ANNEX M - 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 Appendix D, Section F: Rated Criteria is equivalent to mandatory 30% of the overall score. It helps the public officers to measure, promote equal opportunities, and optimize

the participation of specified businesses. Date: Ownership: 1. Bermudian Owned Business..... ☐ Yes ☐ No 2. Are you defined as a "Specified Business" in Bermuda (Small or Medium Sized)? \square No □Yes ☐ Other Definition - According to the Code of Practice Project Management and Procurement (page 8 and 9), "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.

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

Copy attached \square Yes \square No

3.

		NUMBER OF NON-BERMUDIANS:						
		NUMBER OF BERMUDIANS:						
		NUMBER OF EMPLOYEES:						
		PERCENTAGE OF BERMUDIANS:						
lan	age	ement Control						
5.	IN	INCUMBENCY CERTIFICATE						
	correct listing of the Directors and Officers of the Company in full force and effect date hereof. <u>DIRECTORS</u> and <u>ALTERNATE DIRECTORS</u>							
		NAME		TITLE				
	<u>(</u>	<u>OFFICERS</u>						
		NAME		TITLE				

Company Name:

Skill Development - Apprenticeships/training opportunities

6.	Do	Do you offer apprenticeships/training opportunities?						
		∕es □ No						
7.	Do you agree to sponsor at least 5 participants as part of the Government Solar Photo or PV Certification Training Programme?							
□Yes □ No								
8.	Does your business offer Bermudian's apprenticeships/training opportunities?							
	□Yes □ No							
9.	Doe	Does your business offer Bermudian's internship opportunities?						
	□Yes □No							
10.	If yes, to questions 8 and 9, what apprenticeship or training opportunities exist, please indicate below. (add more lines as needed)							
	NUMBER	<u>NAME</u>	NON BERMUDIAN	BERMUDIAN	APPRENTICESHIPS OR TRAINING OFFERED BY YOUR COMPANY (month/year)			
Pre	eferen	ce Procurement						
11.	Wil	Will the proponent use Bermuda specified businesses in their supply chain?						
	Yes	Yes No						
	If no, then please provide an explanation							
12.	Will the proponent use Bermuda specified business sub-contractors (if applicable)?							
	Yes No							
	If no, then please provide an explanation							

Enterprise and Supplier Development

13.	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.			