



Rainy River District Social Services Administration Board

450 Scott Street
Fort Frances, ON
P9A 1H2

Ph: (807) 274-5349
Fax: (807) 274-0678
Toll Free: 1-800-265-5349

- Children's Services • Land Ambulance • Ontario Works • Social Housing

Application for Vendor of Record

1. Company Information

Company Name: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

2. Indicate type of services offered with 2020 (January 1, 2021-December 31, 2021) unit cost (i.e. hourly rate) and 2021 (January 1, 2022-December 31, 2022) cost to include an allowed 2% increase:

Service	2021 Cost per Hour	2022 Cost per Hour
Electrical		
Plumbing		
Heating		
Carpentry		
Painting		
Landscaping		
Appliance Repair		
Flooring		
Roofing		
Other (Specify):		
Other (Specify):		

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

<ul style="list-style-type: none"> • Emergency service call _____ • Regular service call _____
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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. Person responsible for administering the company's health & safety program:

Name: _____

8. Workplace Hazardous Material Information System (WHMIS)

Have your employees been trained in WHMIS? YES___ NO___

9. 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 to:

Michelle Shute, Supervisor of Infrastructure & Asset Management
Rainy River District Social Services Administration Board
450 Scott Street
Fort Frances, ON P9A 1H2
Fax: (807) 274-0678
Email: michelles@rrdssab.on.ca

- Questions relating to this application can be directed to Michelle Shute, Supervisor of Infrastructure & Asset Management at (807) 274-5349 extension 229.

Signature: _____

Position: _____

Dated at _____ this _____ day of _____ 2020.

(City, Province)

Corporate Seal (if applicable)