## **LOCAL BENEFITS**

(SOCIAL, ECONOMIC AND ENVIRONMENTAL)

|        | Do you offer apprenticeships/training opportunities?  |  |                  |           |  |  |
|--------|---|--|------------------|-----------|--|--|
|        | Apprenticeships/training opportunities  Please indicate whether the company offers apprenticeships or training opportunities. If no apprenticeship or training opportunities exist, then indicate below. (Add more lines as needed) |  |                  |           |  |  |
| NUMBER | <u>NAME</u>   |  | NON<br>BERMUDIAN | BERMUDIAN | APPRENTICESHIPS OR TRAINING OFFERED BY YOUR COMPANY (month/year) |  |
|        |   |  |                  |           |  |  |
|        |   |  |                  |           |  |  |
|        |   |  |                  |           |  |  |
| ,      | Number of employees/Bermudians  Please indicate the total number of persons employed by the company and the number ar percentage of Bermudian employees.  |  |                  |           |  |  |
|        | NUMBER OF NON-BERMUDIANS:   |  |                  |           |  |  |
|        | NUMBER OF BERMUDIANS:   |  |                  |           |  |  |
|        | NUMBER OF EMPLOYEES:  |  |                  |           |  |  |
|        | PERCENTAGE OF BERMUDIANS:   |  |                  |           |  |  |
|        |   |  |                  | 1         |  |  |

RFQ - Airport Finger Site Clearing

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## ANNEX B - LOCAL BENEFITS

| Will the proponent use local businesses in their supply chain?  |
|---|
| Yes No  |
| If no, then please provide an explanation   |
| Will the proponent use local sub-contractors (if applicable)?   |
| Yes No  |
| If no, then please provide an explanation   |
| Safety, Health and Environmental Policies   |
| Please indicate whether the company has a (i) safety and health policy, (ii) sustainable goods and/or services policy, and/or (iii) an environmental policy. If so, then please provide a copy. |
| Copy attached Yes No  |
| Provide a copy of the proponent's <b>Certificate of Incorporation</b> (if applicable).  |
| Copy Attached Yes No  |

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