

APPENDIX B
SUBMISSION FORM

1. Proponent Contact Information

Please fill out the following form and identify one person to be the Proponent's contact person for the Partnership Opportunity response and for any clarifications or amendments that might be necessary.

Full Legal Name of Proponent:	Click here to enter text.
Street Address:	Click here to enter text.
City, Province/State:	Click here to enter text.
Postal Code:	Click here to enter text.
Office Phone Number:	Click here to enter text.
Name and Title of Contact Person for Proponent:	Click here to enter text.
Contact Person Cell Phone:	Click here to enter text.
Contact Person E-mail:	Click here to enter text.

2. Acknowledgment of Non-binding Solicitation Process

The Proponent acknowledges that the Solicitation process will be governed by the Terms and Conditions set out in Appendix A above, and that, among other things, the Terms and Conditions confirm that this Solicitation process does not constitute a formal legally binding bidding process, and that there will be no legal relationship or obligations created until Metrolinx and the selected Proponent have executed a written contract.

3. Conflict of Interest

The term "Conflict of Interest" means, in relation to the process set out in the Terms and Conditions and the Commercial Digital Signage Display Partnership Proposal, the Proponent has an unfair advantage or engages in conduct, directly or indirectly, that may give it an unfair advantage, including but not limited to (i) having, or having access to, confidential information of Metrolinx in the preparation of its Term Sheet (as defined in the Terms and Conditions) that is not available to other Proponents, (ii) communicating with any person with a view to influencing preferred treatment in the process (including but not limited to the lobbying of decision makers involved in the process), or (iii) engaging in conduct that compromises, or could be seen to compromise, the integrity of the process.

As it pertains to Conflict of Interest, the Proponent must select one:

- a. ☐ There was no Conflict of Interest in preparing the Term Sheet, and there is no foreseeable Conflict of Interest in performing the obligations contemplated in the Term Sheet and/or with respect to the Commercial Digital Signage Display Partnership Proposal.
- b. ☐ The Proponent declares that there is an actual or potential Conflict of Interest relating to the preparation of its Term Sheet and/or the Commercial Digital Signage Display Partnership Proposal and/or the Proponent foresees an actual or potential Conflict of Interest in performing the obligations contemplated in the Term Sheet and/or the Commercial Digital Signage Display Partnership Proposal. If the Proponent declares an actual or potential Conflict of Interest by marking the box in (b) above, the Proponent must set out details of the actual or potential Conflict of Interest below. For clarity, participation in past, present, and/or future Metrolinx procurements could be a potential Conflict of Interest and such participation must be set out and accounted for in the list below to enable Metrolinx to consider whether an actual Conflict of Interest may exist and/or arise during the process.

4. Former Metrolinx Employees.

The following individuals, as employees, advisers, or in any other capacity (a) participated in the preparation of our Term Sheet (whether as employees, advisers, or in any other capacity); **AND** (b) were employees, advisers or consultants of Metrolinx at any time within the twelve (12) months prior to the Closing Date:

Name of Individual: Click here to enter text.
Job Title at Metrolinx: Click here to enter text.
Department of Metrolinx: Click here to enter text.
Last Date of Employment with Metrolinx: Click here to enter text.
Name of Last Supervisor: Click here to enter text.
Brief Description of Individual's Job Functions: Click here to enter text.
Brief Description of Nature of Individual's Participation in the Preparation of the Proposal: Click here to enter text.

(Repeat above for each identified individual)

The Proponent agrees that, upon request, the Proponent shall provide Metrolinx with additional information from each individual identified above in the form prescribed by Metrolinx.

This Submission Form is executed on behalf of the Proponent this ____ day of _____, 2021

[Click here to enter text.](#)

Name of Proponent

[Insert Legal Name of Proponent submitting Term Sheet, e.g. ABC Corporation]

[Click here to enter text.](#)

Signature

[Signature of individual authorized to bind the Proponent submitting the Term Sheet]

Name of Signatory: [Click here to enter text.](#)

Title of Signatory: [Click here to enter text.](#)

I have authority to bind the Proponent