISTANCE PLEASE CALL			
						1 604 872-8721 Ext.			

CLAIMANT NAME 5999  
 110 HARWOOD ST  
 VANCOUVER BC  
 V6E 6S6

SERVICE CANADA CENTRE  
 H.R.C.C. 5999  
 872 EAST 11TH AVENUE  
 VANCOUVER  
 BC  
 V5T 5Z5

Madam or Sir:

Information obtained from a Canada Border Services Agency Declaration Card indicates you travelled outside Canada from 23 MAR 2002 to 01 NOV 2002

Your entitlement to Employment Insurance benefits for this period is under review.

The attached questionnaire provides you with the opportunity to explain this absence. **Please complete and sign page 2 then return it no later than 15 JAN 2004**

Please advise if there is any additional information we should consider. If no additional information is provided or if you do not return this questionnaire, our decision will be based on the information we have received from the Canada Border Services Agency. This could result in an overpayment being established and a penalty being imposed. Your future benefits may also be affected by the decision on this claim.

If you need assistance, please contact us at the number above.

INS 5211 (08-08) E



**Custom Questionnaire (INS5211) (English form) - Back of Form**

**NOTE : If additional space is required, use a separate sheet of paper and attach it to this form.**

1) Were you travelling outside of Canada from **23 MAR 2002** to **01 NOV 2002** ?

YES  NO

If no, please provide the correct dates. A copy of your travel itinerary, boarding passes or other supporting documents would be helpful.

2) Please specify your destination(s).

3) What was the purpose of your trip? Please be specific.

4) All Employment Insurance claimants have an obligation to report any absence(s) from Canada. Please explain why you failed to report your absence.

5) Your claimant's reports ask the following question: "Were you ready, willing and capable of work each day?" Please explain how you were available for work during the period in question.

6) Since September 1, 2002, have you been outside of Canada or away from your home area (other than stated in question 1) while in receipt of Employment Insurance benefits? If yes, please provide the dates and answer questions #2 through #5.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TELEPHONE NUMBER

The information collected on this form is used for the application of the Employment Insurance program. Its collection is authorised under the Employment Insurance Act. Under the Privacy Act, individuals have the right to access their income benefit files which will include this form once completed.

HRSDC undertakes to respect the confidentiality of the information obtained on this form. For more information refer to the index of personal information banks available at all Service Canada Centres quoting registration number HRDC PPU 150 and/or HRDC PPU 120.

INS 5211 (06-06) E



**Custom Questionnaire (INS5211) (French form) - Front of Form**

		PROTÉGÉ UNE FOIS REMPLI -B					
		PROGRAMME RCRP			N° DU CAS 0/002 00000006 D3		
NUMÉRO D'ASSURANCE SOCIALE	DATE		AR		DPP	BESON D'AIDE?... APPELEZ	
*** ** *	A M J	A M J	A M J			1 604 872-8721 poste 1234	
	04	01	16	04	02	13	1296

CENTRE SERVICE CANADA

NOM DU PRESTATAIRE 5999  
110 HARWOOD ST  
VANCOUVER BC  
V6E 6S6

H.R.C.C. 5999  
872 EAST 11TH AVENUE  
VANCOUVER  
BC  
V5T 5Z5

Madame ou Monsieur, ins5211F

D'après des renseignements tirés d'une Carte de déclaration de l'Agence des services frontaliers du Canada, vous avez voyagé à l'extérieur du Canada du 23 SEPT 2002 au 04 OCT 2002.

Nous examinons votre admissibilité aux prestations d'assurance-emploi pour cette période.

Le questionnaire ci-joint vous donne la possibilité d'expliquer votre absence. **Veillez remplir et signer la page 2 puis nous le retourner d'ici le 13 FEB 2004.**

Veillez nous informer de tout autre renseignement dont nous devrions tenir compte. Si vous ne nous fournissez aucun autre renseignement ou si vous ne retournez pas le questionnaire, nous fonderons notre décision sur les renseignements que nous avons reçus de l'Agence des services frontaliers du Canada. Ceci pourrait entraîner l'établissement d'un trop-payé et l'imposition d'une pénalité. La décision prise à l'égard de cette demande pourrait aussi influencer votre admissibilité future aux prestations.

Si vous avez besoin d'aide, communiquez avec nous en téléphonant au numéro ci-haut.

INS 5211 (06-08) F



**Custom Questionnaire (INS5211) (French form) - Back of Form**

**Note : Si vous avez besoin de plus d'espace, utilisez une feuille supplémentaire que vous joindrez à ce formulaire.**

1) Avez-vous voyagé à l'extérieur du Canada du **23 SEPT 2002** au **04 OCT 2002** ?  
 OUI  NON

Si non, veuillez nous fournir les dates exactes. Des copies de votre itinéraire de voyage, de vos cartes d'embarquement et autres documents à l'appui seraient utiles.

2) Quelle était votre destination ou quelles étaient vos destinations?

3) Quel était le but de votre voyage? Précisez.

4) Lorsque vous recevez des prestations d'assurance-emploi, vous avez l'obligation de déclarer toutes vos absences du Canada. Veuillez expliquer pourquoi vous n'avez pas déclaré votre absence.

5) Vos déclarations du prestataire demandent la question suivante : «Étiez-vous prêt(e) et disposé(e) à travailler et capable de le faire chaque jour?» Veuillez expliquer comment vous étiez disponible pour travailler pendant la période en question.

6) Depuis le 1<sup>er</sup> septembre 2002, avez-vous quitté le Canada ou vous êtes-vous absenté(e) de votre région (autre(s) que celle(s) mentionnée(s) à la question 1) pendant que vous receviez des prestations d'assurance-emploi? Si oui, Veuillez nous fournir les dates et répondre aux questions 2 à 5 du présent formulaire pour ces absences.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NUMÉRO DE TÉLÉPHONE

Les renseignements recueillis au moyen de ce formulaire serviront à l'application du Régime d'assurance-emploi. Leur cueillette est autorisée par la Loi sur l'assurance-emploi. En vertu de la Loi sur la protection des renseignements personnels, une personne a le droit d'accéder à son dossier de prestations de revenu, lequel inclura ce formulaire lorsqu'il aura été complété.

RHDCC s'engage à respecter la confidentialité des renseignements obtenus au moyen de ce formulaire. Pour plus de renseignements, consulter l'index des banques de renseignements personnels, disponible dans tous les Centres Service Canada, aux numéros d'enregistrement DRHC PPU 150 et/ou DRHC PPU 120.

INS 5211 (06-08) F



**Custom Questionnaire (INS5211)**

1. Both side of the form must be data captured.
2. There is only 1 page per form.
3. Items below are those that need be data captured.

**Header Record**

<b>FIELD</b>	<b>COLUMNS</b>	<b>DESCRIPTION (Block on Form)</b>	<b>OPERATION AND REMARKS</b>
1	1-4	Will contain the form number for ease of identification  5211	The Request for Payroll Information form is known to our database as form INS 5211  Only the four numeric characters will be input to identify the form data captured.
2	5-12	Date of capture	Numeric value (yyyymmdd)
3	13-15	File Number	Unique File ID Number
4	16-20	Record Count	Total Number of records including header record.
5	21-30	First Case	First Case Number
6	31-40	Last Case	Last Case Number

<b>Front of INS 5211 Form</b>			
<b>FIELD</b>	<b>COLUMNS</b>	<b>DESCRIPTION (Block on Form)</b>	<b>OPERATION AND REMARKS</b>
1	1-4	Will contain the form number for ease of identification  5211	The Customs Letter is known to our database as form INS 5211  Only the four numeric characters will be input to identify the form data captured.
2	5-14  This number will be stored	Case No. / No du cas	Located on the second line of the 'Case No. / No du cas' box.  First sequence is from 6 to 8 digits numeric followed by a



	without the space  i.e. 00909805D1		space, then an alpha character (A,B,C,D,E,H,M,R,S or T), then a numeric character.  i.e. 00909805 D1
3	15-20	Social Insurance Number	It is to be noted that the first three (3) digits of the social insurance number are replaced by asterisks. The asterisks will not be data captured.  The remaining six (6) numeric characters will be data captured.  OR  A combination of 4 alpha characters followed by 5 numeric characters
5	21-26	Date	Represents the date the form was mailed. Consists of 6 numeric characters.
6	27-30	BPC/DPP	Must be numeric

**Back of INS 5211 Form**

Note: The reverse side of the INS5211 form contains 6 questions which the client is expected to answer.

FIELD	COLUMNS	DESCRIPTION (Block on Form)	OPERATION AND REMARKS
7	31-32	Filler	
8	33-33	Question 1)	Question 1 on the back of the form contains 'yes/no' selection boxes.  A one (1) digit alpha character will indicate whether the client has selected (put a check mark) the YES box, the NO box, or, has left them both blank.  Yes = Y No = N Blank = B
9	34-35	Filler	





10	36-36	Question 2)	<p>Question 2 includes a block where the client can enter free form text.</p> <p>The Contractor will only need to determine whether or not the client has written text in this block.</p> <p>A one (1) digit alpha character will indicate if the area has text or is blank.</p> <p>Text = T Blank = B</p>
11	37-38	Filler	
12	39-39	Question 3)	<p>Question 3 includes a block where the client can enter free form text.</p> <p>The Contractor will only need to determine whether or not the client has written text in this block.</p> <p>A one (1) digit alpha character will indicate if the area has text or is blank.</p> <p>Text = T Blank = B</p>
13	40-41	Filler	
14	42-42	Question4)	<p>Question 4 includes a block where the client can enter free form text.</p> <p>The Contractor will only need to determine whether or not the client has written text in this block.</p> <p>A one (1) digit alpha character will indicate if the area has text or is blank.</p> <p>Text = T</p>



			Blank = B
15	43-44	Filler	
16	45-45	Question 5)	<p>Question 5 includes a block where the client can enter free form text.</p> <p>The Contractor will only need to determine whether or not the client has written text in this block.</p> <p>A one (1) digit alpha character will indicate if the area has text or is blank.</p> <p>Text = T Blank = B</p>
17	46-47	Filler	
18	48-48	Question 6)	<p>Question 6 includes a block where the client can enter free form text.</p> <p>The Contractor will only need to determine whether or not the client has written text in this block.</p> <p>A one (1) digit alpha character will indicate if the area has text or is blank.</p> <p>Text = T Blank = B</p>
19	49-50	Filler	
20	51-51	NOM / NAME	<p>The client is required to sign the form.</p> <p>The Contractor will only need to determine whether or not the client has written text in this block.</p> <p>A one (1) digit alpha character will indicate if the area has text or is blank.</p>



			Text = T Blank = B
21	52-52	Flag	1 - If there is an attachment to the form 0 - If there are no attachment
22	53-116	Filler	



### EVALUATION PROCESS

#### BASIS OF SELECTION:

To be considered responsive a bid must:

- (a) Meet all the mandatory requirements of the bid solicitation; and
- (b)
  - (i) obtain the required minimum of 70% per cent of the points for each of the principal criteria which are subject to a point rating (70 out of 100 for the technical and 49 out of 70 for the firm’s experience)
  - (ii) Obtain a minimum of (60%) per cent of the points for each individual secondary criteria which are subject to a point rating (See criteria 1(a), 1(b) and 1(c), 2(a) and 2(b).

The technical rating is performed on a scale of 170 points. Bids not obtaining the required minimum indicated in (i) and (ii) above for each respective technical criteria which are subject to point rating will be given no further consideration.

Bids not meeting (a) or (b) above will be given no further consideration. The responsive proposal with the lowest price will be recommended for award of a contract.

#### EVALUATION CRITERIA

#### MANDATORY REQUIREMENTS

It is understood by the parties submitting offers that to be considered valid, an offer **MUST** meet all of the following mandatory requirements. Proposals must be supported by proper and adequate detail, particularly where supporting evidence is required by a mandatory item. Those not meeting all of these mandatory requirements at bid closing time will be given no further consideration.

**ATTENTION BIDDERS: WRITE BESIDE THE CRITERIA BELOW THE RELEVANT PAGE NUMBER(S) FROM YOUR PROPOSAL WHICH ADDRESSES THE ISSUE.**

	Description	PAGE #	Compliant/ Non-Compliant
1	The bidder <b>MUST</b> provide a background document indicating the number of years it has been involved in the delivery of data capture. A minimum of one year’s experience in the past 3 years is mandatory. The background document must include: <ul style="list-style-type: none"> <li>- the physical location</li> </ul>		



	- The number of permanent employees in the company		
2	The bidder <b>MUST</b> hold a valid Designated Organisation Screening (DOS) with approved Document Safeguarding at the level of <b>PROTECTED B</b> issued by the Canadian and International Industrial Security Division (CIISD), Public Works and Government Services Canada at time of bid closing.		
3.	The bidder's proposed personnel requiring access to PROTECTED information, assets or work site(s) must <u>each</u> hold a valid <b>RELIABILITY STATUS</b> at the level of <b>PROTECTED B</b> granted and approved by the Canadian and International Industrial Security Division (CIISD), Public Works and Government Services Canada at contract award.		
4	The bidder <b>MUST</b> provide proof of data entry experience for each individual proposed.		

**POINT RATED REQUIREMENTS**

In addition to meeting all of the mandatory requirements, the technical proposal at bid closing time will be evaluated on the basis of the following. The proposal must obtain 70% of the maximum score in EACH OF THE PRINCIPAL CRITERIA (Technical Approach and Firm's Experience),\*and must obtain 60% of the maximum score in EACH INDIVIDUAL SECONDARY CRITERIA (1(a), 1(b), and 1(c), 2(a), and 2 (b) in order to be deemed responsive.

**ATTENTION BIDDERS: WRITE BESIDE THE CRITERIA BELOW THE RELEVANT PAGE NUMBER(S) FROM YOUR PROPOSAL WHICH ADDRESSES THE ISSUE.**

Rated Requirements		PAGE #	Total Points	Minimum Points Required
<b>1. Technical Approach (Maximum 100 points, minimum 70 points)</b>				
1.a	Demonstrate an understanding of the requirement, the objectives and implication of data collection. *Max. 30 pts		<b>30</b>	<b>18</b>
1.b	Proposed methodology for obtaining quality data in a cost-effective manner and proposed sampling plan. *Max. 50 pts,		<b>50</b>	<b>30</b>
1.c	Back up measures for personnel or equipment *Max. 20 pts		<b>20</b>	<b>12</b>
<b>Total Technical Approach</b>			<b>100</b>	<b>70</b>



<b>2. Firm's Experience (Maximum 70 points, minimum 49 points)</b>				
2.a	Company's proven experience with projects similar in size and complexity to this requirement. *Max. 40 pts		<b>40</b>	<b>24</b>
2.b	Demonstrate experience of the company work force assigned to the project. Percentage of personnel assigned to the project that have 1 year experience in data entry. (Resumé or other supporting documents must be supplied to support the figures). *Max. 30 pts		<b>30</b>	<b>18</b>
<b>Total Firm's Experience</b>			<b>70</b>	<b>49</b>

**TECHNICAL CRITERIA**

**1a) The bidder should demonstrate an understanding of the requirement, the objectives and implication of data collection (maximum 30 points)**

Not Addressed: 0 points (0%)  
 Fair: 12 points (40%)  
 Good: 18 points (60%)  
 Very Good: 25.50 points (85%)  
 Excellent: 30 points (100%)

- **Not Addressed:** proposal does not demonstrate an understanding of project requirements and objectives
- **Fair:** superficial understanding of project requirements and objectives. Information is copied directly from the RFP.
- **Good:** satisfactory understanding of project requirements and objectives. Proposal builds on the information provided in the RFP but contains insufficient detail to confirm a good understanding of project requirements and objectives.
- **Very Good:** a good understanding of project requirements and objectives. Proposal builds on the information provided in the RFP and contains good detail to assess an understanding of project requirements and objectives.
- **Excellent:** thorough and comprehensive understanding of project requirements and objectives. Proposal builds on the information provided in the RFP and contains sufficient detail to confirm a thorough and complete understanding of project requirements and objectives.

**1b) The bidder should demonstrate the proposed methodology for obtaining quality data in a cost-effective manner and proposed sampling plan. (maximum 50 points).**

Not Addressed: 0 points (0%)  
 Fair: 20 points (40%)  
 Good: 30 points (60%)



Very Good: 42.50 points (85%)  
Excellent: 50 points (100%)

- **Not Addressed:** no information on the proposed methodology is provided in the proposal.
- **Fair:** proposed methodology is significantly lacking in its description.
- **Good:** the description of methods is adequate.
- **Very Good:** the description of methods is well articulated.
- **Excellent:** the description of the methods is thoroughly and clearly articulated.

**1c) The bidder should demonstrate back-up measures for personnel or equipment (maximum 20 points).**

Not Addressed: 0 points (0%)  
Fair: 8 points (40%)  
Good: 12 points (60%)  
Very Good: 17 points (85%)  
Excellent: 20 points (100%)

- **Not Addressed:** no back up measures for personnel or equipment provided in the proposal.
- **Fair:** poor back up measures for personnel or equipment provided in the proposal.
- **Good:** good measures are in place for the back up for personnel or equipment provided in the proposal.
- **Very Good:** very good back-up measures for personnel or equipment provided in the proposal.
- **Excellent:** excellent measures are in place to ensure a timely replacement of personnel and equipment provided in the proposal..

**FIRM'S EXPERIENCE CRITERIA**

**2a) Level of experience of the firm with projects similar in size and complexity (maximum 40 points).**

Not Addressed: 0 points (0%)  
Fair: 16 points (40%)  
Good: 24 points (60%)  
Very Good: 34 points (85%)  
Excellent: 40 points (100%)

- **Not Addressed:** no information on firm's level of experience with projects similar in size and complexity.
- **Fair:** the firm has little experience (e.g., 1 project of a similar nature) .
- **Good:** the firm has some experience (e.g., 2 projects of a similar nature).
- **Very Good:** the firm has good experience (e.g., 3 projects of a similar nature).
- **Excellent:** the firm has significant experience (4+ projects of a similar nature) .

**2b) Experience of the company's work force assigned to the project. Percentage of personnel assigned to the project that have 1 year experience in data entry (CV's or other supporting documents must be supplied to support the figures) (maximum 30 points).**



Not Addressed:	0 points (0%)
Fair:	12 points (40%)
Good:	18 points (60%)
Very Good:	25 points (85%)
Excellent:	30 points (100%)

- **Not Addressed:** No information on the proposal personnel assigned to the project have 1 year experience in data entry.
- **Fair:** Less than 60% of the proposal personnel assigned to the project have 1 year experience in data entry
- **Good:** 60% of the proposed personnel assigned to the project have 1 year experience in data entry.
- **Very Good:** 80% of the proposed personnel assigned to the project have 1 year experience in data entry.
- **Excellent:** More than 80% of the proposed personnel assigned to the project have 1 year experience in data entry.





Government of Canada / Gouvernement du Canada

Contract Number / Numéro du contrat

9328-12-0005

Security Classification / Classification de sécurité

SECURITY REQUIREMENTS CHECK LIST (SRCL)  
LISTE DE VÉRIFICATION DES EXIGENCES RELATIVES À LA SÉCURITÉ

PART A - CONTRACT INFORMATION / PARTIE A - INFORMATION CONTRACTUELLE		
1. Originating Government Department or Organization / Ministère ou organisme gouvernemental d'origine HRSDC		2. Branch or Directorate / Direction générale ou Direction Integrity Services
3. a) Subcontract Number / Numéro du contrat de sous-traitance		3. b) Name and Address of Subcontractor / Nom et adresse du sous-traitant
4. Brief Description of Work / Brève description du travail Data Capture Services		
5. a) Will the supplier require access to Controlled Goods? / Le fournisseur aura-t-il accès à des marchandises contrôlées?		<input checked="" type="checkbox"/> No / Non <input type="checkbox"/> Yes / Oui
5. b) Will the supplier require access to unclassified military technical data subject to the provisions of the Technical Data Control Regulations? / Le fournisseur aura-t-il accès à des données techniques militaires non classifiées qui sont assujetties aux dispositions du Règlement sur le contrôle des données techniques?		<input checked="" type="checkbox"/> No / Non <input type="checkbox"/> Yes / Oui
6. Indicate the type of access required / Indiquer le type d'accès requis		
6. a) Will the supplier and its employees require access to PROTECTED and/or CLASSIFIED information or assets? / Le fournisseur ainsi que les employés auront-ils accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS? (Specify the level of access using the chart in Question 7. c) / (Préciser le niveau d'accès en utilisant le tableau qui se trouve à la question 7. c)		<input type="checkbox"/> No / Non <input checked="" type="checkbox"/> Yes / Oui
6. b) Will the supplier and its employees (e.g. cleaners, maintenance personnel) require access to restricted access areas? No access to PROTECTED and/or CLASSIFIED information or assets is permitted. / Le fournisseur et ses employés (p. ex. nettoyeurs, personnel d'entretien) auront-ils accès à des zones d'accès restreintes? L'accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS n'est pas autorisé.		<input checked="" type="checkbox"/> No / Non <input type="checkbox"/> Yes / Oui
6. c) Is this a commercial courier or delivery requirement with no overnight storage? / S'agit-il d'un contrat de messagerie ou de livraison commerciale entreposage sans de nuit?		<input checked="" type="checkbox"/> No / Non <input type="checkbox"/> Yes / Oui
7. a) Indicate the type of information that the supplier will be required to access / Indiquer le type d'information auquel le fournisseur devra avoir accès		
Canada <input checked="" type="checkbox"/>	NATO / OTAN <input type="checkbox"/>	Foreign / Étranger <input type="checkbox"/>
7. b) Release restrictions / Restrictions relatives à la diffusion		
No release restrictions / Aucune restriction relative à la diffusion <input type="checkbox"/>	All NATO countries / Tous les pays de l'OTAN <input type="checkbox"/>	No release restrictions / Aucune restriction relative à la diffusion <input type="checkbox"/>
Not releasable / À ne pas diffuser <input checked="" type="checkbox"/>		
Restricted to: / Limité à: <input type="checkbox"/>	Restricted to: / Limité à: <input type="checkbox"/>	Restricted to: / Limité à: <input type="checkbox"/>
Specify country(ies): / Préciser le(s) pays:	Specify country(ies): / Préciser le(s) pays:	Specify country(ies): / Préciser le(s) pays:
7. c) Level of information / Niveau d'information		
PROTECTED A / PROTÉGÉ A <input type="checkbox"/>	NATO UNCLASSIFIED / NATO NON CLASSIFIÉ <input type="checkbox"/>	PROTECTED A / PROTÉGÉ A <input type="checkbox"/>
PROTECTED B / PROTÉGÉ B <input checked="" type="checkbox"/>	NATO RESTRICTED / NATO DIFFUSION RESTREINTE <input type="checkbox"/>	PROTECTED B / PROTÉGÉ B <input type="checkbox"/>
PROTECTED C / PROTÉGÉ C <input type="checkbox"/>	NATO CONFIDENTIAL / NATO CONFIDENTIEL <input type="checkbox"/>	PROTECTED C / PROTÉGÉ C <input type="checkbox"/>
CONFIDENTIAL NATO / CONFIDENTIEL <input type="checkbox"/>	SECRET / NATO SECRET <input type="checkbox"/>	CONFIDENTIAL / CONFIDENTIEL <input type="checkbox"/>
SECRET COSMIC / SECRET <input type="checkbox"/>	TOP SECRET / COSMIC TRÈS SECRET <input type="checkbox"/>	SECRET / SECRET <input type="checkbox"/>
TOP SECRET / TRÈS SECRET <input type="checkbox"/>		TOP SECRET / TRÈS SECRET <input type="checkbox"/>
TOP SECRET (SIGINT) / TRÈS SECRET (SIGINT) <input type="checkbox"/>		TOP SECRET (SIGINT) / TRÈS SECRET (SIGINT) <input type="checkbox"/>

GC-TBS350103(2005-03-001)B

Security Classification / Classification de sécurité





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**PART A (continued) / PARTIE A (suite)**

8. Will the supplier require access to PROTECTED and/or CLASSIFIED COMSEC information or assets?  
Le fournisseur aura-t-il accès à des renseignements ou à des biens COMSEC désignés PROTÉGÉS et/ou CLASSIFIÉS?  No / Non  Yes / Oui

If Yes, indicate the level of sensitivity:  
Dans l'affirmative, indiquer le niveau de sensibilité :

9. Will the supplier require access to extremely sensitive INFOSEC information or assets?  
Le fournisseur aura-t-il accès à des renseignements ou à des biens INFOSEC de nature extrêmement délicate?  No / Non  Yes / Oui

Short Title(s) of material / Titre(s) abrégé(s) du matériel :

Document Number / Numéro du document :

**PART B - PERSONNEL (SUPPLIERS) / PARTIE B - PERSONNEL (FOURNISSEUR)**

10. a) Personnel security screening level required / Niveau de contrôle de la sécurité du personnel requis

- |   |   |   |  |
|---|---|---|--|
| <input checked="" type="checkbox"/> RELIABILITY STATUS<br>COTE DE FIABILITÉ | <input type="checkbox"/> CONFIDENTIAL<br>CONFIDENTIEL           | <input type="checkbox"/> SECRET<br>SECRET           | <input type="checkbox"/> TOP SECRET<br>TRÈS SECRET               |
| <input type="checkbox"/> TOP SECRET - SIGINT<br>TRÈS SECRET - SIGINT        | <input type="checkbox"/> NATO CONFIDENTIAL<br>NATO CONFIDENTIEL | <input type="checkbox"/> NATO SECRET<br>NATO SECRET | <input type="checkbox"/> COSMIC TOP SECRET<br>COSMIC TRÈS SECRET |
| <input type="checkbox"/> SITE ACCESS<br>ACCÈS AUX EMPLACEMENTS              |   |   |  |

Special comments:  
Commentaires spéciaux :

NOTE: If multiple levels of screening are identified, a Security Classification Guide must be provided.  
REMARQUE: Si plusieurs niveaux de contrôle de sécurité sont requis, un guide de classification de la sécurité doit être fourni.

10. b) May unscreened personnel be used for portions of the work?  
Du personnel sans autorisation sécuritaire peut-il se voir confier des parties du travail?  No / Non  Yes / Oui

If Yes, will unscreened personnel be escorted?  
Dans l'affirmative, le personnel en question sera-t-il escorté?  No / Non  Yes / Oui

**PART C - SAFEGUARDS (SUPPLIER) / PARTIE C - MESURES DE PROTECTION (FOURNISSEUR)**

**INFORMATION / ASSETS / RENSEIGNEMENTS / BIENS**

11. a) Will the supplier be required to receive and store PROTECTED and/or CLASSIFIED information or assets on its site or premises?  
Le fournisseur sera-t-il tenu de recevoir et d'entreposer sur place des renseignements ou des biens PROTÉGÉS et/ou CLASSIFIÉS?  No / Non  Yes / Oui

11. b) Will the supplier be required to safeguard COMSEC information or assets?  
Le fournisseur sera-t-il tenu de protéger des renseignements ou des biens COMSEC?  No / Non  Yes / Oui

**PRODUCTION**

11. c) Will the production (manufacture, and/or repair and/or modification) of PROTECTED and/or CLASSIFIED material or equipment occur at the supplier's site or premises?  
Les installations du fournisseur serviront-elles à la production (fabrication et/ou réparation et/ou modification) de matériel PROTÉGÉ et/ou CLASSIFIÉ?  No / Non  Yes / Oui

**INFORMATION TECHNOLOGY (IT) MEDIA / SUPPORT RELATIF À LA TECHNOLOGIE DE L'INFORMATION (TI)**

11. d) Will the supplier be required to use its IT systems to electronically process, produce or store PROTECTED and/or CLASSIFIED information or data?  
Le fournisseur sera-t-il tenu d'utiliser ses propres systèmes informatiques pour traiter, produire ou stocker électroniquement des renseignements ou des données PROTÉGÉS et/ou CLASSIFIÉS?  No / Non  Yes / Oui

11. e) Will there be an electronic link between the supplier's IT systems and the government department or agency?  
Disposera-t-on d'un lien électronique entre le système informatique du fournisseur et celui du ministère ou de l'agence gouvernementale?  No / Non  Yes / Oui

GC-TBS350103(2005-03-001)B

Security Classification / Classification de sécurité
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**PART C - (continued) / PARTIE C - (suite)**

For users completing the form manually use the summary chart below to indicate the category(ies) and level(s) of safeguarding required at the supplier's site(s) or premises.  
Les utilisateurs qui remplissent le formulaire manuellement doivent utiliser le tableau récapitulatif ci-dessous pour indiquer, pour chaque catégorie, les niveaux de sauvegarde requis aux installations du fournisseur.

For users completing the form online (via the Internet), the summary chart is automatically populated by your responses to previous questions. Dans le cas des utilisateurs qui remplissent le formulaire en ligne (par Internet), les réponses aux questions précédentes sont automatiquement saisies dans le tableau récapitulatif.

**SUMMARY CHART / TABLEAU RÉCAPITULATIF**

Category / Catégorie	PROTECTED / PROTÉGÉ			CLASSIFIED / CLASSIFIÉ			NATO				COMSEC					
	A	B	C	CONFIDENTIAL / CONFIDENTIEL	SECRET	TOP SECRET / TRÈS SECRET	NATO RESTRICTED / NATO DIFFUSION RESTREINTE	NATO CONFIDENTIAL / NATO CONFIDENTIEL	NATO SECRET	COSMIC TOP SECRET / COSMIC TRÈS SECRET	PROTECTED / PROTÉGÉ			CONFIDENTIAL / CONFIDENTIEL	SECRET	TOP SECRET / TRÈS SECRET
											A	B	C			
Information / Assets / Renseignements / Biens		✓														
Production																
IT Media / Support TI		✓														
IT Link / Lien électronique																

12. a) Is the description of the work contained within this SRCL PROTECTED and/or CLASSIFIED?  
La description du travail visé par la présente LVERS est-elle de nature PROTÉGÉE et/ou CLASSIFIÉE?  No / Non  Yes / Oui

If Yes, classify this form by annotating the top and bottom in the area entitled "Security Classification".  
Dans l'affirmative, classifiez le présent formulaire en indiquant le niveau de sécurité dans la case intitulée « Classification de sécurité » au haut et au bas du formulaire.

12. b) Will the documentation attached to this SRCL be PROTECTED and/or CLASSIFIED?  
La documentation associée à la présente LVERS sera-t-elle PROTÉGÉE et/ou CLASSIFIÉE?  No / Non  Yes / Oui

If Yes, classify this form by annotating the top and bottom in the area entitled "Security Classification" and indicate with attachments (e.g. SECRET with Attachments).  
Dans l'affirmative, classifiez le présent formulaire en indiquant le niveau de sécurité dans la case intitulée « Classification de sécurité » au haut et au bas du formulaire et indiquez qu'il y a des pièces jointes (p. ex. SECRET avec des pièces jointes).

Security Classification / Classification de sécurité
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Government of Canada / Gouvernement du Canada

Contract Number / Numéro du contrat <b>9328-12-0005</b>
Security Classification / Classification de sécurité

**PART D - AUTHORIZATION / PARTIE D - AUTORISATION**

<b>13. Organization Project Authority / Chargé de projet de l'organisme</b>			
Name (print) - Nom (en lettres moulées) Megan Kennedy		Title - Titre Dir Ntl Inv Services	Signature <i>Megan Kennedy</i>
Telephone No. - No de téléphone (819) 997-3972	Facsimile No. - No de télécopieur (819) 953-2633	E-mail address - Adresse courriel megan.kennedy@servi	Date November 14, 2012
<b>14. Organization Security Authority / Responsable de la sécurité de l'organisme</b>			
Name (print) - Nom (en lettres moulées) David Zorzo		Title - Titre Reg Sec Off NHQ	Signature <i>David Zorzo</i>
Telephone No. - No de téléphone (819) 997-6469	Facsimile No. - NO de télécopieur (819) 953-2001	E-mail address - Adresse courriel david.zorzo@service	Date 22 NOV. 2012
15. Are there additional instructions (e.g. Security Guide, Security Classification Guide) attached? Des instructions supplémentaires (p. ex. Guide de sécurité, Guide de classification de la sécurité) sont-elles jointes?			<input checked="" type="checkbox"/> No / Non <input type="checkbox"/> Yes / Oui
<b>16. Procurement Officer / Agent d'approvisionnement</b>			
Name (print) - Nom (en lettres moulées) Cynthia L Carthy		Title - Titre Contr Specialist	Signature <i>Cynthia Carthy</i>
Telephone No. - No de téléphone (819) 934-5491	Facsimile No. - No de télécopieur (819) 953-6859	E-mail address - Adresse courriel cynthia.carthy@serv	Date January 18, 2013
<b>17. Contracting Security Authority / Autorité contractante en matière de sécurité</b>			
Name (print) - Nom (en lettres moulées)		Title - Titre	Signature
Telephone No. - No de téléphone ( ) -	Facsimile No. - NO de télécopieur ( ) -	E-mail address - Adresse courriel	Date

GC-TBS350103(2005-03-001)B

Security Classification / Classification de sécurité
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