# APPENDIX D: STAGE II (SUBMISSION FORM)

All Respondents must provide details about their Firm and its experience delivering the same or similar services. If you deem a question does not apply to you, you must explain or outline why it is so. Please see *APPENDIX E: STAGE II (EVALUATION FORM)* for the evaluation form being used to assess your responses.

1. Please provide a brief history of your Firm.

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1. Please provide details of your Firm’s overall and known areas of expertise; include any relevant documentation supporting your response.

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1. Identify the proposed legal team, with specific attention to who will be the primary contact for instructions, advice, representation and billing.

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1. Provide citations to cases or secondary materials demonstrating your experience and expertise in your selected areas of expertise.

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1. Please outline your Firm’s risk management architecture, strategy and protocols; include any relevant documentation supporting your response.

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1. Please outline your Firm’s health and safety policy and procedures; include any relevant documentation supporting your response.

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1. Please confirm your Firm's policies and procedures regarding protecting confidential information; ensure to include any relevant documentation supporting your response.

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1. Please outline your Firm’s policy on access for all persons in accordance with the AODA; ensure to include any relevant documentation that will support your response.

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1. At a high level, please describe how your Firm will allow DNSSAB or NDHC to meet its current and future needs; ensure to include any relevant documentation that will support your response.

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1. With specific details, please confirm each of the associated legal services your Firms provides in your selected area of expertise; ensure to include any relevant documentation that will support your response.

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1. Please confirm your Firm's preference for client instruction and your response time guarantee.

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1. Please confirm your Firm's communication approach with clients, with specific attention to task completion and deadline notifications; ensure to include any relevant documentation that will support your response.

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1. Please confirm, with specific details, any value-added components, creative opportunities for cost savings, or innovative goods and/or services within your Firm that would benefit DNSSAB/NDHC; ensure to include any relevant documentation that will support your response.

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**Completed by:**

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| Firm |  | Authorized Signature |

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| Name |  | Title |

*I HAVE THE AUTHORITY TO BIND THE CORPORATION*