



Appendix 2.1 – Mandatory Requirement 2 Submission Form



APPENDIX 2.1

MANDATORY REQUIREMENT 2 SUBMISSION FORM

1. Bidder Instructions:

- a. Bidders are requested to complete and submit this form with their bid response to Mandatory Requirement 2 Experience of Bidder’s Construction Management Team.
- b. If the information requested in this form is not provided with the Bidder’s bid it must be provided upon request by the Contracting Authority within the timeframe identified in the request.
- c. Canada may contact the client contact, provided for the referenced projects, to validate the information provided.

Bidder Company Name:

Bidder Company Name:

(a) Construction Manager

(a) Construction Manager		
i. Name of the proposed Construction Manager:		
ii. Does the proposed resource have a minimum of 10 years of experience within the last 15 years in the construction industry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iii. Does the proposed resource have a minimum of 5 years of experience within the last 10 years in management positions as a Construction Manager?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Construction Manager - Project Reference #1

Name of Project:

Construction Manager - Project Reference #1		
Name of Project:		



Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the building size 450 square meters or greater? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the construction value of this project at minimum \$5,000,000.00? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of building: <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Government <input type="checkbox"/> Institutional	Reference Contact information: Name: Email: Phone Number:
Brief description of the project: 	

(b) Project Manager		
i. Name of the proposed Project Manager:		
ii. Does the proposed resource have a minimum of 10 years of experience within the last 15 years in the construction industry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iii. Does the proposed resource have a minimum of 5 years of experience within the last 10 years managing projects?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Project Manager - Project Reference #1		
Name of Project:		



Was the proposed resource the Project Manager on this project? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was substantial completion for the referenced project achieved after November 1, 2014? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the building size 450 square meters or greater? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the construction value of this project at minimum \$5,000,000.00? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of building: <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Government <input type="checkbox"/> Institutional	Reference Contact information: Name: Email: Phone Number:
Brief description of the project:	
Project Manager – Project Reference #2	
Name of Project:	
Was the proposed resource the Project Manager on this project? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was substantial completion for the referenced project achieved after	



November 1, 2014?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the building size 450 square meters or greater?	Was the construction value of this project at minimum \$5,000,000.00?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of building:	Reference Contact information:
<input type="checkbox"/> Law Enforcement	Name:
<input type="checkbox"/> Government	Email:
<input type="checkbox"/> Institutional	Phone Number:
Brief description of the project:	

(c) Cost Estimator		
i. Name of the proposed Cost Estimator:		
ii. Does the proposed resource have a minimum of 10 years of experience within the last 15 years in the construction industry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iii. Does the proposed resource have a minimum of 3 years of experience within the last 5 years producing construction estimates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Cost Estimator - Project Reference #1	
Name of Project:	
Was the proposed resource the Cost Estimator on this project? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was substantial completion for the referenced project achieved after November 1, 2014? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the building size 450 square meters or greater? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the construction value of this project at minimum \$5,000,000.00? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of building: <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Government <input type="checkbox"/> Institutional	Reference Contact information: Name: Email: Phone Number:
Brief description of the project:	
Cost Estimator – Project Reference #2	
Name of Project:	



Was the proposed resource the Cost Estimator on this project? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was substantial completion for the referenced project achieved after November 1, 2014? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the building size 450 square meters or greater? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the construction value of this project at minimum \$5,000,000.00? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of building: <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Government <input type="checkbox"/> Institutional	Reference Contact information: Name: Email: Phone Number:
Brief description of the project:	



(d) Scheduler		
i. Name of the proposed Scheduler:		
ii. Does the proposed resource have a minimum of 10 years of experience within the last 15 years in the construction industry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iii. Does the proposed resource have a minimum of 3 years of experience within the last 5 years developing and managing schedules using scheduling software such as CMP, PERT, MS Projects, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Scheduler - Project Reference #1		
Name of Project:		
Was the proposed resource the Scheduler on this project? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was substantial completion for the referenced project achieved after November 1, 2014? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was the building size 450 square meters or greater? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the construction value of this project at minimum \$5,000,000.00? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of building: <input type="checkbox"/> Law Enforcement	Reference Contact information: Name:	



<input type="checkbox"/> Government <input type="checkbox"/> Institutional	Email: Phone Number:
Brief description of the project:	
Scheduler – Project Reference #2	
Name of Project:	
Was the proposed resource the Scheduler on this project? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was substantial completion for the referenced project achieved after November 1, 2014? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the building size 450 square meters or greater? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the construction value of this project at minimum \$5,000,000.00? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of building: <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Government <input type="checkbox"/> Institutional	Reference Contact information: Name: Email: Phone Number:
Brief description of the project:	



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(d) Site Superintendent

i.	Name of the proposed Site Superintendent:		
ii.	Does the proposed resource have a minimum of 10 years of experience within the last 15 years in the construction industry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iii.	Does the proposed resource have a minimum of 5 years of experience within the last 10 years as Site Superintendent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Site Superintendent - Project Reference #1

Name of Project:

Was the proposed resource the Site Superintendent on this project?
Yes <input type="checkbox"/> No <input type="checkbox"/>

Was substantial completion for the referenced project achieved after November 1, 2014?
Yes <input type="checkbox"/> No <input type="checkbox"/>

Was the building size 450 square meters or greater?	Was the construction value of this project at minimum \$5,000,000.00?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



Type of building: <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Government <input type="checkbox"/> Institutional	Reference Contact information: Name: Email: Phone Number:
Brief description of the project:	
Site Superintendent – Project Reference #2	
Name of Project:	
Was the proposed resource the Site Superintendent on this project? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was substantial completion for the referenced project achieved after November 1, 2014? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the building size 450 square meters or greater? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the construction value of this project at minimum \$5,000,000.00? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of building: <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Government <input type="checkbox"/> Institutional	Reference Contact information: Name: Email: Phone Number:



Brief description of the project:

(d) Site Safety Officer		
i. Name of the proposed Site Safety Officer:		
ii. Does the proposed resource have a minimum of 10 years of experience within the last 15 years in the construction industry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iii. Does the proposed resource have a minimum of 3 years of experience within the last 5 years as Site Safety Officer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Site Safety Officer - Project Reference #1		
Name of Project:		
Was the proposed resource the Site Safety Officer on this project? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was substantial completion for the referenced project achieved after November 1, 2014? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was the building size 450 square meters or greater?	Was the construction value of this project at minimum \$5,000,000.00?	



Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of building: <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Government <input type="checkbox"/> Institutional	Reference Contact information: Name: Email: Phone Number:
Brief description of the project:	
Site Safety Officer – Project Reference #2	
Name of Project:	
Was the proposed resource the Site Safety Officer on this project? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was substantial completion for the referenced project achieved after November 1, 2014? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the building size 450 square meters or greater? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the construction value of this project at minimum \$5,000,000.00? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of building: <input type="checkbox"/> Law Enforcement	Reference Contact information: Name:

