

1.0 General Information

+1.1 Legal Company Name			
1.2 Please provide your corporate address.			
Street Address		City	
Province		Postal Code	
1.3 Description of Company and Products/Services			
1.4 Company Registration #		1.5 Company Website	
1.6 Primary Contact Name		1.7 Primary Contact Title	
1.8 Primary Contact Phone		1.9 Primary Contact Email	
1.10 Corporate Structure	<input type="checkbox"/> Public Corporation <input type="checkbox"/> Private Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Sole Proprietor		
<i>If you answered "Joint Venture" or "LLP" to question 1.10, please provide details of ownership</i>			

2.0 Inuit Content

2.1 Designated Inuit Firm	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If you answered "No" to question 2.1, please skip questions 2.2 and 2.3</i>			
2.2 Designated Baffin Inuit Firm	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.3 Nunavut Tunngavik Inc #	
2.4 % Owned by an Inuit Partner		2.5 % Owned by a Non-Inuit Partner	
2.6 No. of Inuit employed	3 Years Ago: _____	2 Years Ago: _____	Last Year: _____
2.7 No. of Inuit trained	3 Years Ago: _____	2 Years Ago: _____	Last Year: _____
2.8 Provide details of your company's Inuit employment, retention, and training programs, as well as relevant HR policies and procedures			

3.0 Financial

3.1 Please provide your company's financial information over the past 3 years.			
	3 Years Ago	2 Years Ago	Last Year
Revenue			
Assets			

Liabilities		
3.2 Does your company have financial statements available from the past 3 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered "Yes" to question 3.3, please attach the financial statements.</i>		

4.0 Quality

4.1 Does your company have a written QA/QC Plan, Policy or Procedure?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered "Yes" to question 4.1, please attach the plan/policy/procedure.</i>		

5.0 Health, Safety and Environment

5.1 Does your company have a written Health and Safety Plan, Policy or Procedure?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you answered "Yes" to question 5.1, please attach the plan/policy/procedure.</i>			
5.2 Does your company have a written Environmental Plan, Policy or Procedure?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you answered "Yes" to question 5.2, please attach the plan/policy/procedure.</i>			
5.3 Is your company registered with Workers' Safety & Compensation Commission (WSCC)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you answered "Yes" to question 5.3, please attach a letter of good standing with the WSCC registration number.</i>			
5.4 Please summarize any reported environmental issues in the past 3 years.			
5.5 Please enter your company's health and safety over the past 3 years.			
	3 Years Ago	2 Years Ago	Last Year
Number of Fatal Injuries			
Number of Recordable Injury Cases			
Lost Time Injury Frequency			
Recordable Injury Frequency			

6.0 Experience

6.1 Please provide 3 references from the past 5 years that showcase your experience.			
	Reference 1	Reference 2	Reference 3
Customer			
Contact Name			
Contact Email			
Contact Phone			
Value of Project			
Year of Completion			

Description of Project			
6.2 Does your company have experience working in remote/Arctic locations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered "Yes" to question 6.2, please explain the experience.</i>			

7.0 Human Resources

7.1 Number of Employees		7.2 Is your workforce unionized?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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8.0 Legal

8.1 Does your company have any claims pending or outstanding against it?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered "Yes" to question 8.1, please explain the claims.</i>		
8.2 Has your company filed a lawsuit, requested arbitration/mediation concerning a contract in the past 3 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered "Yes" to question 8.2, please explain the situation.</i>		
8.3 Has your company declared bankruptcy or underwent voluntary/involuntary reorganization in the past 3 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered "Yes" to question 8.3, please explain the situation.</i>		

9.0 Additional Information

Please enter any additional information you wish to convey about your company.	
Name of Submitter	

10.0 Appendix A: Preferred Inuit Firm Questionnaire

If your firm is 100% Inuit Owned, you are invited to complete the below questionnaire. If approved, your firm will be included on Baffinland's Preferred Inuit Firm List for future contracting opportunities.

Inuit Firm Ownership

10.1 Inuit Firm Registry Number

10.2 Please describe and attach any documents, which could be submitted to validate ongoing Inuit ownership of the firm and flow of capital to Nunavut communities, rather than outside Nunavut.

10.3 Business License from City or Hamlet

Please attach any additional supporting documentation for Inuit Firm Ownership, if not otherwise listed above.

Community Presence

10.4 Please describe and/or attach any documents to demonstrate in community presence.

Located and Operating within the Qikiqtani Region of Nunavut

10.5 Are you located and operating within the Qikiqtani Region?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address		City	
Province		Postal Code	
<i>If you answered "Yes" to 10.5, please provide details on past operations within the Qikiqtani Region.</i>			
10.6 Please attach documents which help establish your head office's location in the Baffin Region (e.g., bank statements, utility bills, tax filings etc.)			

Additional Information

10.7 Please provide any additional information, references, or documentation to support your Preferred Inuit Firm status.	
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