# **SCHEDULE B - Submission Form**

The Proponent must not amend this Form in any way other than by providing the requested information. This form must be completed, signed and submitted as part of the Proponent’s Proposal.

**To the Participating PCHOs:**

1. **Proponent Information**

|  |  |
| --- | --- |
|  | The full legal name of the Proponent is: |
|  |  |
|  | Any other relevant name under which the Proponent carries on business is: |
|  |  |
|  | The jurisdiction under which the Proponent is governed is: |
|  |  |
|  | The name, address, telephone, facsimile number and e-mail address of the contact person for the Proponent is: |
|  |  |
|  | The Proponent is:  *Proponents must select one of the following choices.*  an individual {Provide HST/GST #}  a sole proprietorship {Provide HST/GST #}  a corporation {Provide HST/GST #}  a partnership {Provide HST/GST #}  a joint venture {Provide HST/GST #}  an incorporated consortium {Provide HST/GST #}  a consortium that is a partnership {Provide HST/GST #}  other legally recognized entity: {Specify type, provide HST/GST # or state "N/A".} |

1. Acknowledgment of Non-Binding Procurement Process

The Proponent acknowledges that the RFP process will be governed by the terms and conditions of the RFP, and that, among other things, such terms and conditions confirm that this procurement process does not constitute a formal, legally binding bidding process (and for greater certainty, does not give rise to a Contract A bidding process contract), and that no legal relationship or obligation regarding the procurement of any good or service will be created between the Participating PCHOs and the Proponent unless and until the Participating PCHOs and the Proponent execute a written agreement for the Deliverables.

1. Ability to Provide Deliverables

The Proponent has carefully examined the RFP documents and has a clear and comprehensive knowledge of the Deliverables required. The Proponent represents and warrants its ability to provide the Deliverables in accordance with the requirements of the RFP for the rates set out in its Proposal.

1. **Price**

The Proponent has submitted its price in accordance with the instructions in the RFP and in the form set out at Schedule C.

1. **Addenda**

The Proponent is deemed to have read and accepted all Addenda issued by the Participating PCHOs prior to the Deadline for Issuing Addenda. The onus remains on the Proponent to make any necessary amendments to the Proposal based on the Addenda. The Proponent confirms that it has received the following Addenda:

|  |
| --- |
| {List Addenda numbers or, if no Addenda were issued, state “None”.} |
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1. **Conflict of Interest**

The Proponent, by submitting the Proposal, confirms that to its best knowledge and belief no actual or potential Conflict of Interest exists with respect to the submission of the Proposal or performance of the contemplated Agreement other than those disclosed in this Submission Form. Where the Participating PCHOs discovers a Proponent’s failure to disclose all actual or potential Conflicts of Interest, the Participating PCHOs may disqualify the Proponent or terminate any Agreement awarded to that Proponent as a result of this procurement process.

Conflict of Interest includes, but is not limited to, any situation or circumstance where:

1. in relation to the RFP process, the Proponent has an unfair advantage or engages in conduct, directly or indirectly, that may give it an unfair advantage, including but not limited to
   * 1. having or having access to information in the preparation of its Proposal that is confidential to the Participating PCHOs and not available to other Proponents;
     2. communicating with any person with a view to influencing preferred treatment in the RFP process; or
     3. engaging in conduct that compromises or could be seen to compromise the integrity of the RFP process and render that process non-competitive and unfair; or
2. in relation to the performance of its contractual obligations under the Agreement, the supplier’s other commitments, relationships or financial interests
   * 1. could or could be seen to exercise an improper influence over the objective, unbiased and impartial exercise of its independent judgment; or
     2. could or could be seen to compromise, impair or be incompatible with the effective performance of its contractual obligations;

*Proponents must choose one of the following two options.*

The Proponent declares that: (1) there was no Conflict of Interest in preparing its Proposal; and (2) there is no foreseeable Conflict of Interest in performing the contractual obligations contemplated in the RFP.

**OR**

The Proponent declares that there is an actual or potential Conflict of Interest relating to the preparation of its Proposal, and/or the Proponent foresees an actual or potential Conflict of Interest in performing the contractual obligations contemplated in the RFP. The details of the actual or potential Conflict of Interest are as follows:

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1. **Disclosure of Information**

The Proponent hereby agrees that any information provided in this Proposal, even if it is identified as being supplied in confidence, may be disclosed where required by law or if required by order of a court or tribunal. The Proponent hereby consentsto the disclosure, on a confidential basis, of this Proposal by the Participating PCHOs to its advisers retained for the purpose of evaluating or participating in the evaluation of this Proposal. The Proponent acknowledges that the Participating PCHOs may make public the name of any and all Proponents.

I confirm that this Submission Form has been completed with no changes to the text provided in the RFP.

|  |  |
| --- | --- |
| Signature of Witness: | Signature of Proponent representative: |
|  |  |
| Name of Witness: | Name and Title of Proponent representative: |
|  |  |
|  | Date: |
|  | I have authority to bind the Proponent. |

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# **SCHEDULE C - Pricing Sheet**

1. Describe your definition of a transaction in regard to billing of a fee. When is a fee charged?

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1. Please list the per unit fee for the items below:

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| --- | --- |
| **Item/transaction** | **Proponent’s response - $ per unit fee** |
| Yearly/monthly fee |  |
| Airline ticket issued – online booking |  |
| Airline ticket issued - phone/agent |  |
| international Airline ticket issued – phone/agent |  |
| Airline ticket (electronic) |  |
| Airline ticket (paper) |  |
| Airline ticket (group more than 10) |  |
| Airline ticket (group more than 50) |  |
| Train ticket issued online |  |
| Hotel booking online |  |
| Car rental online |  |
| Ticket changes |  |
| Voids |  |
| Refunds |  |
| After hour services |  |
| Venue search |  |
| Online registration |  |
| Reporting |  |
| Expense management – implementation fee |  |
| Expense management – fee per expense report |  |
| Other, please specify: |  |

Discounts and Negotiations

|  |  |  |
| --- | --- | --- |
| **Dollar Benefits** | **Proponent’s Response (circle one)** | |
| Describe any other “no cost” or “value added” services your agency can offer. |  | |
| Will the Participating PCHOs be reimbursed for any commissions as the results of total volume of travel and/or hotel rooms? | No | Yes, describe: |
| Are there any air savings programs that would be available to the Participating PCHOs? | No | Yes, describe: |
| Will you guarantee lowest logical airfare within our company guidelines? | No | Yes |
| Do you have a corporate hotel program offering reduced rates? | No | Yes, describe: |
| Describe any additional savings opportunities that may be of benefit to the Participating PCHOs. |  | |

**Additional Expenses**

Please provide a list of all additional expenses, including but not limited to, administrative costs, out of pocket expenses, transportation, food, etc.

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# **SCHEDULE D - Reference Form**

**Form D1**

*Each Proponent should provide references from three (3) different clients* (excluding the *Participating PCHOs*) *who have obtained services like those required in this RFP from the Proponent within the last three (3) years.*

*The Participating PCHOs is not required to contact all references provided by the Proponent. In addition, references other than those provided by the Proponent (including but not limited to* Participating PCHOs *staff) may be contacted to obtain additional information that will be used in evaluating the Proponent’s past performance.*

*Past performance will be evaluated on a pass/fail basis. Items to be evaluated include but is not limited to:*

* 1. *Conformance to contract requirements*
  2. *Adherence to contract schedules*
  3. *Cost Performance*
  4. *Risk Management*
  5. *Reasonable and Cooperative behavior (Business relations)*
  6. *Commitment to Customer Service*
  7. *Concern for the interest of the Customer*

|  |  |
| --- | --- |
| Proponent: |  |

**Reference #1**

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| Contact Name: |  |
| Contact Title: |  |
| Contact Telephone Number & Email Address: |  |
| Date Work Undertaken: |  |
| Nature of Assignment: |  |

**Reference #2**

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| Contact Name: |  |
| Contact Title: |  |
| Contact Telephone Number & Email Address: |  |
| Date Work Undertaken: |  |
| Nature of Assignment: |  |

**Reference #3**

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| Contact Name: |  |
| Contact Title: |  |
| Contact Telephone Number & Email Address: |  |
| Date Work Undertaken: |  |
| Nature of Assignment: |  |

**Form D2**

*Each Proponent should provide references from two (2) different clients* (excluding the *Participating PCHOs) to whom each candidate proposed for a key role has provided services within the last three (3) years in a role like that set out for the candidate in the Proposal.*

*Please include in the Proposal a separate copy of this part of the reference form for each candidate proposed for each key role set out in the Proposal.*

|  |  |
| --- | --- |
| Name of Candidate: |  |
| Proposed Role: |  |

**Reference #1**

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| Contact Name: |  |
| Contact Title: |  |
| Contact Telephone Number & Email Address: |  |
| Date Work Undertaken: |  |
| Nature of Assignment: |  |

**Reference #2**

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| Contact Name: |  |
| Contact Title: |  |
| Contact Telephone Number & Email Address: |  |
| Date Work Undertaken: |  |
| Nature of Assignment: |  |

# **SCHEDULE E - Deliverables and Milestones**

The Proponent should provide a detailed work plan for transitioning and implementation of the successful Proponent, including the deliverables, timelines and project team responsibilities for the performance of the Agreement.

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| --- | --- | --- |
| Deliverable/Milestone | Timeline | Responsibility |
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# **SCHEDULE F - Rated Criteria Response Form**

Page limit for Schedule F is maximum 10 pages, anything over the maximum may or may not be reviewed. Responses should be maintained in original format.

**Terms of Reference**

The successful Proponent shall provide the services described in this section at its own expense, unless otherwise noted.

**Proposed Service Configuration**

1. Please describe the nature of the desired service configuration you are proposing. You may describe more than one option but please specify which configuration is recommended and why.

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**Implementation**

1. Describe your implementation schedule and include:

| **Activity** | **Days to Perform** |
| --- | --- |
| Information gathering |  |
| Internal set up |  |
| Training the Participating PCHOs staff |  |
| Total days to implementation/” going live” |  |

1. Describe the training format (on site, online, off site, etc.)

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1. Describe the level of training/communications used to familiarize staff with the scope of services and how to use them, as well as the method of communication for any update to services.

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1. Describe if the system can integrate with a Contacts Relationship Management system.

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**Account Management**

1. The successful Proponent will assign a fully qualified Account Manager to the Participating PCHOs (different account managers may be used for different organizations).

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| **The account manager will:** | **Proponent’s Response (circle one)** | |
| * Keep the Participating PCHOs informed of travel-related activities | No | Yes |
| * Serve as a liaison to help resolve service issues | No | Yes |
| * Assist with vendor negotiations if requested to do so | No | Yes |
| * Have the authority to act on and make decisions to resolve any issues without need for extensive consultation within your organization | No | Yes |
| * Other, such as reporting | No | Yes, describe: |
| * Reconciliation of Corporate Travel credit card | No | Yes |
| * Monthly meetings with Manager, Administration to discuss issues our travelers/staff are having and discuss actions to resolve identified issues. | No | Yes |
| * How many additional staff members will be assigned to the Participating PCHO’s account? | * None * 1 * 2 * 3 or more | |

**Operational Configuration & Technology**

1. Describe your technology products that would be based on the requirements within the RFP. Include the technology tools utilized for all airfare searches and specifics on any Portal technology which you may offer.

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1. Describe your recommended on-line booking solution.

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1. Provide a sample of each of the following with your RFP submission (pages not included in the maximum number of 10):
   1. Invoice
   2. Itinerary
   3. E-ticket receipt
2. Describe your company’s contingency plans in case of disruption to your agency’s offices.

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1. Detail your system’s ability to provide traveler reservation information in the event of a disaster.

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1. Provide procedural details on the following scenarios:
   1. Booking flights online for transient travelers.

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* 1. Booking flights by phone or by other non internet means.

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* 1. Setting up and booking flights for groups (qualifying number?).

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* 1. Last minute bookings.

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* 1. Changes to flights (such as flagging travellers who frequently make changes/cancellations that incur costs); include last minute changes if the procedure is different.

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* 1. Setting up new traveler profiles and ensuring support staff have the proper documentation for the traveller.

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* 1. Ability to provide travel service for domestic, US and international.

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1. Describe your agency’s role in maintaining an organization’s travel policy.

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1. Describe any software you provide in tracking and reporting unused electronic tickets.

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1. Describe any software you provide in tracking booked hotel rooms.

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1. Describe how you obtain and maintain traveler profile information, as well as new travellers that may require a profile.

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1. Please answer the following questions:

| **Question** | **Proponent’s Response (circle one)** | |
| --- | --- | --- |
| Where does your agency get its flight fares?  (check all that apply) | * GDS (Global Distribution System) * Airline direct * Other, describe: | |
| Do you have a system for maintaining all travel records for up to five years? | No | Yes, describe: |
| Does your agency offer 24-hour emergency service? | No | Yes, describe: |
| Confirmation that agency personnel will suggest alternate routings within departure and arrival parameters as specified by our Travel Policy (lowest logical airfares), where lower fares or total lower trip costs will result. | No | Yes |
| Does your agency have an automated or managed travel credit program? | No | Yes, describe: |
| Confirmation that electronic tickets will be used whenever possible. | No | Yes |
| Confirmation that electronic tickets can be sent directly to traveler, travel assistant and event planner. | No | Yes |
| Are you able to provide paper tickets at no additional cost, upon request? | No | Yes |
| Confirmation that travelers can designate a travel assistant to book travel on their behalf. | No | Yes |
| Does your agency utilize an Internet based system for travelers to access their itinerary? | No | Yes |
| Does your agency utilize a travel app for mobile/client convenience? | No | Yes |
| Does your company provide tracking of traveler’s carbon emission footprint? | No | Yes, describe: |
| Is flight insurance available for each airline ticket? | No | Yes, describe: |

**Customer Service**

1. Describe in detail your agency’s quality control plan to ensure the most economical fares

are monitored and verified.

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| --- | --- | --- | --- |
| Yes |  | No |  |

1. Does your agency record your calls for customer service auditing?

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| --- | --- | --- | --- |
| Yes |  | No |  |

1. Would you be willing to provide the Participating PCHOs with recordings of calls or call transcripts should the need arise?

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| --- | --- | --- | --- |
| Yes |  | No |  |

1. Are your tools, website and travel advisers fully bilingual?
2. Please provide response time where applicable and method of measurement for the

following:

| **Quality Assurance** | **Response Time** | **Method of Measurement** |
| --- | --- | --- |
| Speed of telephone response |  |  |
| Call back response time |  |  |
| Response time for email reservations |  |  |
| Reservation accuracy | n/a |  |
| Ability to change reservations and itineraries |  |  |
| Ability to cancel reservations |  |  |
| Bilingual English/French service reps |  |  |
| Customer service complaints |  |  |
| Client/traveller satisfaction | n/a |  |

**Reporting**

1. What reporting system does your agency use?

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1. Please explain any proprietary systems particular to your agency.

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1. Describe your capability to present summary reports such as airfare and hotel activity,

frequent destination, and itinerary changes.

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| --- | --- | --- |
| **Reports** | **Proponent’s Response (circle one)** | |
| Are you able to offer reports broken down by department? | No | Yes |
| Are you able to offer reports broken down by traveller? | No | Yes |
| Are you able to provide reports on the following timelines?   * Monthly * Quarterly * Yearly * Upon request | No | Yes |
| No | Yes |
| No | Yes |
| No | Yes |
| Will the Participating PCHOs be able to generate basic reports of their own? | No | Yes, describe: |

1. Please provide samples of the following reports with your RFP submission (pages not included in the maximum number of 10):
   1. Airfare activity
   2. Reconciliation report
   3. Unused ticket report
   4. Hotel usage
   5. Airline report by carrier
   6. Top 50 travelers by volume and transactions
   7. Top city pairs
   8. Change fee report, including flight cost difference and administrative fee

**Non-Travel Related Services**

| **Service** | **Proponent’s Response (circle one)** | |
| --- | --- | --- |
| Does your agency offer Venue Search services for group meetings? | No | Yes, describe: |
| Are there service fees related to venue searches? | No | Yes, describe: |
| Does your agency offer online registration for meetings and events? | No | Yes, describe: |
| Do you have any relationships with ground transportation providers that may benefit organizations participating in this RFP? | No | Yes, describe: |
| Does your agency provide discounts for preferred hotels? | No | Yes, list: |
| Does your agency provide other beneficial services? | No | Yes, describe: |
| Does your agency “connect with” or offer expense and receipt management software? | No | Yes, complete section below: |

If you answered yes to the question above, please answer the following as it relates to expense and receipt management:

1. Please list the top five companies you partner with for expense and receipt management.

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1. From your list of potential partners, list the top two you recommend for us and why.

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1. Please describe how your travel and expensive management systems integrate.

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1. Describe how files are sent/imported to our accounting system.

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1. Describe the security features of your system.

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1. Answer the following:

| **Service** | **Proponent’s Response (circle one)** | |
| --- | --- | --- |
| Is travel automatically incorporated into the expense form/system? | No | Yes, describe: |
| Do you have a digital or photo receipt system (whereby the user takes a picture of their receipt and it is automatically entered into an expense field)? | No | Yes |
| Do you offer credit card integration? | No | Yes |
| Are the expense categories customizable? | No | Yes |
| Does your system integrate with payroll? | No | Yes |
| Can we create reports that list quarterly or yearly expenses?  … by person?  … by department?  … by type of expense? | No | Yes |
| No | Yes |
| No | Yes |
| Is there an implementation fee? | No | Yes, list cost: |
| Do you offer training on your system? | No | Yes, describe: |