

REQUEST FOR PROPOSAL (RFP) – Gravel Program

Contractor / Company Information

Company Name: _____

Business Address: _____

Phone: _____ Email: _____

Primary Contact Name & Title: _____

SECTION A — BUSINESS LOCATION

Is your business located within the boundaries of the MD of Acadia?

Yes No

If No, please explain: _____

SECTION B — WORKER’S COMPENSATION BOARD (WCB) INSURANCE

1. Do you have current and valid Alberta Worker’s Compensation Board (WCB) insurance?
 Yes No
 2. WCB Account Number: _____
 3. Attach WCB Clearance Certificate: Attached
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SECTION C — SAFETY PROGRAM

1. Do you have a formal safety program for employees and equipment?
 Yes No
 2. Attach Safety Program Documentation: Attached
 3. Describe your safety record and any relevant certifications:
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SECTION D — EQUIPMENT CAPABILITY

Please confirm you can provide the following equipment:

Required Equipment	Yes	No	Details / Notes
Wheel Loader with measuring scale (min. 1)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trucks with Belly Dump Trailers (min. 2)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water truck for dust abatement (if requested)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional equipment (optional): _____

SECTION E — PROGRAM COMPLETION

1. Can you complete the graveling program within the time frame required by the MD?
 Yes No
 2. If Yes, estimated completion timeline: _____
 3. If No, explanation: _____
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SECTION F — SEASONAL AVAILABILITY (APRIL – OCTOBER)

Are you available for unscheduled spot graveling and gravel stockpiling during this period?

Yes No

If partially available, explain: _____

CERTIFICATION

I hereby declare that all information provided in this submission is true and accurate to the best of my knowledge.

Authorized Signatory: _____

Name & Title: _____

Date: _____