Annex E

Swing Bridge and Longbird Bridge Replacement Independent check 2023

Local Benefits Form

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 and to learn more 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 and the Government's use of specified businesses.

Rated criteria in the Government's Standard Evaluation Matrix Section 3 is equivalent to 40% of the overall score. It helps the public officers to measure, promote equal opportunities, and optimize the participation of specified businesses.

Date	:						
Own	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 Procuremer 8 and 9), " Specified Business " means a Bermudian-owned and owner-operated bu enterprise with such characteristics as the Bermuda Economic Development Corpora may determine and					ess		
	 (A) gross annual sales of less than one million dollars, or an annual payroll of les hundred thousand dollars; or 				ive		
 (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. 				0,000;			

Please note that BEDC has not yet requested any additional requirements of businesses to be categorized as a Specified Business. Any Bermuda owned company that satisfies the criteria on item A or item B above will be considered a Specified Business.

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 SPOUSES OF BERMUDIANS:					
	NUMBER OF EMPLOYEES:					
	PERCENTAGE OF BERMUDIANS IN PROJECT TEAM:					
	TROJECT TEAM.					
Skill	Development - Apprenticeships/training opportunities					
5.	Does your business offer internship, apprenticeships or training opportunities?					
	□ Yes □ No					
6.	Does your business offer Bermudian's internships opportunities?					
.	□ Yes □ No					
7.						
7.	Does your business offer Bermudian's apprenticeships/training opportunities?					
	□ Yes □ No					
8.	Is your business willing/able to provide Bermudians new internship, or secondment opportunities in this project?					
	□Yes □ No					

9. If yes, to questions 6, 7 or 8, what apprenticeship or training opportuning indicate below. (add more lines as needed)					ning opportunities exist, please	
	EMPLOYEE NAME	NON BERMUDIAN	BERMUDIAN	(month/year)	NAME OF INTERNSHIP OR APPRENTICESHIP PROGRAM OFFERED BY YOUR COMPANY	
Pref	ference Procurement Will the proponent use Bermuda specified businesses in their supply chain? Yes No Please provide an explanation					
11. Will the proponent use Bermuda specified business sub-contractors (if app			-contractors (if applicable)?			
	Yes No					
	Please provide an explanatio					
Ente	erprise and Supplier Develop	ment				
12.	Program				on Incubator or any other Business	

13.	. 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.		