MARKET RECOVERY PROGRAM – SCHEDULE “F”

"F"

NOTICE OF SUCCESSFUL BID FORM

Instructions – AS PER LETTER OF UNDERSTANDING #110:

1. To be eligible for any subsidy, Applicant Contractors must be current with pension and benefit contributions as of date of Tender closing AND on date of application for payment
2. Upon receipt of Purchase Order, Contractor will promptly complete and e-mail or fax to the MIA office the following documents:
   Completed Schedule “F”; dated Purchase Order; copy of Schedule “E”
3. MIA will review, sign and send to the Market Recovery Trustees (Local 95)
4. The Market Recovery Trustees, upon agreeing to its validity, will sign and fax/e-mail a copy to the Contractor and the MIAO
5. If LTAF is a component of the stabilization assistance program, the Market Recovery Trustees will fax/e-mail a copy to the Benefit Plan Administrators Ltd (BPA)
6. When work is completed, contractor will e-mail (officers@insulators95.com) or fax (289-459-0124) to Local 95 invoice addressed to Local 95 for payment

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TO: The Master Insulators’ Association of Ontario Inc.
2600 Skymark Avenue - Suite 1-101
Mississauga, ON L4W 5V2 Fax: 905-279-6422
manager@miaontario.org

From: (Name of Contractor) ______________________________

Schedule "E" Reference number: ______________________________

Name of Project: ______________________________

Please be advised that the above named contractor was the successful bidder on the above project.

The following documentation is attached:

1. Copy of the Purchase Order and/or Subcontract as proof of successful bid (**all monetary amounts are to be blocked out**)
2. Schedule "E" – Stabilization Details

Contractor Signature:

______________________________ *Print name*: ______________________________

APPROVALS:

The Master Insulators’ Association of Ontario Inc.		Trustees Market Recovery Trust Fund (Stabilization Program)	
Signature:	____________________	Signature:	____________________
Print name:	____________________	*Print name*:	____________________
Date:	____________________	Date:	____________________