APPLICATION FOR FIXED-TERM AGREEMENT

(Please print clearly if completing manually instead of electronically)

| a Law Firm an Individual Fav No. |
|---|
| |
| Fay No |
| Foy No. |
| Fav Na |
| Fax No |
| |
| |
| |
|) has been designated to act on behalf of the applicant on all matters pertaining same as above |
| |
| Fax No |
| |
| |
| entity, as registered with the Canada Revenue Agency (CRA): |
| ion 🗆 Limited Liability Partnership 🗆 Other |
| gistration Number issued by the CRA: |
| |



The following documentation was obtained for each individual included in the proposed prosecution team-including support staff, and is provided with the application (check documents included):

| Personnel Screening, Consent and Authorization Form (all) * | |
|--|--|
| Attestation of Consent (Law Enforcement Record Check (all) * | |
| CRA Consent Form (counsel only) | |
| Certificate of Good Standing with Law Society (counsel only) | |
| Recent Curriculum vitæ (all) | |
| References | |
| Student Card (if applicable) | |
| Paralegal License (where applicable) | |
| Paralegal Application (where applicable)** | |
| PPSC Agent Security Checklist | |

CRA will not disclose information other than advise the PPSC whether or not there exists (or existed) serious compliance issues based on information obtained through a review of the applicant's history with CRA over a period of up to 10 years; note that this information is not available at the local CRA level.

^{*}The "Personnel Screening, Consent and Authorization" and "Attestation of Consent (Law Enforcement Record Check" Forms can be obtained from the contact person listed on the advertisement.

^{**} Paralegal applications apply to staff members who perform paralegal duties but do not have a provincial certificate; the application and guidelines can be obtained from the contact person listed on the advertisement.

PART II - FIRM PROFILE

| Year Firm Established | | | | |
|---|------------------------|---------------------|------------------------|--|
| Firm consists of (number) | : | | | |
| Partners/Associates | Lawyers | Students | Paralegals | Support Staff |
| Names of Proposed Feder | ral Prosecution Team | 1: | | |
| Lawyer(s): | | | | |
| Student(s): | | | | |
| Paralegal(s): | | | | |
| Support Staff: | | | | |
| federal employees, and th | | | ic proposed prose | cution team who are retired Date (dd/mm/yy) |
| Name | | | | 2010 (00,,),) |
| Name | | | | |
| | | | | |
| Area(s) of Expertise | | | | |
| Other areas of Practice | | | | |
| Other than the proposed of provide the location(s): | office, does your firm | have offices in otl | ner locations (i.e., a | offiliations, etc.)? If so, please |
| · , | | | | |

PART III - RATED ASSESSMENT CRITERIA

All applicants, including incumbents, must provide a separate document containing detailed information and examples demonstrating how the applicant meets each of the following rated assessment criteria; the PPSC will evaluate the written submissions against these criteria and will identify the private-sector lawyer(s) or law firms that achieve a minimum of 60%.

- 1. Experience in conducting criminal and regulatory litigation (40 pts)
- 2. Experience in working in collaboration with others (15 pts)
- 3. Experience in coordinating multiple stakeholders associated with criminal or regulatory litigation (15 pts)
- 4. Ability to analyze legal issues and provide legal advice (10 pts)
- 5. Ability to work independently (10 pts)
- 6. Ability to work under pressure (10 pts)

Your document must also address:

- Your firm's commitment to the PPSC as Agents; for example, how PPSC prosecutions will be integrated
 into the existing practice and what changes / adaptations will be required to ensure compliance with
 Part II of the T&CS, Conflict of Interest; for instance, if you or a member of your firm has conduct of
 defense matters.
- 2. How you intend to provide prosecutorial coverage to the vacated location in a cost-efficient manner if you are applying for a vacancy located in excess of 100 km from your office.
- 3. Comments or additional information you would like to provide.

CERTIFICATION

ACCURACY OF INFORMATION

I hereby certify that all information provided herein is accurate.

MEMBERS OF LEGAL TEAM AND STAFF CERTIFICATION

I have satisfied myself that the individuals proposed for this requirement are capable of satisfactorily performing the services herein. I also certify that the work assigned to these individuals will be carried out in a timely manner and will respect any deadlines established by the Court.

EDUCATION / EXPERIENCE

I hereby certify that all statements made with regard to the education and the experience of individuals proposed for completing the subject work are accurate and factual, and I am aware that the Public Prosecution Service of Canada (PPSC) reserves the right to verify any information provided in this regard and that untrue statements may result in the application being declared non-responsive or in other action which the PPSC may consider appropriate.

CONFLICT OF INTEREST

On acceptance of this submission by the PPSC, I undertake to comply with Part II of the *Terms and Conditions of Fixed-Term Agreements of Agents* governing Conflicts of Interest.

In the event that I become aware of circumstances that could create a situation of conflict of interest or appearance of conflict of interest, I undertake to report it to the Agent Supervisor and follow any resulting instructions.

| Signature of Contact | Date | |
|----------------------|------|--|
| | | |

CONSENT TO RELEASE OF INFORMATION

TO: National Agent Coordinator

Agent Affairs Division, Headquarters Public Prosecution Service of Canada

AND TO: Canada Revenue Agency

In accordance with the Public Prosecution Service of Canada's (PPSC) Fixed -Term Agreement requirements, I must be in compliance with the Canada Revenue Agency (CRA), personally and professionally, in order to obtain an Agreement or retain my status as an Agent of the Director of Public Prosecutions (DPP).

Therefore, this shall be your good and sufficient authority to conduct background checks on me, personally and professionally, for the purposes of ascertaining any information that will determine my suitability as an Agent of the DPP, and as such, perform my duties in a fair and impartial manner.

I hereby authorize the CRA to review my records and any other information that the CRA may have concerning me, under any Act administered in whole or in part by the CRA, to determine my suitability to act as an Agent of the DPP, either because I am being considered for an Agreement or because the validity of my previous check will soon expire; the CRA will or will not endorse the request by indicating to the PPSC National Agent Coordinator whether there exist any significant compliance-related issues. It is understood that the PPSC and the CRA are not under any obligation to reveal the results of the background check or ensuing discussions with me. I will not request any of the information obtained by or used for the checks.

| Name (print clearly) | | | |
|---|----------------------------|--|--|
| Date of birth (yy-mm-dd) | n-dd) Social Insurance No. | | |
| Address | | | |
| Daytime Phone | | | |
| I practice as a sole practionner | a partner | an associate at the following law firm : | |
| HST/GST Registration Number is | sued by the CR | А : | |
| Furthermore, I am also responsible return for the following entity/ent Account # issued by CRA: | • | ST/HST return, payroll return, and/or corporate cable) | |
| Dated at | in the Province | of thisday of _ 202 . | |
| Signature | | | |



PPSC AGENT SECURITY CHECKLIST

| Firm Name and Address: | |
|--|--|
| Office located in Residential / Single Occupar Business / Industrial Multipl | ncy le Tenant |
| Monitored Alarm System Yes No | |
| Are <u>all</u> members of the firm authorized for PPSC purposes Do all <u>authorized</u> members hold a valid security clearance? Do unauthorized members have access to PPSC files/materials | Yes No Yes No Yes No N/A |
| STORAGE – Filing of documents • Separate cabinet for PPSC files? • Locked cabinet for PPSC files? • PPSC file cabinets in a secure area? STORAGE – Electronic | Yes No Yes No Yes No |
| Are the computers password protected? Does your firm have a professional email? Does your email have encryption capabilities? Does your firm have external storage devices If yes, check all that apply: Hard drives Thumb drives Back up tapes Are these devices password protected? | Yes No Yes No Yes No Yes No Yes No |
| TRANSPORTATION of data and documents Does your firm have locking briefcases? If no, please describe how you transport the data and documents | Yes No cuments: |
| Provide additional information on how you will ensure the require "no" to any of the above questions; use a separate sheet if neces | |
| I hereby certify that all information provided herein is accurate. | |
| Signature of Contact | Date |

