

BIDDERS FORMS

Form 1 - Bid Submission Form for Information

FORM 1 - BID SUBMISSION FORM FOR INFORMATION		
1) Bidder's full legal name		
2) Authorized Representative of Bidder for evaluation purposes (e.g., clarifications)	Name:	
	Title:	
	Address:	
	Telephone number:	
	Facsimile number:	
	Email address:	
3) Bidder's Procurement Business Number (PBN) [See the Standard Instructions and Conditions 2003]		
4) Jurisdiction of Contract: Province in Canada the bidder wishes to be the legal jurisdiction applicable to any resulting contract (if other than as specified in solicitation)		
5) Security Clearance Level of Bidder: (include both the level and the date it was granted)		
6) Streams covered by this bid: Bidders are requested to indicate which Streams they are proposing to supply in this bid (if the bidder has submitted bid for one or more Streams, please only indicate the Streams covered by this bid)	Stream	Yes / No
	Stream 1	
	Stream 2	
	Stream 3	
7) Bidder's Proposed Contract Account Representative [As per Annex A1, A2, and A3- Statement of Work, Section 2.6- Account Management]	Title:	
	Title:	
	Address:	
	Telephone number:	
	Facsimile number	
	Email address:	
8) Bidder's toll-free telephone number [As per Annex A1,A2 and A3- Statement of Work, Section 2.2 -Client Support]		

Solicitation No. - N° de l'invitation

R000000096/A

R000000099/A

R000000102/A

Client Ref. No. - N° de réf. du client

R000000096.CCG,

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CCG

CCC No./N° CCC - FMS No./N° VME

- 9) On behalf of the bidder, by signing below, I confirm that I have read the entire bid solicitation including the documents incorporated by reference into the bid solicitation and that:
1. The bidder considers itself and its products able to meet all the mandatory requirements described in the bid solicitation;
 2. This bid is valid for the period requested in the bid solicitation;
 3. If the bidder is issued a contract, it will accept all the terms and conditions set out in the Resulting Contract Clauses included as Part 7 of the bid solicitation; and
 4. The information the bidder has provided is true and complete.

10) Signature of Authorized Representative of the Bidder

Signature

Name (printed or typed)

Form 2 – Federal Contractors Program for Employment Equity - Certification

I, the Bidder, by submitting the present information to the Contracting Authority, certify that the information provided is true as of the date indicated below. The certifications provided to Canada are subject to verification at all times. I understand that Canada will declare a bid non-responsive, or will declare a contractor in default, if a certification is found to be untrue, whether during the bid evaluation period or during the contract period. Canada will have the right to ask for additional information to verify the Bidder's certifications. Failure to comply with such request by Canada will also render the bid non-responsive or will constitute a default under the Contract.

For further information on the Federal Contractors Program for Employment Equity visit [HRSDC-Labour's website](#).

Date : _____ (YYYY/MM/DD) If left blank, the date will be deemed to be the bid solicitation closing date.

Complete both A and B.

A. Check only one of the following:

- ☐ A1. The Bidder certifies having no work force in Canada.
- ☐ A2. The Bidder certifies being a public sector employer.
- ☐ A3. The Bidder certifies being a [federally regulated employer](#) being subject to the [Employment Equity Act](#).
- ☐ A4. The Bidder certifies having a combined work force in Canada of less than 100 employees (combined work force includes: permanent full-time, permanent part-time and temporary employees [temporary employees only includes those who have worked 12 weeks or more during a calendar year and who are not full-time students]).
- A5. The Bidder has a combined workforce in Canada of 100 or more employees; and
 - ☐ A5.1. The Bidder certifies already having a valid and current [Agreement to Implement Employment Equity](#) (AIEE) in place with HRSDC-Labour.

OR

- ☐ A5.2. The Bidder certifies having submitted the [Agreement to Implement Employment Equity \(LAB1168\)](#) to HRSDC-Labour. As this is a condition to contract award, proceed to completing the form Agreement to Implement Employment Equity (LAB1168), duly signing it, and transmit it to HRSDC-Labour.

B. Check only one of the following:

- ☐ B1. The Bidder is not a Joint Venture.

OR

- ☐ B2. The Bidder is a Joint venture and each member of the Joint Venture must provide the Contracting Authority with a completed annex Federal Contractors Program for Employment Equity - Certification. (Refer to the Joint Venture section of the Standard Instructions)

Form 3 - Substantiation of Technical Compliance Form

REFERENCE #	TASK REQUIRED	REFERENCE (please indicate where in your bid you provide the required information)
	STREAMS 1, 2 AND 3	
Annexes A1, A2 and A3, section 2.6.1	<p>The bidder must provide the resume of the proposed individual for the Account Representative (AR) position described in the SOW under the resulting contract.</p> <p>The resume must demonstrate that the proposed individual has the following minimum level of experience:</p> <ul style="list-style-type: none"> a) A minimum of 4 years of experience in the delivery, sales or support of telecommunications services to government organizations experience within the last 10 years; and b) At least 1 year of experience in the delivery, sales or support of Iridium Satellite services to government organizations within the last 4 years. 	
Annexes A1, A2 and A3, Part 3 And annex A3 Part 4	<p>GENERAL</p> <p>The bid must include service descriptions for each service defined in A1, A2 or A3 for the relevant stream that is being bid on.</p> <p>The service descriptions provided must clearly demonstrate that the bidder's proposed services will meet the requirements within each of the streams for the sections listed below.</p>	
	<p>Stream 1:</p> <p>Annex A1 3.2 to 3.7 Service descriptions for each service defined.</p>	
	<p>Stream 2:</p> <p>Annex A2 3.2 and 3.3 Service descriptions for each service defined.</p>	
	<p>Stream 3:</p> <p>Annex A3 3.2 Service descriptions for each service defined. Annex A3 4.2 and 4.3 service description for each service defined.</p>	
Annexes A1 and A2, Part 4	<p>GENERAL</p> <p>The bid must include terminal equipment brochures, user manuals and a detailed list of included items with each terminal for each Terminal described at Part 4 of Annex A1 for the Stream 1 and Annex A2 Part 4 for Stream 2.</p> <p>The information provided must clearly demonstrate that the bidder's proposed equipment meets the requirements set out in Annex A1 Part 4 for Stream 1 and Annex A2 Part 4 for Stream 2.</p>	
	<p>Stream 1:</p> <p>Annex A1 4.2 to 4.8 Terminal brochures, list of included items, user manual and setup or installation manuals for each terminal defined.</p>	
	<p>Stream 2:</p> <p>Annex A2 4.2 to 4.4 Terminal brochures, list of included items, user manual and setup or installation manuals for each terminal defined.</p>	

Form 4 – Off-the Shelf and OEM Certifications**BID SUBMISSION FORM FOR THE CERTIFICATIONS****1) “Off-the-Shelf” – Certification – Streams 1 & 2**

This confirms that all the equipment listed in our Bid is “Off-the-Shelf”.

bidders printed name & signature

Bid Submission Form for the Certification**2) OEM CERTIFICATION FORM - Stream 1.**

This confirms that the original equipment manufacturer (OEM) identified below has authorized the Bidder named below to provide and maintain its products under any contract resulting from the bid solicitation identified below.

This certification is provided for Stream 1.

Name of OEM

Signature of authorized signatory of OEM

Print Name of authorized signatory of OEM

Print Title of authorized signatory of OEM

Address for authorized signatory of OEM

Telephone no. for authorized signatory of OEM

Fax no. for authorized signatory of OEM

Date signed

Solicitation Number

Name of Bidder

Bid Submission Form for the Certification**2a) OEM CERTIFICATION FORM – Stream 2.**

This confirms that the original equipment manufacturer (OEM) identified below has authorized the Bidder named below to provide and maintain its products under any contract resulting from the bid solicitation identified below. (Bidder to complete form that is part of proposal submitted or leave Blank)

This certification is provided for Stream 2.

Name of OEM

Signature of authorized signatory of OEM

Print Name of authorized signatory of OEM

Print Title of authorized signatory of OEM

Address for authorized signatory of OEM

Telephone no. for authorized signatory of OEM

Fax no. for authorized signatory of OEM

Date signed

Solicitation Number

Name of Bidder

Form 5 – Iridium Service Provider or Iridium Value-added reseller (VAR) Certifications

FORM 5 – IRIDIUM PROVIDER OR VALUE-ADDED RESELLER (VAR) CERTIFICATIONS – STREAM 1	
<p>1) CERTIFICATION OF BEING EITHER AN IRIDIUM SERVICE PROVIDER OR AN IRIDIUM VALUE-ADDED RESELLER</p> <p>The bidder certifies, at the time of bid closing, that is an approved Iridium Service Provider or an Iridium Value-added reseller. The bidder is requested to indicate below which tier they are in.</p>	
<p>The Bidder is an approved Iridium Service Provider.</p> <p><input type="checkbox"/> (Check the box that applies)</p>	<p>The Bidder is an approved Iridium Value-added reseller.</p> <p><input type="checkbox"/> (Check the box that applies)</p>
Signature of Authorized Signatory of Bidder	
Print Name of authorized signatory of Bidder	
Print Title of authorized signatory of Bidder	
Date signed	
Solicitation Number	

FORM 5 – IRIDIUM PROVIDER OR VALUE-ADDED RESELLER (VAR) CERTIFICATIONS – STREAM 2	
<p>1) CERTIFICATION OF BEING EITHER AN IRIDIUM SERVICE PROVIDER OR AN IRIDIUM VALUE-ADDED RESELLER</p> <p>The bidder certifies, at the time of bid closing, that is an approved Iridium Service Provider or an Iridium Value-added reseller. The bidder is requested to indicate below which tier they are in.</p>	
<p>The Bidder is an approved Iridium Service Provider. <input type="checkbox"/> (Check the box that applies)</p>	<p>The Bidder is an approved Iridium Value-added reseller. <input type="checkbox"/> (Check the box that applies)</p>
Signature of Authorized Signatory of Bidder	
Print Name of authorized signatory of Bidder	
Print Title of authorized signatory of Bidder	
Date signed	
Solicitation Number	

FORM 5 – IRIDIUM PROVIDER OR VALUE-ADDED RESELLER (VAR) CERTIFICATIONS – STREAM 3

1) CERTIFICATION OF BEING EITHER AN IRIDIUM SERVICE PROVIDER OR AN IRIDIUM VALUE-ADDED RESELLER

The bidder certifies, at the time of bid closing, that is an approved Iridium Service Provider or an Iridium Value-added reseller. The bidder is requested to indicate below which tier they are in.

The Bidder is an approved Iridium Service
Provider. ☐ (Check the box that applies)

The Bidder is an approved Iridium Value-added
reseller. ☐ (Check the box that applies)

Signature of Authorized Signatory of Bidder

Print Name of authorized signatory of Bidder

Print Title of authorized signatory of Bidder

Date signed

Solicitation Number

ANNEX B1: PROJECT REFERENCE FORM FOR STREAM 1

SERVICE STREAM 1: Iridium Narrowband (Voice, Data and Pager), Broadband (Voice and Data) and Push-to-Talk Satellite and Terminal Equipment.

Mandatory Experience Requirement #1

Respondent Name	
Respondent Address	

1. For each of the activities listed below, the Respondent must have previously provided the service to a Customer Organization for 24 continuous months. The Customer Organization must have had a presence in a minimum of 3 geographically diverse regions. The Customer Organization reference can be the same for more than one of these Services.
 - a) Client Support (on-going);
 - b) Problem Management (on-going);
 - c) Service Performance Monitoring (on-going);
 - d) Terminal Equipment Warranty and Repair Services (on-going);
 - e) Scheduled Service-affecting Advisory (on-going);
 - f) Account Management (on-going);
 - g) Reporting (on-going);
 - h) Billing (on-going);
 - i) Availability of devices;
 - j) Packaging, Shipping and Delivery.
 - k) Installation and repair services (as and when requested); and
 - l) Training (as and when requested).

The Respondent must provide a detailed description of how it meets the above requirement and must provide Customer Organization References.

Iridium Voice Service Description

The Contractor's Iridium Voice Service must provide the following service functionalities:

- a) Circuit-Switch Voice;
- b) Call Barring;
- c) Call Forwarding;
- d) Voice Mail; and
- e) Assignment of a North American equivalent phone number.

Iridium Narrowband Data Service Description

The Contractor's Iridium Data Service must provide the following service functionalities:

- a) Circuit-Switch Data (2.4 Kbps);
- b) Short Message Service (SMS); and
- c) Direct Internet Data Service.

Iridium SMS Service Description

The Contractor's Iridium SMS Service must provide the following service functionalities:

- a) Two-way Short Message Service (SMS).

Iridium Pager Service Description

The Contractor's Iridium Pager Services must provide the service functionality of receiving alphanumeric messages of up to 120 characters anywhere in the world within line of sight of satellites sent to the pagers Iridium phone number.

Iridium Broadband Data Service Description

The Contractor's Iridium Data Service must provide the following service functionalities:

- a) IP Data (configurable 9.6 Kbps to 128 Kbps); and
- b) Direct Internet Data Service.

Iridium Push-to-Talk Talkgroup Service Description

The Contractor's Iridium Push-to-Talk Service must provide the following service functionalities:

- c) Push-to-Talk Talkgroup services (configurable in coverage areas of up to 100,000 km², up to 300,000 km² and up to 750,000 km²);
- d) Selectable usage package options;
- e) Assignment of Push-to-Talk terminals to Talkgroups; and
- f) A talkgroup management portal to be able to customize selected coverage areas.

Entity under contract to Customer Organization to perform the project reference		
Prime Contractor information for experience acquired as a Subcontractor (Complete if Applicable)	Company Name	
	Contact Name	
	Telephone	
	Email Address	
Project Name		
Project Duration (including start date, completion of implementation and end date, if applicable)		
Project Description (e.g. work performed, experienced gained)		

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Name of Customer Organization		
Primary Contact for Customer Organization	Name	
	Telephone	
	Email Address	
Backup Contact for Customer Organization	Name	
	Telephone	
	Email Address	

ANNEX B2: PROJECT REFERENCE FORM FOR STREAM 2

Service Solution Stream 2: Tracking and Messaging and Related Satellite Airtime Services & Terminal Equipment		
Mandatory Experience Requirement #2		
Respondent Name		
Respondent Address		
2. The Respondent must have experience providing, for a period of at least 24 continuous months, Satellite		
The Respondent must provide a detailed description of how it meets the above requirement and must provide Customer Organization References.		
Entity under contract to Customer Organization to perform the project reference		
Prime Contractor information for experience acquired as a Subcontractor (Complete if Applicable)	Company Name	
	Contact Name	
	Telephone	
	Email Address	
Project Name		
Project Duration (including start date, completion of implementation and end date, if applicable)		
Project Description (e.g. work performed, experienced gained)		
Name of Customer Organization		
Primary Contact for Customer Organization	Name	
	Telephone	
	Email Address	
Backup Contact for Customer Organization	Name	
	Telephone	
	Email Address	

ANNEX B3: PROJECT REFERENCE FORM FOR STREAM 3

Service Solution Stream 3: Inmarsat Bandwidth-on-demand (“BOD”) services		
Mandatory Experience Requirement #3		
Respondent Name		
Respondent Address		
<p>3. The Respondent must have experience providing, for a period of at least 24 continuous months, Satellite Services for provision, maintenance and operation of the following Inmarsat Bandwidth-on-demand (“BOD”) services as well as related services for use by its Clients:</p> <ul style="list-style-type: none"> a) Inmarsat BGAN and BGAN Link; b) Inmarsat FBB; c) Inmarsat SBB; d) Inmarsat BGAN M2M; e) Inmarsat GSPS, IsatPhone and FleetPhone Services; f) Inmarsat C; g) Inmarsat Swift64; h) Terrestrial Backhaul Services; and i) Crew calling. <p>4. The Respondent must have experience providing a Secure Web Portal (SWP) providing the following functions:</p> <ul style="list-style-type: none"> j) Inventory query; and k) Usage query. 		
The Respondent must provide a detailed description of how it meets the above requirement and must provide Customer Organization References.		
Entity under contract to Customer Organization to perform the project reference		
Prime Contractor information for experience acquired as a Subcontractor	Company Name	
	Contact Name	
	Telephone	

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CCG

CCC No./N° CCC - FMS No./N° VME

(Complete if Applicable)	Email Address	
Project Name		
Project Duration (including start date, completion of implementation and end date, if applicable)		
Project Description (e.g. work performed, experienced gained)		
Name of Customer Organization		
Primary Contact for Customer Organization	Name	
	Telephone	
	Email Address	
Backup Contact for Customer Organization	Name	
	Telephone	
	Email Address	

FORM 8 – SUPPLY CHAIN INTEGRITY FORM		
Dénomination complète de l'entreprise / Complete Legal Name of Company		
Adresse de l'entreprise/Company's address		
<input checked="" type="checkbox"/> International ?		
NEA de l'entreprise/Company's PBN number		
Numéro de la transaction/ Transaction number		
RAS :		
Type de contrat / Contract Type		
<input type="checkbox"/> Commande subséquente à une OC/ Call-up authorization	<input checked="" type="checkbox"/> Autorisation de tâches/Task authorization	
<input type="checkbox"/> Offres à commandes (OC)/Standing Offer(SO)	<input type="checkbox"/> Transaction Bien Immobilier (BI)/Real Property Transactions (RPB)	
<input type="checkbox"/> Autre / Other		
<input type="checkbox"/> Arrangements en matière d'approvisionnement(AA)/ Supply Arrangement(SA)	<input type="checkbox"/> Amendement (excluant BI) /Amendment(excluding RPB)	
Liste de pré-qualification(OC/AA)/Pre-Qualification List (SO/SA)		
Valeur de la transaction (\$) /Transaction Value (\$) PLUS DE 25,000.00\$ (taxes incluses)/ OVER \$25,000.00 (including taxes)		
<input type="checkbox"/> OUI/YES		
Clauses d'Intégrité incluses dans le contrat, SVP spécifier / Integrity Clauses included in the contract, please specify		
<input type="checkbox"/> Juillet 2012/ July 2012 <input type="checkbox"/> Mars 2014/March 2014 <input type="checkbox"/> Novembre 2012/ November 2012 <input type="checkbox"/> Aucune/None		
<input type="checkbox"/> Juillet 2015/July 2015 <input checked="" type="checkbox"/> Autre/Other		
Membres du conseil d'administration (Utilisez le format - Prénom Nom) Board of Directors (Use format - first name last name) Ou mettre la liste en pièce-jointe/Or put the list as an attachment		
Prénom/ First name	Nom Last Name	Position (si applicable) /Position (if applicable)
Autres Membres/ Other members:		

Envoyer ce formulaire par courriel à : / E-mail this form to :

Surveillancedelintegrite.IntegrityCheck@tpsgc-pwgsc.gc.ca