

**Temporary Help Services Request for Services/Statement of Work  
LTCH Sample Template**

**A.1 RFS Timetable**

RFS/SOW #	<input type="text"/>	for LTCH tracking purposes only
Submission Date	<input type="text"/>	mmm-dd-yyyy
Vendor Response Date	<input type="text"/>	mmm-dd-yyyy

**B.1 Client Contact Information**

Submit all documents in Word format by email to:

Requestor's Name	<input type="text"/>	
Phone Number	<input type="text"/>	eMail <input type="text"/>
LTCH Name	<input type="text"/>	
Client Address	enter "same as above" if information is the same <span style="float: right;">alt-enter creates a new line</span>	

**B.2 Invitation**

This Request for Services ("RFS") is issued by the Long Term Care Home (Home) under the Separate Agreement per the Vendor of Record Arrangement for Agreement # Tender 6484 and is an invitation to selected vendors ("Vendors") to potentially provide Temporary Help Services. Vendors are requested to make submissions for the specifics described throughout the document, respond where indicated, and submit responses by email as indicated in section B.1.

The Home expressly disclaims any intention to enter into a formal competitive process and expressly disclaims any obligation to any vendor or the creation of a legal relationship prior to the execution of the Statement of Work (section D below).

This RFS and any vendor submissions do not constitute a commitment by the Home to procure the goods or services described herein or the commitment of any vendor to supply the goods or services described herein. The Home shall not be liable for any expenses incurred, including the expenses association with the cost of preparing responses to this RFS by any vendor.

Each Vendor who responds to an RFS valued at \$25,000 or more may request a debriefing within 60 days of their unsuccessful vendor notification. Vendors who provide "no bid" responses are not entitled to a debriefing.

**B.3 Role Reporting**

The role reports to this position, which is responsible for approving time sheets for the selected candidate. Name

Name	<input type="text"/>	
Phone Number	<input type="text"/>	eMail <input type="text"/>
LTCH Name	<input type="text"/>	
Client Address	enter "same as above" if information is the same <span style="float: right;">alt-enter creates a new line</span>	

**Service Location**

Name	<input type="text"/>	
Phone Number	<input type="text"/>	eMail <input type="text"/>
LTCH Name	<input type="text"/>	
Client Address	enter "same as above" if information is the same <span style="float: right;">alt-enter creates a new line</span>	

Contact Name	<input type="text"/>	
Contact Phone Number	<input type="text"/>	eMail <input type="text"/>
Region	<input type="text"/>	choose from list

**B.4 Background**

**B.5 Deliverable Requirements**

**B.5.1 Additional Requirements**

Security Clearance  Y-Yes, N-No  
French Language Certification  Y-Yes, N-No

**B.5.2 Length of Assignment**

Start Date  mmm-dd-yyyy  
End Date  mmm-dd-yyyy  
Number of Resources required  enter a number

**B.5.3 Job Description**

Please attach a copy of the job description for the position to be filled

Job Classification   
Job Title

Recommended Hourly Rate to be paid to the Temporary Help resource

**C. Vendor Response**

this area for Vendor response

Vendor Hourly Rate to be paid to the Temporary Help resource   
Mark-Up Percentage Rate  applicable to Vendor Hourly Rate only  
Bilingual premium (if required)   
Bill Rate  \$ - equals (Vendor Hourly Rate X Mark-up %) + Bilingual premium

Selected Candidate Name   
Vendor please submit Candidate resume with response

**C.1 Payment**

Note that payment for this assignment will be made by the Homeon a per hour basis (i.e. Hourly Rate + Mark- up Percentage), provided the performance of the Deliverables is satisfactory to the LTCH. The Home may hold back payment or set off against payment if, in the opinion of the LTCH, the Vendor has failed to comply with any requirements of the RFS or the written agreement.

**C.2 Vendor Confirmation**

The Vendor confirms: - That they have provided the name, resume and references of the temporary help candidate(s); - That, to the best of its knowledge, the information and documentation it is providing is complete and accurate; - Its submission represents an all-inclusive figure for the cost of the Deliverables including, but not limited to, (a) all applicable taxes and duties, and (b) all delivery, travel, insurance and any other overhead or other costs that may be incurred in the provision of the Deliverables. - The Hourly Rate is the amount that will be paid to the Temporary Help resource, subject to statutory deductions; and - That it is not directly or indirectly demanding or charging a fee, reward or compensation from a person seeking placement under this SOW.

**C.3 RFS Submission Vendor Approval**

Vendor Name  choose vendor name

Name of Vendor Approval

Title

Vendor Approval Date  mmm-dd-yyyy

Signature

**D. Statement of Work**

**D.1 Term of Statement of Work**

This Statement of Work shall expire at the end of the Term as indicated in Section B.5.2. The Home shall have the option to extend this Statement of Work for one further period of up to [\*\*insert extension period, not to exceed six (6) months in total from date of hire without appropriate Home Approval Level\*\*], such extension to be upon the same terms (including Rates in effect at the time of extension), conditions and covenants contained in this Service Level Agreement, excepting the option to renew. The option shall be exercisable by the Home upon fifteen (15) calendar day's prior written notice to the Vendor, setting forth the precise duration of the extension.

**D.2 Deliverables, Rates and Payment Process**

The Vendor agrees to provide the Deliverables to the Home in accordance with the terms and conditions of the Master Agreement and as more particularly specified in the related Request for Service (Section B) to this Statement of Work. Subject to the Master Agreement, which established the maximum pricing for establishing Rates under a Statement of Work, the Rates for the provision of the Deliverables shall be as specified in the Deliverable Rate to this Statement of Work. Unless otherwise specified in the Statement of Work, the Vendor shall invoice the Home for the Deliverables provided under this Statement of Work in accordance with the terms set out in the Separate Agreement. The Rates for the provision of the Deliverables for this Statement of Work shall be as specified in this RFS, Section B.5.2 Length of Assignment and Rates and Section C Vendor Response. Unless otherwise specified in B.5.2 Length of Assignment and Rates and C Vendor Response, the Vendor shall invoice the Home for the Deliverables provided under this Statement of Work in accordance with the terms set out in the Separate Agreement.

**IN WITNESS WHEREOF** the parties hereto have executed this Statement of Work effective as of the later of the two execution dates set out below.

Long Term Care Home in section B.1 of the related Request for Service:

Vendor Signature \_\_\_\_\_

Name

Title

Date  mmm-dd-yyyy

This person is authorized to sign on behalf of the Home for Temporary Help Services  Y-Yes, N-No

And the Vendor referenced in Section C.2 - Vendor Confirmation, as attached to this agreement:

Client Signature \_\_\_\_\_

Name

Title

Date  mmm-dd-yyyy

This person is an authorized representative  Y-Yes, N-No