LOCAL BENEFITS

(SOCIAL, ECONOMIC AND ENVIRONMENTAL)

All pages of this form must be completed and returned with the Proponent's response.

This form is used to gather information to influence and help the economic transformation and enable meaningful participation of Bermudians and "specified business" in Bermuda's economy. This form looks at the ownership, management structures, and skill development opportunities in an effort to gather information about the businesses bidding on Government Contracts. The Government's aim is to increase access to local economic activities and encourage skills training opportunities for Bermudians along with the Government's use of specified businesses.

Rated criteria in the Government's **Standard Evaluation Matrix Section 3** is equivalent to **mandatory 30%** of the overall score. It helps the public officers to measure, promote equality opportunities, and optimize the participation of specified businesses.

Ownership:

1. Bermudian Owned Business……☐ Yes ☐ No

2. Are you defined as a "Specified Business" in Bermuda (Small or Medium Sized)?

☐Yes ☐No

☐ Other_____

Definition - According to the Code of Practice Project Management and Procurement, **"Specified Business"** means a Bermudian-owned and owner-operated business enterprise with such characteristics as the Bermuda Economic Development Corporation may determine and

(A) gross annual sales of less than one million dollars, or an annual payroll of less than five hundred thousand dollars; or

(B) at least three of the following attributes:
(i) gross annual revenue of between $1,000,000 and $5,000,000;
(ii) net assets of less than $2,500,000;
(iii) an annual payroll of between $500,000 and $2,500,000;
(iv) between a minimum of 11 and a maximum of 50 employees; and
(v) been in operation for a minimum of 10 years.

3. Provide a copy of the Certificate of Incorporation (if applicable).

Copy attached ☐ Yes ☐ No

4. Number of employees/Bermudians

Please indicate the total number of persons employed by the company and the number and percentage of Bermudian employees.

NUMBER OF NON-BERMUDIANS:	
NUMBER OF BERMUDIANS:	
NUMBER OF EMPLOYEES:	
PERCENTAGE OF BERMUDIANS:	

Management Control

5. INCUMBENCY CERTIFICATE

The undersigned being the secretary of the company has named below (the "Company"), a company duly organised and existing under the laws of the Islands of Bermuda and having it's registered office as set out below **DO HEREBY CERTIFY** that the following is a true and correct listing of the Directors and Officers of the Company in full force and effect as of the date hereof.

DIRECTORS and ALTERNATE DIRECTORS

NAME	TITLE

OFFICERS

NAME	TITLE

IN WITNESS WHEREOF I have hereunto set my signature in accordance with the Bye-Laws of the Company.

Company Name: ……

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Skill Development - Apprenticeships/training opportunities

6. Do you offer apprenticeships/training opportunities?

☐Yes ☐ No

7. Does your business offer Bermudian's apprenticeships/training opportunities?

☐Yes ☐ No

8. Does your business offer Bermudian's internship opportunities?

☐Yes ☐No

9. If yes, to questions 8 and 9, what apprenticeship or training opportunities exist, please indicate below. (add more lines as needed)

NUMBER	NAME	NON BERMUDIAN	BERMUDIAN	APPRENTICESHIPS OR TRAINING OFFERED BY YOUR COMPANY (month/year)

Preference Procurement

10. Will the proponent use Bermuda specified businesses in their supply chain?

Yes _____ No _____

If no, then please provide an explanation_____

11. Will the proponent use Bermuda specified business sub-contractors (if applicable)?

Yes _____ No _____

If no, then please provide an explanation_____

Enterprise and Supplier Development

12. Safety and Health, Sustainability and Environmental Policies

Please indicate whether the business has a:

a) Safety and Health Policy,

☐Yes ☐ No, if yes, then please provide a copy.

b) Sustainable Goods and Services Policy

☐ Yes ☐No, if yes, then please provide a copy.

c) Environmental Policy.

☐ Yes ☐No, if yes, then please provide a copy.

Date: _____

Company Name: _____

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