

# **OWN-FORCE LABOUR REQUEST**

HPRM Ref#-

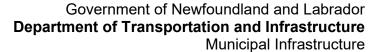
<b>Project Details</b>	
MI Project Number	Request Date
Project Title	
Ultimate Recipient (UR)	
Approved Project Value (	incl HST)
	☐ Work by UR forces, project managed by a consultant.
Request Type	☐ Work by contactors, Project Management by UR.
	☐ Work by UR forces, Project Management by UR.
_	ement of associated costs under the project, which will be at the original funding
agreement cost share, own Director of Municipal Infras	-force labour costs will only be incurred <u>after</u> approval of this request in writing by the
Director of Municipal Infras	tructure.
Pationala for Paguast	· (nuncido anothina como de anoido una de dinas as nonded)
1	(provide anything you want considered, add lines as needed)
2	
3	
4	
5	
Miles is it NOT Feesible	- to Tourism - Courtments ( ) to a subject to
	e to Tender a Contract? (select at least one)
· •	sector capacity to undertake the work (must be demonstrate with research, attach
applicable documents)	ry/specialized infrastructure/equipment that requires specific knowledge.
, ,	quires the recipient to use their own unionized employees for certain work.
☐ Other unique circumstar	·
	ise tachtimea below.

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Pa	st History of Projec	t Management (provide	anythin	g you war	nt considered, add li	nes as needed)	
Pro	ovide 2 examples of proje	cts where the UR utilized the	same ap	proach as	this request for simila	rly scoped projects.	
1	Title				Project Cost		
	Procurement Method				<b>Completion Date</b>		
	Questions	Was it completed on time?	☐ Yes	□ No			
		Completed on budget?	☐ Yes	□ No			
		Any safety incidents?	☐ Yes	□ No			
	Other Information						
_	T:11 -				Duniont Cont		
2	Title				Project Cost		
	Procurement Method Questions	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		□ N -	Completion Date		
	Questions	Was it completed on time?	☐ Yes				
		Completed on budget?	□ Yes	□No			
	Other Information	Any safety incidents?	☐ Yes	□ No			
	Other Information						
Pr	oject Eligibility (selec	t all that annly)					
	e work involves:	t an that apply)					
		ement or rehabilitation (wind	ows doc	rs siding	roof)		
		n of a building (not related to		-	1001)		
		, storm water, that does not re		• •	loss than 100m		
	Small access trails to mu		equire p	avillg allu i	1633 (11411 100111		
□ No	te:	yground, dog parks, gardens					
1.		ollowing conditions are not eli	gible for	Work by (	Dwn-Force:		
1.	a. Life Safety	blowing conditions are not en	gible for	WOIK DY C	JWII-I OICE.		
	•	(lift station, treatment, outfal	ls. linear	length gre	eater than 100m)		
	c. Water source develo		,				
	d. Buildings with regula	ar occupancy or those requirir	ng LEED				
	e. Any project that incl	ludes blasting					
2.	Projects over \$20,000 +	HST in value are not eligible. A	A case m	aybe mad	e for consideration ot	herwise.	
If t	he project does not fall v	vithin the above listed catego	ries, ple	ase identi	fy why the project sh	ould be eligible.	

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Risk Analysis						
Risk (A)	Likelihood (B)	Impact (C)	Risk Rating (D)	Mitigative Actions (E)		

- A Brief description of the risk
- B Identify the likelihood, how likely the risk is to occur (vertical axis of chart below)
- C Identify the impact, if the risk takes place, how seriously will it impact your project (horizontal axisof chart below)
- D On the chat below to identify the risk rating (colored cells in the chart below corresponding to B and C)
- E Identify how the UR proposes to mitigate the risk

		Negligible	Minor	Moderate	Significant	Severe	
1	Very Likely	Low Med	Medium	Med Hi	High	High	
Likelihood	Likely	Low	Low Med	Medium	Med Hi	High	
	Possible	Low	Low Med	Medium	Med Hi	Med Hi	
	Unlikely	Low	Low Med	Low Med	Medium	Med Hi	
	Very Unlikely	Low	Low	Low Med	Medium	Medium	

Procurement Plan (list all procurement packages and when they will be advertised)					
Procurement Package Description	Method (Limited Call, Public Open Call)	Estimate (incl HST)	Schedule		

### Notes:

- 1. All contractors utilized must be COR certified.
- 2. All work must use MI specifications, and front end documents.
- 3. All contracts must have bonding in place.
- 4. All contractors and consultants must have appropriate insurances in place.

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Cost Management Plan (list methods to control costs)
Scope Management Plan (list methods to control scope)
Quality Management Plan (list methods to control scope, and ensure quality of work)

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Financial Analysis						
<b>Incremental Costs</b> (add lines	Incremental Costs (add lines as needed)					
Employee Position /	Description of Work	Incremental Cost				
Equipment						

#### NOTE:

- 1. Costs are associated with backfilling the position of an employee who is assigned to the project or hiring a new employee to work on the project. New internal employee would be a temporary and terminated at end of project.
- 2. UR cannot charge for equipment owned by the UR usage or the operator, however, the gas can be.
- 3. UR may rent equipment for the project specifically and terminate the rental immediately after.

### **Cost Benefit Analysis**

Provide a business case to indicate that this option will save the UR, and the project, funding. Modify the items to be project specific

Item	Option One	Option Two
(Edit as necessary)	Estimate (\$)	Estimate (\$)
	Incl HST	Incl HST
	Without Own-Force	With Own-Force
Project Management		
Design		
Site/Resident Inspection		
Rental Equipment		
Construction Materials		
Construction labour		
Training		
Testing		
Permits		
Engineering		
UR Costs		
Total (incl HST)		
Savings to project (incl HST)		

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<b>Ultimate Recipient</b>	Attestation (select all that apply)						
MI will determine if any t	hat are not selected pose an issue to the	e application for the spe	cifics of the project.				
The Ultimate Recipient at	tests that the organization and/or staff	working on this project:					
☐ Has an Occupational	Health and Safety Policy that addresses v	work in scope (provide o	сору).				
☐ Is in good standing wi	th WorkPlaceNL (letter may be requeste	ed).					
☐ Has qualified technica	al project management staff (engineer/to	echnologist) (resumes n	nay be requested).				
☐ Has properly trained	ourneyperson trades people for the wo	rk required (tickets may	be requested).				
☐ Has knowledge of pol	icies, regulations, codes, and standards	as relevant to the proje	ct.				
☐ Has knowledge of Mu	nicipal Water, Sewer and Roads Master	<b>Construction Specificat</b>	ions, TI Highway Design				
Specifications Book, and	NL Master Specification Guide for Public	Funded Buildings as rel	evant to the project.				
☐ Has knowledge of the	Public Procurement Act, Regulations, a	nd policies, and will follo	ow all the requirements.				
☐ Will engage compete	nt, licensed consultants and contractors	with COR certification,	appropriate bonding, and				
insurances.							
☐ Will ensure that all pe	ermits required are received prior to the	start of construction.					
☐ The individual signing	this document has support of the gover	ning body to request ar	nd proceed if approved with				
the project in this manne	r.						
UR Representative Position							
Signature Date							

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Deci	sion	(internal u	se o	nly)			
Project	t Detail	s					
MI Pro	ject Nu	ımber		Request Date			
Ultimate Recipient (UR)							
				Work by UR forces, project managed by a consultant.			
Reque	st Type			☐ Work by contactors, Project Management by UR.			
				☐ Work by UR forces, Project Management by UR.			
Munici	ipal Inf	rastructure	Proj	ect Representative Review			
Comm	ents:						
Project				Recommendation	☐ Approv	e	
Repres	entativ	/e			☐ Reject		
Signati	ure			Date			
Region	al Engi	neer Revie	w				
Comm	ents:						
Region	al Engi	neer		Recommendation	☐ Approv	e	
					☐ Reject		
Signati	ure			Date			
Headq	uarters	Review					
Yes	No						
		The Own-	Force	Labour request is in respect of a project that is approved			
		The Own-	Force	Labour costs requested are not otherwise ineligible unde	er the progra	ım	
	Employee and/or leased equipment is engaged in work that would otherwise be contracted out				tracted out		
	The requested costs are Incremental and will be reimbursed at the prescribed shares				;		
		Due to un	ique	circumstances, it is not economically feasible to tender a	contract		
Directo	or			Decision	☐ Approv	e	
				☐ Reject			
Signati	Signature Date						
HPRM	HPRM Reference Number -						

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