



THE CORPORATION OF THE TOWNSHIP OF FARADAY

REQUEST FOR QUOTATION

SINGLE AND DOUBLE SURFACE TREATMENT

REQUEST FOR QUOTATION #RFQ02-2024

**Will be received at the Township of Faraday Municipal Office, 29860A Hwy 28 S.,
Bancroft, Ontario, K0L 1C0 or by Fax (613) 332-3006 or Email to clerk@faraday.ca
until:**

April 23, 2024 at 2:00 p.m.

All items must be submitted on Quotation Forms that have been supplied.

Lowest or any RFQ Not Necessarily Accepted

**For Further Information Please Contact:
Mr. Scott Laundry, Road Supt. (613) 332-3638
Township of Faraday
29860B Hwy 28 S
Bancroft, Ontario K0L 1C0**

INFORMATION TO BIDDERS

- a) **Type of quote:** **To Supply and Apply a Single and Double Surface Treatment.**

- b) **Quotation** **One copy of the Quotation properly signed and dated must be received at the Township of Faraday Municipal Office.
Information and/or questions may be directed to Scott Laundry, Road Supt. at (613) 332-3638.**

- c) **Every blank must be filled in on the Quotation**

- d) **Closing date:** **April 23, 2024 at 2:00 p.m.**

- e) **Lowest or any RFQ Not Necessarily Accepted**

BIDDER'S RESPONSIBILITIES:

- 1. **The successful Bidder shall provide the Township of Faraday with a Certificate of Insurance indicating coverage for the period working for the municipality for General Liability for a sum of at least Two Million Dollars (\$2,000,000.00) with the Township of Faraday added as an additional insured with a 30 day notice of cancellation.**

 - 2. **The successful Bidder shall provide the Township of Faraday with a "Certificate of Clearance" from Workplace Safety and Insurance Board or a Letter of Exemption for independent owner / operators.**

 - 3. **Notice of Project from the Ministry of Labour**

 - 4. **Completion of project no later than June 21, 2024. A penalty of \$100.00 per day past this date will apply.**
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The undersigned has read, understands and acknowledges all terms, conditions and specifications contained in this Request for Quotation document:

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____ **FAX #:** _____ **E-MAIL:** _____

**NAME AND POSITION
OF PERSON SIGNING:** _____

(Please Print)

SIGNATURE: _____ **DATE:** _____

**“I have the authority to bind the Corporation/
Company/ Partnership”**