

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) Bidder's toll-free telephone number [As per Annex A, Statement of Work, Section 2.4 - Client Support]	
7)	<p>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:</p> <ol style="list-style-type: none"> 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.
8) Signature of Authorized Representative of the Bidder	<p>_____</p> <p>Signature</p> <p>_____</p> <p>Name (printed or typed)</p>

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 <i>(Please indicate where in your bid you provide the required information)</i>
Annex A, Section 2.2.2.1	The Contractor must provide documentation that the company they represent has provided UHF services for at least 3 years. The documentation must consist of a list of orders fulfilled for a Federal Government department and for what period of time.	
Annex A, Section 2.2.2.3 & 2.2.2.4	The Contractor must demonstrate that the Contract Account Representative (CAR) has a minimum of 5 years' experience in satellite telecommunications. The Contractor must provide the résumé of the proposed CAR.	
Annex A, Section 3.1.2.1 Annex E, Section 2.1.1.1 & Figure 1.0	The bid must describe how the Contractor will provide satellite UHF coverage in the Indian Ocean Region (IOR). Each grid (G2, G3, G4, G5, H2, H3, H4, H5, I2, I3, I4, I5) must have at a minimum an EIRP signal strength of 24 dBW at a minimum elevation angle of 5 degrees. The Contractor must provide coverage maps of the UHF beams, showing distribution of EIRP and G/T, that they are providing.	

Form 4 – Off-the Shelf and OEM Certifications

Bid Submission Form for the Certifications
1) “Off-the-Shelf” – Certification This confirms that all the equipment listed in our Bid is “Off-the-Shelf”. _____ bidders printed name & signature

2) OEM CERTIFICATION FORM 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.	
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 – SOFTWARE PUBLISHER CERTIFICATION FORM

Form 5A
Software Publisher Certification Form
(to be used where the Bidder itself is the Software Publisher)

The Bidder certifies that it is the software publisher of all the following software products and components and that it has all the rights necessary to license them (and any non-proprietary sub-components incorporated into the software) on a royalty-free basis to Canada:

[bidders should add or remove lines as needed]

FORM 5B – SOFTWARE PUBLISHER AUTHORIZATION FORM

Form 5B
Software Publisher Authorization Form
(to be used where the Bidder is not the Software Publisher)

This confirms that the software publisher identified below has authorized the Bidder named below to license its proprietary software products under any contract resulting from the bid solicitation identified below. The software publisher acknowledges that no shrink-wrap or click-wrap or other terms and conditions will apply, and that the contract resulting from the bid solicitation (as amended from time to time by its parties) will represent the entire agreement, including with respect to the license of the software products of the software publisher listed below. The software publisher further acknowledges that, if the method of delivery (such as download) requires a user to "click through" or otherwise acknowledge the application of terms and conditions not included in the bid solicitation, those terms and conditions do not apply to Canada's use of the software products of the software publisher listed below, despite the user clicking "I accept" or signalling in any other way agreement with the additional terms and conditions.

This authorization applies to the following software products:

[bidders should add or remove lines as needed]

Name of Software Publisher (SP) _____

Signature of authorized signatory of SP _____

Print Name of authorized signatory of SP _____

Print Title of authorized signatory of SP _____

Address for authorized signatory of SP _____

Telephone no. for authorized signatory of SP _____

Fax no. for authorized signatory of SP _____

Date signed _____

Solicitation Number

R000035089/A

Name of Bidder _____

FORM 6: CUSTOMER REFERENCE CONTACT INFORMATION

Name of Bidder:	
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Solicitation number:	
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Name of customer reference:	
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Signature of the customer reference:	
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Title:	
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Name of the organization:	
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Telephone number of the customer reference:	
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Email:	
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Date:	
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By signing above, I confirm that I am an authorized representative of the organization identified above and that I have read and understood the elements in this form.

Form 7: Supply Chain Integrity Form:

Dénomination complète de l'entreprise / Complete Legal Name of Company		
Adresse de l'entreprise/Company's address		
<input type="checkbox"/> International ?		
NEA de l'entreprise/Company's PBN number		
Numéro de la transaction/ Transaction number		
R00035089/A		
Type de contrat / Contract Type		
<input type="checkbox"/> Commande subséquente à une OC/ Call-up	<input 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"/> Juillet 2015/July 2015	
<input type="checkbox"/> Aucune/None	<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:		