



Rainy River District Social Services Administration Board

450 Scott Street
 Fort Frances, ON
 P9A 1H2
 Phone: (807) 274-5349
 Fax: (807) 274-0678
 Toll Free: (800) 265-5349

Rawl Road Centre
 P.O. Box 1300
 Atikokan, ON
 P0T 1C0
 Phone: (807) 597-1431
 Fax: (807) 597-1493

APPLICATION FOR VENDOR OF RECORD March 1, 2010 – February 28, 2012

1. Company Information

Name of Company: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

2. Indicate type of services offered with 2010/2011 unit cost (i.e. hourly rate) and 2011/2012 cost to include an allowed 2% increase:

Service	2010/2011 Cost	2011/2012 Cost
• Electrical	_____	_____
• Plumbing	_____	_____
• Heating	_____	_____
• Carpentry	_____	_____
• Painting	_____	_____
• Landscaping	_____	_____
• Appliance Repair	_____	_____
• Flooring	_____	_____
• Roofing	_____	_____
• Other _____	_____	_____

Indicate the response time for the above service(s) provided:

• Emergency service call	_____
• Regular service call	_____

NOTE:

Minor materials supplied to complete the service(s) may be charged at 10% above cost, excluding taxes. Completion of this application confirms that the above Company approves the RRDSSAB to complete invoice audits randomly to confirm charged amount is the materials cost plus 10% markup, excluding taxes.

3. Indicate the area(s) that you are able to work

- Atikokan _____
- Emo _____
- Fort Frances _____
- Rainy River _____

4. Bank reference

Name/Branch: _____

Address: _____

Telephone: _____

5. Insurance (Commercial General Liability Insurance)

Submit Certificate of Insurance from Insurance Company which indicates minimum requirement of \$2,000,000

Name of Insurance Broker: _____

Address of Broker: _____

Name of Insurance Company: _____

Policy Number: _____

Amount of Coverage: _____

6. Worker's Safety Insurance Board (WSIB) (submit current Clearance Certificate) OR Proof of Exemption

Account Number: _____

7. Workplace Hazardous Material Information System (WHMIS)

Have your employees been trained in WHMIS? YES___ NO___

8. Additional Information

- The RRDSSAB reserves the right to reject any or all applications, accept any application deemed to be in the best interest of the Board, or disqualify applications not submitted in strict accordance with requirements of the *Application for Vendor of Record*.
- Forward this application with required documentation **no later than February 5, 2010 at 12:00 Noon Local Time to:**

Michelle Shute, Assistant Housing Manager
Rainy River District Social Services Administration Board
450 Scott Street
Fort Frances, ON
P9A 1H2
Fax: (807) 274-0678

- Questions relating to this application can be directed to Maureen Thomson, Housing Clerk at (807) 274-5349 extension 228 or Michelle Shute, Assistant Housing Manager at (807) 274-5349 extension 229.

Signature: _____

Position: _____

Dated at _____ this _____ day of _____ 2010
(City, Province)

Corporate Seal (if applicable)