



Supplier, Contractor and Service Provider Attestation and Undertaking Form

- Complete this form if:
 - you are a supplier, contractor or service provider with Civida.
- Submit this form to Civida via email at preventcovid@civida.ca with the subject line "Mandatory Vaccination Program."
- If you have any questions, please contact us at preventcovid@civida.ca.

SECTION ONE – CONTRACTOR INFORMATION

- Please fill out this section with the contractor business information.

Vendor Legal Business Name		Vendor Trade Name	
City	Province	Postal Code	

SECTION TWO – AUTHORIZATION & SIGNATURE

- By completing this form, you agree to the collection and use of your personal information by Civida, pursuant to the Freedom of Information and Protection of Privacy Act.
- You confirm you are authorized to provide this information on behalf of the business named in this form.

On behalf of _____, I, the undersigned attest that:
(Organization name)

The representatives assigned by the above-named organization that will be contracted to do work for Civida have been fully vaccinated against COVID-19 and proof of vaccination has been verified.

NOTE: "Representatives" includes employees of the Organization as well as employees of any sub-contractors or visitors engaged by the Organization.

No other representatives will be engaged under any Civida contract or be engaged under another contractor to deliver work at Civida-owned or -managed properties. I further undertake to provide to Civida an updated *Supplier, Contractor and Service Provider Attestation and Undertaking Form* before any new representatives are to be engaged in any contract or attend Civida-owned or -managed property.



I understand that unvaccinated representatives are not permitted to deliver services related to any Civida contracted work.

I understand and agree that Civida will rely on the information provided in this *Supplier, Contractor and Service Provider Attestation and Undertaking Form* when reporting on its Mandatory Vaccination program to the Alberta government.

I understand and agree that compliance with Civida's Mandatory Vaccination program does not replace representatives' obligations to comply with other public health requirements, which may include hand washing, masking, physical distancing and other infection prevention and control measures. I further understand and agree that if my organization or our representatives fail to comply with these requirements, Civida may hold my organization liable for any fines, penalties or charges levied against it.

I understand that Civida expects its contractors to advise all representatives who will be engaged under a Civida contract and/or attend any Civida property, use Civida facilities or attend any in-person Civida activities, indoors or outdoors, of Civida's requirements and Civida's right to request proof of full vaccination before engaging in any of the above activities.

Name	Title	Signature
Telephone Number	Email Address	Date (mm/dd/yyyy)

This personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and/or in accordance with any applicable agreements in place. All personal information collected during this process will be used to issue electronic payments and to conduct authorized business transactions. Your information will be treated in accordance with the privacy provisions of Part 2 of the FOIP Act. If you have any questions, please contact our FOIP Coordinator at 780-420-6161 or at FOIPCoordinator@civida.ca.