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| --- |
| **PREQUALIFICATION QUESTIONNAIRE** |
|  |
| Cenovus Ref. No.: | 8.41.1.031 | Goods/Services Title: | West White Rose Casing Accessories  |
|  |
|  | **THIS QUESTIONNAIRE IS TO BE COMPLETED BY VENDORS WHO ARE INTERESTED IN SUPPLYING EQUIPMENT, MATERIALS AND/OR SERVICES TO CENOVUS ENGERY. THE INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL AND SOLELY FOR THE USE OF CENOVUS.** |  |
| **COMPLETED QUESTIONNAIRE MUST BE SUBMITTED VIA ARIBA.** |
| **FOR ALL QUERIES RELATING TO THIS EOI/PREQUALIFICATION, PLEASE CONTACT:** |
|  | Cenovus EnergySuite 107351 Water StreetSt. John’s, NL A1C 1C2Attention: Allison ScarthEmail: allison.scarth@cenovus.comPhone: 709-724-6592 |  |
| Company Name: |       |  |
|  |
|  |  | **The signatory of this Questionnaire guarantees the trust and accuracy of all responses given herein, and is an authorized officer or agent of the company.****Information submitted and completed by:** |  |  |
|  |  |       |  |  |
|  |  | Name (Please Print) |  |  |
|  |  |       |  |  |
|  |  | Title |  |  |
|  |  |       |  |  |
|  |  | Signature |  |  |
|  |  |       |  |  |
|  |  | Date |  |  |

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| General Instructions |

We recognize that we have many different types of suppliers / contractors with different core competencies and skill sets. In order to effectively assess your company, we require that this Questionnaire be filled out as it applies to your firm.

Cenovus is committed to ensuring fairness in our vendor selection process. Prequalification will be based on your company meeting our expectations for the goods and / or services to be supplied.

|  |
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| Submission Requirements |

**Submission Requirements**

Vendors must submit an electronic copy of all requested documentation via Ariba under the appropriate link provided.

To receive an upload link, please send the following information to Allison.Scarth@cenovus.com no later than 7 days prior to the submission deadline:

|  |  |
| --- | --- |
| **Company Legal Name:** |   |
| **Company Full Address:** |   |
| **Company Phone Number (Main):** |   |
| **Contact Full Name:** |   |
| **Contact Phone Number:** |   |
| **Contact Email Address:** |   |

Vendors are required to submit their pre-qualification response in the following format and in the exact order as shown:

1. Company Information
2. Subcontracting
3. Work History
4. Current Organizational Structure
5. Facilities and Infrastructure
6. Capabilities Statement
7. Contractor HSEQ Requirements
8. Technical Information
9. Canada -Newfoundland and Labrador Benefits Compliance
10. Attachments
11. Additional Comments

|  |
| --- |
| 1. **Company Information** |

|  |  |  |
| --- | --- | --- |
| **1.1** | **Company Name:** |       |
|  | Street/Mailing Address of Office completing this Questionnaire |
|  |       |
|  | City: |       | Province: |       |
|  | Postal Code: |       |
|  | Telephone: |       | Email: |       |
|  | Key Company Sales Contact |  |
|  | **Canadian Head Office:** |       |
|  | Street/Mailing Address: |       |
|  | **Local Office:** |       |
|  | Street/Mailing Address: |       |

|  |  |
| --- | --- |
| **1.2** | **Type of Company** |
|  | Sole Proprietor |       |  | Partnership |       |  |
|  | Corporation – Private |       |  | Corporation – Public |       |  |
|  | Other (please identify): |       |

Please supply Certificate of Incorporation, and identify and attach as an Appendix. If private ownership, please also identify the Principle Shareholders below.

|  |  |  |
| --- | --- | --- |
|  | Name |       |
|  | City |       | Province/State |       |
|  |  |  |  |  |
|  | Name |       |
|  | City |       | Province/State |       |
|  |  |  |  |  |
|  | Name |       |
|  | City |       | Province/State |       |
|  |  |  |  |  |
|  | Name |       |
|  | City |       | Province/State |       |

|  |  |
| --- | --- |
| **1.3** | **Subsidiaries, Affiliates, etc. (indicate whether wholly-owned or percent controlled)** |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |

|  |  |
| --- | --- |
| **1.4** | **Total Number of Employees by Geographical Location** |
|  | Newfoundland and Labrador |       |  |
|  | Other Canadian Provinces |       |  |
|  | International |       |  |

|  |  |
| --- | --- |
| **1.5** | **Declaration of Business Relationship (Company Owner/Management)** |
|  | In accordance with the approval policy of Cenovus, **all Vendors shall, as a condition of supplying goods or services to Cenovus, make full disclosure of any existing business relationships with any Cenovus employee and/or contractor or immediate relatives.** If the Vendor fails to disclose an interest and/or the interest is falsely or insufficiently reported, Cenovus reserved the right to terminate or cancel any agreement of any kind which may have been entered into with the Vendor. |
|  | Are you a relative or of do you have a relationship with any Cenovus employee that would cause any real or perceived conflicts of interest? |
|  | No | [ ]  |  |  |
|  | Yes | [ ]  | (please specify): |       |

|  |  |
| --- | --- |
| **1.6** | **Annual Revenue & Operating Income (CDN$ in each of the last five years):** |
|  |  | **Revenue** | **Operating Income** |
|  | Year |       | $ |       | $ |  |
|  | Year |       | $ |       | $ |  |
|  | Year |       | $ |       | $ |  |
|  | Year |       | $ |       | $ |  |
|  | Year |       | $ |       | $ |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Do you have 3rd party certified financial statements available for the most recently completed fiscal year? | Yes |       | No |       |

 (If yes, please attach latest copy)

1.7 Joint Ventures

The following questions apply to Joint Ventures only;

1. Please provide a copy of your organizational structure showing all members of the Joint Venture.
2. Provide the following Joint Venture Details:
3. A copy of the Joint Venture Agreement
4. A statement of the share equity of each of the participants
5. The lead participant within the Joint Venture
6. Outline how the Joint Venture will be managed with regards to objectives
7. How are the Key Business Objectives of each Participant reflected in the Joint Venture
8. The share and nature of the work provided by each participant
9. Arrangements for the transfer of systems/information technology
10. How do the Participants envisage the Joint Venture developing in the future
11. In the case of a Joint Venture, detail how Bidder will optimize/merge the different participants, organization, cultures to ensure the greatest benefits are realized for Company.

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| --- |
| 2. Subcontracting |

|  |
| --- |
| 2.1 Please list any associated work that you would typically subcontract to other vendor(s) providing the following information for each: |
| * Specific type of work being subcontracted:
 |       |
| * Company Name:
 |       |
| * City:
 |       | Province/State: |       |
| * Contact Name at above noted Company:
 |       |
| * Contact Phone Number for above:
 |       |
| 2.2 Describe the process you have for selecting subcontractors: (Also see Cenovus’ expectations in this area for item 13 - Contracted Services and Materials – under Section 7, Contractor HSEQ Requirements) |
|  |       |
|  |       |

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| 3. Work History |

Please provide a list of at least the top three (3) recent clients of your firm, with whom you have contracts for scopes of work similar to that covered by this pre-qualification process. Provide the following information for each:

|  |  |
| --- | --- |
| 1. **Contract Name/Owner:**
 |       |
| CDN $ Value: |       | Date(s) of Contract Term: |       |
| Description (Contract Scope of Work. Please be specific): |
|       |
|       |
| Location: |       |
| Reference (Contact Name): |       | Telephone: |       |

|  |  |
| --- | --- |
| 1. **Contract Name/Owner:**
 |       |
| CDN $ Value: |       | Date(s) of Contract Term: |       |
| Description (Contract Scope of Work. Please be specific): |
|       |
|       |
| Location: |       |
| Reference (Contact Name): |       | Telephone: |       |

|  |  |
| --- | --- |
| 1. **Contract Name/Owner:**
 |       |
| CDN $ Value: |       | Date(s) of Contract Term: |       |
| Description (Contract Scope of Work. Please be specific): |
|       |
|       |
| Location: |       |
| Reference (Contact Name): |       | Telephone: |       |

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| 4. Current Organizational Structure |

Please provide a current Organization Chart for your company, indicating, but not limited to, management personnel and reporting relationships. Please also identify where this organization’s management personnel are located. Please ensure the organization chart indicates personnel (including names) which would be supporting the scope of work. Please also identify where these individuals are located geographically.

|  |
| --- |
| 5. Facilities & Infrastructure |

Please provide a description of the facilities & infrastructure which your company would utilize in provision of the subject services, if applicable.

Please clarify whether the facilities & infrastructure which you are describing are currently occupied and utilized by your company. Please provide photographs / drawings as appropriate.

|  |
| --- |
| 6. Capabilities Statement |

Please provide an overview of your company’s capabilities. In addition, please ensure that you provide a description of your company’s specific capabilities as they related to the subject services being requested.

|  |
| --- |
| 7. Contractor HSEQ Requirements  |

**READ CAREFULLY AND ANSWER COMPLETELY**

These pre-qualification questions intended to establish the content and maturity of an organization’s HSEQ management system.

For any **“Yes”** answer provided, Cenovus requires a documented reference to a policy/procedure/standard and a copy of supporting documentation which can be referenced as evidence to validate any **“Yes”** answers. Any **“Yes”** answers not supported by documentation and appropriate references cannot be evaluated and may result in disqualification. All answers may be subject to further verification efforts by Cenovus.

All submitted documentation must be packaged in such a way as to facilitate the ease of review and evaluation of the contents. This includes specific document page and or section references for each question in the order they are presented i.e., a Procedure to support an answer for question 3.1 must come after a procedure to support 2.1.

In many cases the same procedure or document may support multiple questions, please ensure the page or section reference is clear.

For Example:

 Question 3.1. Is there a documented management of change process?

Response: YES Management of Change Procedure ABB-MOC-OPS-1234 Section 3.1 Page 4

In some cases a specific documented procedure may not exist to satisfy the question however a process may still exist. In such a case please provide a description of the process as it exists in your organization, these processes however will be subject to further verification as necessary.

**If there are any questions, please contact the Cenovus Procurement Representative.**

**Provide HSE performance statistics for the last 3 years for the following information:**

**Statistics including Sub-Contractor data**

|  |  |  |  |
| --- | --- | --- | --- |
| ITEM | 20-- | 20-- | 20-- |
| Fatalities |  |  |  |
| Lost Time Injuries |  |  |  |
| # of Lost time Days |  |  |  |
| Restricted Work Cases |  |  |  |
| # of Restricted Work Days |  |  |  |
| Medical Aids |  |  |  |
| First Aids |  |  |  |
| Near Misses |  |  |  |
| Total Exposure Hours |  |  |  |
| LOST TIME INJURY RATE |  |  |  |
| TOTAL RECORDABLE INJURY RATE |  |  |  |
| Motor Vehicle Accidents |  |  |  |
| Reportable Environmental Spills |  |  |  |

**Statistics for Proponent Alone**

|  |  |  |  |
| --- | --- | --- | --- |
| ITEM | 20-- | 20-- | 20-- |
| Fatalities |  |  |  |
| Lost Time Injuries |  |  |  |
| # of Lost time Days |  |  |  |
| Restricted Work Cases |  |  |  |
| # of Restricted Work Days |  |  |  |
| Medical Aids |  |  |  |
| First Aids |  |  |  |
| Near Misses |  |  |  |
| Total Exposure Hours |  |  |  |
| LOST TIME INJURY RATE |  |  |  |
| TOTAL RECORDABLE INJURY RATE |  |  |  |
| Motor Vehicle Accidents |  |  |  |
| Reportable Environmental Spills |  |  |  |

* Lost Time Injury Rate based on 200,000 person hours
* Total Recordable Injury Rate based on 200,000 person hours

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **Leadership, Commitment and Accountability** | **YES/NO** | **Document Title** | **Document Number** | **Section and Page #** |
| 1.1 | Does the organization have a Health, Safety, Environment and Quality (HSEQ) Policy or policy statement which includes a commitment to HSEQ, continual improvement and leadership engagement? |  |  |  |  |
| 1.2 | Does the organization have a formalized and documented HSEQ Management System? |  |  |  |  |

| **2** | **Risk Management** | **YES/NO** | **Document Title** | **Document Number** | **Section and Page #** |
| --- | --- | --- | --- | --- | --- |
| 2.1 | Is there a documented risk assessment and management process or program? |  |  |  |  |
| 2.2 | Is there a defined risk matrix used for risk assessments? |  |  |  |  |
| 2.3 | Are risk assessments reviewed and updated on a periodic basis to ensure alignment with current operations? |  |  |  |  |

| **3** | **Management of Change** | **YES/NO** | **Document Title** | **Document Number** | **Section and Page #** |
| --- | --- | --- | --- | --- | --- |
| 3.1 | Is there a documented management of change process? |  |  |  |  |

| **4** | **Emergency Preparedness** | **YES/NO** | **Document Title** | **Document Number** | **Section and Page #** |
| --- | --- | --- | --- | --- | --- |
| 4.1 | Does the organization have an emergency response plan appropriate for their facilities/operation that is documented and communicated throughout the organization? |  |  |  |  |
| 4.2 | Are drills or exercises conducted at scheduled frequencies to ensure the effectiveness of the emergency response plan? |  |  |  |  |
| 4.3 | Is a business recovery plan developed to address how critical business activities will be continued following a disruptive event?  |  |  |  |  |

| **5** | **Training and Competency** | **YES/NO** | **Document Title** | **Document Number** | **Section and Page #** |
| --- | --- | --- | --- | --- | --- |
| 5.1 | Are there documented role descriptions? |  |  |  |  |
| 5.2 | Are there documented training requirements for roles that identify initial, ongoing and refresher training? |  |  |  |  |
| 5.3 | Is there a documented competency assessment process or program? |  |  |  |  |
| 5.4 | Is there a company safety and role orientation program? |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **6** | **Incident Management** | **YES/NO** | **Document Title** | **Document Number** | **Section and Page #** |
| 6.1 | Is a formal process documented to define requirements and responsibilities for classification, timely reporting and communication of incidents? |  |  |  |  |
| 6.2 | Is a proven investigation methodology used to identify root cause and actual/potential severity of incidents?  |  |  |  |  |
| 6.3 | Are incident investigators appropriately trained? |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **7** | **Control of Documented Information** | **YES/NO** | **Document Title** | **Document Number** | **Section and Page #** |
| 7.1 | Is there a document management system to manage technical and other documentation and ensure it is current, accessible and readily retrievable? |  |  |  |  |
| 7.2 | Is there a document management process, which includes a formal process for review and revision, and ensures continued suitability? |  |  |  |  |
| 7.3 | Is there a records control process for operations, maintenance, inspections, and facility changes? |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **8** | **Legal and Regulatory Compliance** | **YES/NO** | **Document Title** | **Document Number** | **Section and Page #** |
|  | N/A  |  |  |  |  |
|  | N/A |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **9** | **Contracted Services and Materials** | **YES/NO** | **Document Title** | **Document Number** | **Section and Page #** |
| 9.1 | Is there a supplier or contractor pre-qualification and selection process? |  |  |  |  |
| 9.2 | N/A |  |  |  |  |
| 9.3 | Is there a receiving process to ensure that materials and services are verified against requirements? |  |  |  |  |

| **10** | **Continuous Improvement** | **YES/NO** | **Document Title** | **Document Number** | **Section and Page #** |
| --- | --- | --- | --- | --- | --- |
| 10.1 | Is there an internal audit process? |  |  |  |  |
| 10.2 | Is a management review meeting held periodically? |  |  |  |  |
| 10.3 | Is there an action management process?  |  |  |  |  |
| 10.4 | Is there a process for establishing HSEQ annual goals, objectives and targets and communicating these to employees and sub-contractors? |  |  |  |  |
| 10.5 | N/A |  |  |  |  |

| **11** | **Quality Management**  | **YES/NO** | **Document Title** | **Document Number** | **Section and Page #** |
| --- | --- | --- | --- | --- | --- |
| 11.1 | N/A |  |  |  |  |
| 11.2 | N/A |  |  |  |  |
| 11.3 | Are there procedures in place for the maintenance, monitoring, testing, calibration and inspection of equipment? |  |  |  |  |
| 11.4 | N/A |  |  |  |  |

| **12** | **Health, Safety and Environmental Management** | **YES/NO** | **Document Title** | **Document Number** | **Section and Page #** |
| --- | --- | --- | --- | --- | --- |
| 12.1 | N/A |  |  |  |  |
| 12.2 | Is there a comprehensive safety program implemented including documented safe work practices, job analysis, and hazard and risk assessments? |  |  |  |  |
| 12.3 | Is there an OHS Committee and/or a worker health and safety representative, or workplace health and safety designate in place? |  |  |  |  |
| 12.4 | Is there a process for employees to identify at-risk behaviours and conditions? |  |  |  |  |
| 12.5 | Is there a safe handling of chemicals and/or hazardous materials system?  |  |  |  |  |
| 12.6 | Does the organization have a Drug and Alcohol Policy and/or Fit for Duty Policy |  |  |  |  |
| 12.7 | Is a process implemented to ensure the provision, training and use of appropriate Personal Protective Equipment (PPE)? |  |  |  |  |
| 12.8 | N/A |  |  |  |  |
| 12.9 | Does the organization have an early and safe return to work policy? |  |  |  |  |
| 12.10 | Does the organization have an industrial hygiene and medical surveillance program? |  |  |  |  |

| **13** | **Safe Control of Work** | **YES/NO** | **Document Title** | **Document Number** | **Section and Page #** |
| --- | --- | --- | --- | --- | --- |
| 13.1 | N/A |  |  |  |  |

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| 8. Technical Requirements |

All respondents are asked to complete the questions below as part of your technical submission.  Answers to these questions can be submitted as an attachment to the questionnaire.  Respondents should note that **all questions** must be answered, and appropriate documentation supplied.

| **No.** | **Technical Requirements** |
| --- | --- |
| **Operational Support** |
| 1. | Provide a detailed description of shore-based facilities (including office(s), service, storage, maintenance, and testing facilities). If shore-based facilities are not in the St John’s area, please provide details of transport capability and transit time. |
| 2. | Provide details on ability to maintain, service and test tools and equipment locally and at the wellsite. |
| 3. | Provide details on strategy to supply necessary tools, to ensure availability of backup equipment, and to track tools/equipment in use against the worldwide inventory and possible additional callouts. |
| 4. | Provide details on all non-standard cargo carrying units (CCU) required for transporting Contractor’s equipment and materials between the Marine Base and offshore installation. Please include details on slings and rigging equipment required for the transportation of Contractor’s equipment and materials. |
| 5. | Please provide details on availability, proximity and flexibility of Engineering and Field Service technical resources to provide 24/7 operational support. |
| 6. | Please provide details on your company’s inventory management system. |
| 7. | Is the proposed service or any part of proposed service (personnel or equipment) to be supplied by subcontractor. If so, then please provide equivalent details for the entire questionnaire for this third party service provider (i.e. Subcontractor). |
| 8.  | Please provide details on your company’s ability to draw on worldwide inventory. |
| 9. | Please provide details on your company’s Quality Management System and relevant industry recognized certifications with respect to inspection, repair, test and assembly of the required equipment and services. |
| 10. | Please provide details on manufacturer’s assembly and testing procedures including QA/QC verifications that will apply to the work. |
| **Experience** |
| 1. | Please summarize your company’s presence and operating history in the Atlantic Region offshore area. Please provide details on experience with similar projects / scope in remote, harsh environments and run history/success with tools on similar projects |
| 2. | Please provide details on experience with the following:* Centralization in highly deviated wells
* Float collars and float shoes
 |
| **Tools and Equipment** |
| 1. | Specify the overall suite of tools and accessories that are being offered, including but not limited to float shoes, float collars, centralizers, stop collars, crossover subs, handling tools, etc. The information must (where applicable) include equipment certifications (including API if applicable), specifications documentation, operating data, and acceptable operating parameters. |
| 2. | Please provide details on ability to design and manufacture specialized equipment as required. |
| 3. | What is your company’s spares/contingency plan and recommended package as base case? |
| 4. | Please provide details on your company’s equipment preservation procedures. |
| **Personnel Requirements** |
| 1. | Please provide details on local expertise (both operations and technical personnel). |
| 2. | **Contractor Representative**- Contractor to supply a CV including training and certifications. (Please provide details on point of contact for day to day technical and operational support, if multiple individuals please clearly outline.)a) Total years relevant experienceb) Total years of offshore drilling experiencec) Total years of platform and semi-submersible drilling experienced) Total years in Atlantic Regione) Total years in current position |
| 3. | Please propose personnel management plan and opportunities to support tubular running contractor in training their personnel on any supplied equipment in a shared effort to minimize POB. |
| 4. | Please provide details on operator/inspector certification management system. |

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| 9. Canada-Newfoundland and Labrador Benefits Compliance |

Cenovus Energy strongly supports providing opportunities to Canadian and in particular Newfoundland and Labrador companies and individuals, on a commercially competitive basis.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes | *[ ]*  | No |  |

Does your company have an office in Newfoundland and Labrador?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes | *[ ]*  | No |  |

Will this contract be managed in Newfoundland and Labrador?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes | *[ ]*  | No |  |

Does your company agree to comply with requirements of Cenovus Energy or any governmental authority with respect to benefits, to comply with all applicable guidelines of the Cenovus Energy and to comply with all benefits commitments made in the contract?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes | *[ ]*  | No |  |

Identify ownership of the company:

|  |  |  |  |
| --- | --- | --- | --- |
| % NL | %CAN | % INTL |  |

Does your company have policies and initiatives to promote technology transfer to local and Canadian companies? If yes, briefly describe.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes | *[ ]*  | No |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your company have an R&D program? If yes, briefly describe recent R&D initiatives.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes | *[ ]*  | No |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your company’s philosophy regarding human resources planning and employment with respect to Canada-NL benefits.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your company have a training program? If yes, briefly describe policies and initiatives for development and training of NL and Canadian employees.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes | *[ ]*  | No |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your company have a procedure for identifying and informing NL and Canadian suppliers of goods and services of opportunities related to the Contractor’s contracts? If yes, briefly describe.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes | *[ ]*  | No |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your company have a Diversity Plan or Diversity Policy in place? If yes, briefly describe.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Yes | *[ ]*  | No |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any plants, facilities or manufacturing capabilities that you have in Newfoundland and Labrador.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the number of personnel located in NL, other places in Canada and in a foreign location that would be available to work on the potential scope (i.e. how many people in each location would have the potential to be involved in execution of the work scope).  Only an estimate is required for this stage of evaluation.

|  |  |  |
| --- | --- | --- |
| *# of personnel in NL* | *# of personnel in the rest of Canada* | *# of personnel in a foreign location* |
|  |  |  |

***Supplier Diversity***

As part of our White Rose Diversity Plan, Cenovus Energy is collecting data on businesses owned and operated by members of designated groups (women, Aboriginal peoples, persons with disabilities, and members of visible minorities). Responding to the following questions is voluntary and will help us to better understand the diverse makeup of our supply chain. All information provided will be kept confidential by Cenovus and will be used only to assist us in ensuring that information related to procurement opportunities is appropriately targeted to diverse business owners.

1. Is your business 51% or more owned, managed and controlled by one of the following groups? Please check all that apply.

[ ]  Women

[ ]  Aboriginal peoples

[ ]  Persons with disabilities

[ ]  Visible minorities

[ ]  None

1. Is your business currently certified with a national certifying organization(s)? Please check all that apply and provide applicable certification number.

[ ]  CAMSC Certification #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  WEConnect International Certification #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  WBE Canada Certification #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  None

1. Is your business currently a member of a supplier organization/association? Please check all that apply.

[ ]  NLOWE

[ ]  Energy NL (formerly NOIA)

[ ]  St. John’s Board of Trade

[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  None

|  |
| --- |
| 10. Attachments |

Please indicate all attachments:

| **No.** | **Attachment** | **Yes/No** |
| --- | --- | --- |
| 1. | Certificate of Incorporation. |       |
| 2. | Declaration of Residency. |       |
| 3. | Certified 3rd Party Financial Statements. |       |
| 4. | Facilities & Infrastructure photographs/drawings. |       |
| 5. | Copy of Organization Chart (with names) for personnel supporting the contract scope of work. |       |
| 6. | A written statement indicating that there are no outstanding HSE charges, stop work orders or regulatory violations against your company. |       |
| 7. | A written statement indicating there are no outstanding non-conformances or audit action plans stemming from a Cenovus conducted Health, Safety, Environment and Quality supplier audit. |       |
| 8. | Copy of the most recent customer satisfaction survey relating to customer perceptions and customer satisfaction. |       |
| 9. | Is a Certificate of Clearance from the provincial Workplace Health, Safety and Compensation Commission (WHSCC) available upon request by Cenovus? (Note: The Workplace Health, Safety and Compensation Act requires all employers performing work in Newfoundland and Labrador to register with the Commission.Source: http://www.whscc.nf.ca/employers/Emp\_RegisteringYourBusiness.whscc. |       |

|  |
| --- |
| 11. Additional Comments |

|  |  |
| --- | --- |
|  |       |
|  |       |
|  |       |

**Sample Declaration of Residency**

Vendorrepresents that **\*** forCanadian Income tax purposes

**\*\* is** a resident of Canada [ ]

 **is not** a resident of Canada  [ ]

Furthermore, we attach a **Certificate of Incorporation** and undertake to immediately inform Cenovus Energy of any future change in our company’s tax status.

|  |  |
| --- | --- |
|  |  |
| **Name:** |  |
|  |  |
| **Title:** |  |
|  |  |
| **Signature:** |  |
|  |  |
| **Date:** |  |

\* (please include complete entity name)

\*\* (please check as appropriate)