

Cold Lake First Nations Consultation Department  
Tender / Bid Submission Form



Project Title \_\_\_\_\_

Contractor Name \_\_\_\_\_

Submission Date \_\_\_\_\_

WCB Number \_\_\_\_\_

CGL Policy Number \_\_\_\_\_ Coverage Limit \_\_\_\_\_

Certificate of Insurance Attached?\*  Yes  No

\*Bids may be submitted without proof of insurance but contracts cannot be awarded.

Total Price \_\_\_\_\_

Describe your bid (what parts of the tender you are interested in, what equipment you will use, what you will supply, any subcontractors you will use.)


Conflict of Interest Disclosure: Identify any person employed by CLFN (including leadership) who:  
Is a close family member or friend  
Could benefit financially from this contract  
Could influence the award of this contract


\_\_\_\_\_  
I declare that the information provided here is true and accurate to the best of my knowledge.

Received by \_\_\_\_\_

Date \_\_\_\_\_