

FORM A

**ACKNOWLEDGMENT OF RECEIPT OF RFQ,
ADDENDA, AND RESPONSES TO QUESTIONS**

(Name of Proposer)

We hereby acknowledge receipt of RFQ No. 1, Illinois Tollway I-26-2501 Construction Manager / General Contractor Project RFQ dated [May 18, 2026](#), subsequent amendments and responses to questions issued by the Illinois Tollway, and all other information about the Project uploaded to the Project website. Please add more lines under the “Addendum No.” and “Date Issued” columns if further addenda are issued.

<u>Addendum No.</u>	<u>Date Issued</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Signed)

(Date)

(Printed or Typed Name)

(Title)

Note: Capitalized terms not otherwise defined herein shall have the meaning set forth for each such term in the RFQ.

FORM B

PROPOSER'S ORGANIZATION INFORMATION

PROPOSER (INDIVIDUAL FIRM/JOINT VENTURE/PARTNERSHIP)			
Name of Entity and State of Organization (if applicable): Address: Contact Name: _____ Title: _____ Telephone No.: _____ E-mail: _____			
POINT OF CONTACT			
Name: Address: Telephone No.: _____ E-mail: _____			
NAME(S) OF CONSTRUCTION MANAGER / GENERAL CONTRACTOR TEAM MEMBER(S)			
Company Name	Address/Phone & E-mail	State of Organization:	% Share of Equity Interest
Major Participant(s)			

Note: Capitalized terms not otherwise defined herein shall have the meaning set forth for each such term in the RFQ.

FORM C

PAST PERFORMANCE

Name of Proposer: _____

Firm Name: _____

Provide the following information in accordance with Section 4.4.2.1 (Legal) of the RFQ.

Dispute Resolution Proceedings

List	Owner Initiated Proceedings (Y/N)	Resolution/Outcome	Indicate if Unresolved or Outstanding	Current Owner Contact Name, Phone & E-mail.

Liquidated Damages

Project Name	Cause of Delay(s)	Amount Assessed	Describe Outstanding Damage Claims by Any Owner	Current Owner Contact Name, Phone & E-mail.

Termination for Cause

Project	Describe Reason for Termination	\$ Amount Involved/ Claims Lost or Won	Current Owner Contact Name, Phone & E-mail.

Disciplinary Action

Project	Describe Action Taken	Current Owner Contact Name, Phone & E-mail.

Note: Capitalized terms not otherwise defined herein shall have the meaning set forth for each such term in the RFQ.

(Must be signed by an authorized representative of each
Major Participant)

Firm: _____

By: _____

Title: _____

Name of Proposer: _____

Note: Capitalized terms not otherwise defined herein shall have the meaning set forth for each such term in the RFQ.

FORM E

**INFORMATION ABOUT MAJOR PARTICIPANTS
AND IDENTIFIED SUBCONTRACTORS**

Provide the requested information for each Major Participant and subcontractor.

FORM F

PROJECT DESCRIPTION

Name of Proposer: _____

Firm name (entity that participated on the project):
Project name, location, description, years of construction, value of original construction contract and nature of Work for which company was responsible:
Describe site conditions and challenges:
(Use additional sheets as necessary to describe project and site conditions)

List any awards, citations, and/or commendations received for the project:

Note:

- 1) Capitalized terms not otherwise defined herein shall have the meaning set forth for each such term in the RFQ.
- 2) All reference(s) provided must be in compliance with the Innovations for Transportation Infrastructure Act of 2022 that includes: references or contact information for persons who can attest to the past performance of the Proposer, including with respect to successful project delivery, subcontracting, labor relations, diverse business utilization, workforce diversity, and compliance with contract requirements.

FORM G

AWARDS, CITATIONS, AND/OR COMMENDATIONS

Name of Award, etc.	Year Received	Project & Location	Work for Which Award, etc. Received

FORM H

SAFETY QUESTIONNAIRE

Proposer's Name: _____

Firm Name: _____

1. Provide the following information for the preceding three years:

Item	2025	2024	2023
Employee hours worked (Do not include non-work time, even though paid)			
Number of lost workday cases			
Number of restricted workday cases			
Number of cases with medical attention only			
Number of fatalities			

2. Are internal accident reports and report summaries sent to management? To what levels and how often?

Position	No	Yes	Monthly	Quarterly	Annually

3. Do you hold site meetings for supervisors? Yes _____ No _____

How often?

Weekly _____ Bi-Weekly _____ Monthly _____ Less often, as needed _____

4. Do you conduct Project safety inspections? Yes _____ No _____

By whom? _____

How often?

Weekly _____ Bi-Weekly _____ Monthly _____

5. Does the firm have a written safety management plan? Yes _____ No _____

6. Does the firm have an orientation program for new hires?

Yes _____ No _____ If yes, what safety items are included?

7. Does the firm have a program for newly hired or promoted foremen?

Yes _____ No _____ If yes, does it include instruction of the following?

Topic	Yes	No
Safety work practices		
Safety supervision		
On-site meetings		
Emergency procedures		
Accident investigation		
Fire protection and prevention		
New worker orientation		

8. Does the firm hold safety meetings which extend to the laborer level?

Yes _____ No _____

How often? Daily ____ Weekly ____ Bi-Weekly ____ Less often, as needed ____

9. Provide the safety record on the last Project to which the indicated Key Personnel were assigned:

Key Personnel	Total hours worked by all employees on Project	Number of lost workday cases on Project	Number of restricted workday cases on Project	No. of cases with medical attention only on Project	No. of fatalities on Project
Project Manager					
Construction Manager					
Safety Manager					

Note: Capitalized terms not otherwise defined herein shall have the meaning set forth for each such term in the RFQ.

Add additional sheets if necessary. Capitalized terms not otherwise defined herein shall have the meaning set forth for each such term in the RFQ.

FORM J

KEY PERSONNEL

Name of Proposer: _____

Key Personnel Position	Name of Individual	Years of Experience	Education and Registrations (include license number and years registered)	Employer Name
Project Manager		____ years managing the delivery of highway projects ____ years of project management of highway projects		
Construction Manager		____ years managing construction of highway projects		
Lead Estimator		____ years preparing production-based construction cost estimates, managing risk, managing construction schedules for projects with similar scope and complexity.		
Quality Manager		____ years managing and coordinating quality management programs for highway projects		

Safety Manager		____ years managing safety teams, safety elements and creating safety plans and programs for highway projects		
First Additional Key Person 1 (Optional)		____ years on similar highway projects		
Second Additional Key Person 1 (Optional)		____ years on similar highway projects		

KEY PERSONNEL COMMITMENT:

Proposer affirms that the Key Personnel identified above are available for the Project and will commit the time necessary to fulfill the duties and responsibilities of the Key Personnel position. In the event that any identified Key Personnel cannot meet such commitment, the Illinois Tollway will be damaged. Due to the imprecise nature of the damages, Proposer, if chosen as the CM/GC Contractor for the Project, may be subject to liquidated damages as provided in the CM/GC Contract due to the failure to commit identified Key Personnel to the Project. Proposer may not substitute or remove identified Key Personnel throughout the duration of this procurement, except as otherwise specified in Section 4.4.2.4 (Key Personnel) of the RFQ. Capitalized terms not otherwise defined herein shall have the meaning set forth for each such term in the RFQ.

The following must be signed by an authorized representative from each Major Participant.. Use additional forms as necessary.

By: _____

Name: _____

Title: _____

Entity Name: _____

FORM L

AFFIDAVIT OF NON-COLLUSION

I swear (or affirm) under the penalty of perjury:

1. I am the Proposer (if the Proposer is an individual), a partner in the partnership (if the Proposer is a partnership), an equity member of the Proposer (if the Proposer is a Joint Venture), or an officer or employee of the Proposer corporation having authority to sign on its behalf (if the Proposer is a corporation or limited liability company);
2. The attached SOQ submitted in response to the [I-26-2051](#) Construction Manager / General Contractor Project RFQ has been arrived at by the Proposer independently and has been submitted without collusion with and without any agreement, understanding or planned common course of action with any other provider of materials, supplies, equipment or services described in the RFQ, designed to limit fair and open competition;
3. The contents of the SOQ have not been communicated by the Proposer or its employees or agents to any person not an employee or agent of the Proposer and will not be communicated to any such persons prior to the SOQ Submission Due Date; and
4. I am fully informed regarding the accuracy of the statements made in this affidavit.

Authorized Signature*: _____

Date: _____

Proposer's Firm Name: _____

Proposer's Federal Employer Identification Number: _____

* If Submitter is not organized as an organization or is a Joint Venture, partnership, or any form of consortium, then an authorized representative of each Major Participant must sign this Affidavit.

(Number used on Employer's Quarterly Federal Tax Return, U.S. Treasury Department Form 941)
(if Proposer does not have an EIN, then the EIN for each Major Participant)

Subscribed and sworn to me this _____ day of _____, 20__

Notary Public _____

My commission expires: _____

Notes:

1. Capitalized terms not otherwise defined herein shall have the meaning set forth for each such term in the RFQ.
2. This form shall remain in effect, for all participating firms in the Proposer organization (and subsequent Proposer organization if Shortlisted), throughout the duration of this procurement, Project, and work on any future Illinois Tollway project.

FORM M
VENDOR DISCLOSURE

Definitions		
Design-Bid-Build Term	Construction Manager / General Contractor Term	Meaning
Bidder	Proposer	shall mean an individual, firm, partnership, corporation, joint venture or combination thereof that submits a proposal in response to the RFQ.
Submitter		
Bid	Proposal	shall mean those documents, including but not limited to forms, attachments, narratives, and drawings, constituting CM/GC Contractor's response to the RFP Documents, including any supplements to proposals as may have been requested by the Illinois Tollway. The Proposal consists of a Technical Proposal and Price Proposal.
Submittal		
Chief Procurement Officer	Illinois Tollway Purchaser	shall mean the person designated by the Illinois Tollway, on Illinois Tollway's behalf, to oversee the procurement of the Project.

**STATE OF ILLINOIS
VENDOR DISCLOSURE
(formerly named FORMS A)**

A vendor responding to a solicitation by the State of Illinois must return the information requested within this section with their bid or offer if they are not registered in the Illinois Procurement Gateway (IPG) and do not have an approved, unexpired IPG Registration Number. Failure to do so may render their bid or offer non-responsive and result in disqualification.

Please read this entire Vendor Disclosure and provide the requested information as applicable and per the instructions. All forms and signature areas contained in this Vendor Disclosure must be completed in full and submitted along with the bid in an Invitation for Bid; and completed in full and submitted along with the technical response and price proposal, which combined will constitute the Offer, in a Request for Proposal.

Vendor Name: Click here to enter text.	Phone: Click here to enter text.
Street Address: Click here to enter text.	Email: Click here to enter text.
City, State Zip: Click here to enter text.	Vendor Contact: Click here to enter text.

In compliance with the State and Federal Constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, and Section 504 of the Federal Rehabilitation Act, the State of Illinois does not discriminate in employment, contracts, or any other activity.

The State of Illinois encourages prospective vendors to consider hiring qualified veterans and Illinois residents discharged from any Illinois adult correctional center, in appropriate circumstances.

OUTLINE

VENDOR DISCLOSURE

Complete this section if you are not using an IPG (Illinois Procurement Gateway) Registration #

	Part
Business and Directory Information	1.
Illinois Department of Human Rights Public Contracts Number	2.
Authorized to Transact Business or Conduct Affairs in Illinois	3.
Standard Illinois Certifications	4.
State Board of Elections	5.
Disclosure of Business Operations in Iran.....	6.
Financial Disclosures and Conflicts of Interest	7.
Taxpayer Identification Number	8.

STATE OF ILLINOIS
BUSINESS AND DIRECTORY INFORMATION

1.1. Name of Business (official name and DBA)

[Click here to enter text.](#)

1.2. Business Headquarters (address, phone and fax)

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

1.3. If a Division or Subsidiary of another organization provide the name and address of the parent

[Click here to enter text.](#)

1.4. Billing Address

[Click here to enter text.](#)

[Click here to enter text.](#)

1.5. Name of Chief Executive Officer

[Click here to enter text.](#)

1.6. Company Web Site Address

[Click here to enter text.](#)

1.7. Type of Organization (sole proprietor, corporation, etc.--should be same as on Taxpayer ID form below)

[Click here to enter text.](#)

1.8. Length of time in business

[Click here to enter text.](#)

1.9. Annual Sales for Offeror's most recently completed fiscal year

[Click here to enter text.](#)

1.10. Show number of full-time employees, on average, during the most recent fiscal year

[Click here to enter text.](#)

1.11. Is your company at least 51% owned and controlled by individuals in one of the following categories? If "Yes," please check the category that applies:

1.11.1. Minority (30 ILCS 575/2(A)(1) & (3))

Yes

- 1.11.2. Women (30 ILCS 575/2(A)(2) & (4)) Yes
- 1.11.3. Person with Disability (30 ILCS 575/2(A)(2.05) & (2.1)) Yes
- 1.11.4. Disadvantaged (49 CFR 26) Yes
- 1.11.5. Veteran (30 ILCS 500/45-57) Yes

STATE OF ILLINOIS
ILLINOIS DEPARTMENT OF HUMAN RIGHTS PUBLIC CONTRACT NUMBER

2.1. If Offeror employed fifteen or more full-time employees at the time of submission of their response to this solicitation or any time during the previous 365-day period leading up to submission, it must have a current IDHR Public Contract Number or have proof of having submitted a completed application for one **prior** to contract award or prior to bid opening for construction or construction-related services. 775 ILCS 5/2-101. If the Agency cannot confirm compliance, it will not be able to consider a Vendor's bid or offer. Please complete the appropriate sections below:

Name of Company (and DBA): [Click here to enter text..](#)

(check if applicable) The number is not required as the company has not met or exceeded the number of employees that makes registration necessary under the requirements of the Human Rights Act described above.

IDHR Public Contracts Number: [Click here to enter text.](#) Expiration Date: [Click here to enter text..](#)

2.2. If number has not yet been issued, provide the date a completed application for the number was submitted to IDHR: [Click here to enter text..](#)

2.3. Upon expiration and until their Contractor Identification Number is renewed, companies will not be eligible to be awarded contracts by the State of Illinois or other jurisdictions that require a current IDHR number as a condition of contract eligibility. 44 ILL. ADM. CODE 750.210(a).

2.4. Numbers issued by the Department of Human Rights (or its predecessor agency, the Illinois Fair Employment Practices Commission) prior to July 1, 1998 are no longer valid. This affects numbers below 89999-00-0. Valid numbers begin with 900000-00-0.

2.5. If Offeror's organization holds an expired number, it must re-register with the Department of Human Rights.

2.6. Offeror may obtain an application form by:

2.6.1. Telephone: Call the IDHR Public Contracts Unit at (312) 814-2431 between Monday and Friday, 8:30 AM - 5:00 PM, CST. (TDD (312) 263-1579).

2.6.2. Internet: You may download the form from the Department of Human Rights' website at <https://dhr.illinois.gov/>.

2.6.3. Mail: Write to the Department of Human Rights, Public Contracts Unit, 100 West Randolph Street, Suite 10-100, Chicago, IL 60601.

STATE OF ILLINOIS
AUTHORIZED TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN ILLINOIS


3. A person, other than an individual acting as a sole proprietor, must be a duly constituted legal entity prior to submitting a bid, offer, or response. The legal entity must be authorized to transact business or conduct affairs in Illinois prior to execution of the contract. 30 ILCS 500/20-43.

These requirements do not apply to construction contracts that are subject to the requirements of 30 ILCS 500/30-20 and 30 ILCS 500/33-10. The prequalification requirements of Sections 30-20 and 33-10 shall include the requirement that the bidder be registered with the Illinois Secretary of State.

Prior to execution of the contract, the State may request evidence from a vendor that certifies it is authorized to transact business or conduct affairs in Illinois. Failure to produce evidence in a timely manner may be considered grounds for determining the Vendor non-responsive or not responsible. For information on registering to transact business or conduct affairs in Illinois, please visit the Illinois Secretary of State's Department of Business Services at their website at (http://cyberdriveillinois.com/departments/business_services/home.html) or your home county clerk.

**EVIDENCE OF BEING AUTHORIZED TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN ILLINOIS IS
THE SECRETARY OF STATE'S CERTIFICATE OF GOOD STANDING**

File Number 776-383-1

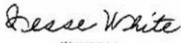


To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

XYZ CONSULTING, INC. INCORPORATED IN GEORGIA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON JANUARY 20, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES AND AS OF THIS DATE IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of JUNE A.D. 2011.


Jesse White
Secretary of State

ILLINOIS SECRETARY OF STATE
111801210
http://www.cyberdriveillinois.com

STATE OF ILLINOIS STANDARD ILLINOIS CERTIFICATIONS

Vendor acknowledges and agrees that compliance with this subsection in its entirety for the term of the contract and any renewals is a material requirement and condition of this contract. By executing this contract Vendor certifies compliance with this subsection in its entirety, and is under a continuing obligation to remain in compliance and report any non-compliance.

This subsection, in its entirety, applies to subcontractors used on this contract. Vendor shall include these Standard Illinois Certifications in any subcontract used in the performance of the contract.

A contractor or subcontractor that has entered into a contract for more than one year in duration for the initial term or any renewal term shall certify, by January 1 of each fiscal year covered by the contract after the initial fiscal year, to the applicable chief procurement officer of any changes that affect its ability to satisfy the requirements of Article 50 of the Procurement Code pertaining to eligibility for contract award. If a contractor or subcontractor is not able to truthfully certify that it continues to meet all requirements, it shall provide with its Standard Illinois Certifications a detailed explanation of the circumstances leading to the change in certification status. If a contractor or subcontractor continues to meet all requirements of this Article, it shall not be required to submit any certification or if the work under the contract has been substantially completed before contract expiration, but the contract has not yet expired. A contractor or subcontractor that makes a false statement material to the Standard Illinois Certifications is, in addition to any other penalties or consequences prescribed by law, subject to liability under the Illinois False Claims Act for submission of a false claim. 30 ILCS 500/50-2.

- 4.1. As part of each certification, Vendor acknowledges and agrees that should Vendor or its subcontractors provide false information, or fail to be or remain in compliance with the Standard Illinois Certification requirements, one or more of the following sanctions will apply:
- the contract may be void by operation of law,
 - the State may void the contract, and
 - the Vendor and its subcontractors may be subject to one or more of the following: suspension, debarment, denial of payment, civil fine, or criminal penalty.

Identifying a sanction or failing to identify a sanction in relation to any of the specific certifications does not waive imposition of other sanctions or preclude application of sanctions not specifically identified.

- 4.2. Vendor, if an individual, sole proprietor, partner or an individual as member of a LLC, certifies he/she is not in default on an educational loan. 5 ILCS 385/3.
- 4.3. Vendor, if an individual, sole proprietor, partner or an individual as member of a LLC, certifies it he/she has not received (i) an early retirement incentive prior to 1993 under Section 14-108.3 or 16-133.3 of the Illinois Pension Code or (ii) an early retirement incentive on or after 2002 under Section 14-108.3 or 16-133.3 of the Illinois Pension Code. 30 ILCS 105/15a; 40 ILCS 5/14-108.3; 40 ILCS 5/16-133.
- 4.4. For contracts other than construction contracts subject to the requirements of 30 ILCS 500/30-20 and 30 ILCS 500/33-10, Vendor certifies that it is a legal entity as of the date for submitting this bid, offer, or proposal. A person (other than an individual acting as a sole proprietor) must be a duly constituted legal entity to qualify as a

STATE OF ILLINOIS STANDARD ILLINOIS CERTIFICATIONS

bidder or offeror prior to submitting a bid, offer, or proposal. The legal entity must be authorized to transact business or conduct affairs in Illinois prior to execution of the contract. 30 ILCS 500/20-43.

- 4.5. For construction contracts subject to 30-20 and 33-10 of the Procurement Code, Vendor shall be registered with the Secretary of State as part of the pre-qualification process. 30 ILCS 500/20-43.
- 4.6. To the extent there was a current Vendor providing the services covered by this contract and the employees of that Vendor who provided those services are covered by a collective bargaining agreement, Vendor certifies (i) that it will offer to assume the collective bargaining obligations of the prior employer, including any existing collective bargaining agreement with the bargaining representative of any existing collective bargaining unit or units performing substantially similar work to the services covered by the contract subject to its bid or offer; and (ii) that it shall offer employment to all employees currently employed in any existing bargaining unit who perform substantially similar work to the work that will be performed pursuant to this contract. This does not apply to heating, air conditioning, plumbing and electrical service contracts. 30 ILCS 500/25-80.
- 4.7. Vendor certifies it has neither been convicted of bribing or attempting to bribe an officer or employee of the State of Illinois or any other State, nor made an admission of guilt of such conduct that is a matter of record. 30 ILCS 500/50-5.
- 4.8. If Vendor has been convicted of a felony, Vendor certifies at least five years have passed after the date of completion of the sentence for such felony, unless no person held responsible by a prosecutor's office for the facts upon which the conviction was based continues to have any involvement with the business. 30 ILCS 500/50-10.
- 4.9. If Vendor or any officer, director, partner, or other managerial agent of Vendor has been convicted of a felony under the Sarbanes-Oxley Act of 2002, or a Class 3 or Class 2 felony under the Illinois Securities Law of 1953, Vendor certifies at least five years have passed since the date of the conviction. Vendor further certifies that it is not barred from being awarded a contract and acknowledges that the State shall declare the contract void if this certification is false. 30 ILCS 500/50-10.5.
- 4.10. Vendor certifies it is not barred from having a contract with the State based upon violating the prohibitions related to either submitting/writing specifications or providing assistance to an employee of the State of Illinois by reviewing, drafting, directing, or preparing any invitation for bids, a request for proposal, or request of information, or similar assistance (except as part of a public request for such information). 30 ILCS 500/50-10(b), 30 ILCS 500/50-10.5(e).
- 4.11. Vendor certifies that it and its affiliates are not delinquent in the payment of any debt to the State (or if delinquent has entered into a deferred payment plan to pay the debt or is actively disputing or seeking resolution), and Vendor and its affiliates acknowledge the State may declare the contract void if this certification is false or if Vendor or an affiliate later becomes delinquent and has not entered into a deferred payment plan to pay off the debt. 30 ILCS 500/50-11, 50-60.
- 4.12. Vendor certifies that it and all affiliates shall collect and remit Illinois Use Tax on all sales of tangible personal property into the State of Illinois in accordance with provisions of the Illinois Use Tax Act and acknowledges that failure to comply may result in the contract being declared void. 30 ILCS 500/50-12.
- 4.13. Vendor certifies that it has not been found by a court or the Pollution Control Board to have committed a willful or knowing violation of the Environmental Protection Act within the last five years, and is therefore not barred from being awarded a contract. 30 ILCS 500/50-14.

STATE OF ILLINOIS
STANDARD ILLINOIS CERTIFICATIONS

- 4.14. Vendor certifies it has neither paid any money or valuable thing to induce any person to refrain from bidding on a State contract, nor accepted any money or other valuable thing, or acted upon the promise of same, for not bidding on a State contract. 30 ILCS 500/50-25.
- 4.15. Vendor certifies it is not in violation of the “Revolving Door” provisions of the Illinois Procurement Code. 30 ILCS 500/50-30.
- 4.16. Vendor certifies that it has not retained a person or entity to attempt to influence the outcome of a procurement decision for compensation contingent in whole or in part upon the decision or procurement. 30 ILCS 500/50-38.
- 4.17. Vendor certifies that if it has hired a person required to register under the Lobbyist Registration Act to assist in obtaining any State contract, that none of the lobbyist’s costs, fees, compensation, reimbursements, or other remuneration were billed to the State. 30 ILCS 500/50-38.
- 4.18. Vendor certifies it will report to the Illinois Attorney General and the Chief Procurement Officer any suspected collusion or other anti-competitive practice among any bidders, offerors, contractors, proposers, or employees of the State. 30 ILCS 500/50-40, 50-45, 50-50.
- 4.19. Vendor certifies steel products used or supplied in the performance of a contract for public works shall be manufactured or produced in the United States, unless the executive head of the procuring Agency/University grants an exception. 30 ILCS 565.
- 4.20. Drug Free Workplace
 - 4.20.1. If Vendor employs 25 or more employees and this contract is worth more than \$5,000, Vendor certifies it will provide a drug free workplace pursuant to the Drug Free Workplace Act.
 - 4.20.2. If Vendor is an individual and this contract is worth more than \$5,000, Vendor certifies it shall not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance during the performance of the contract. 30 ILCS 580.
- 4.21. Vendor certifies that neither Vendor nor any substantially owned affiliate is participating or shall participate in an international boycott in violation of the U.S. Export Administration Act of 1979 or the applicable regulations of the United States. Department of Commerce. 30 ILCS 582.
- 4.22. Vendor certifies it has not been convicted of the offense of bid rigging or bid rotating or any similar offense of any state or of the United States. 720 ILCS 5/33 E-3, E-4.
- 4.23. Vendor certifies it complies with the Illinois Department of Human Rights Act and rules applicable to public contracts, which include providing equal employment opportunity, refraining from unlawful discrimination, and having written sexual harassment policies. 775 ILCS 5/2-105.
- 4.24. Vendor certifies it does not pay dues to or reimburse or subsidize payments by its employees for any dues or fees to any “discriminating club.” 775 ILCS 25/2.
- 4.25. Vendor certifies that no foreign-made equipment, materials, or supplies furnished to the State under the contract have been or will be produced in whole or in part by forced labor or indentured labor under penal sanction. 30 ILCS 583.

STATE OF ILLINOIS
STANDARD ILLINOIS CERTIFICATIONS

- 4.26. Vendor certifies that no foreign-made equipment, materials, or supplies furnished to the State under the contract have been produced in whole or in part by the labor of any child under the age of 12. 30 ILCS 584.
- 4.27. Vendor certifies that any violation of the Lead Poisoning Prevention Act, as it applies to owners of residential buildings, has been mitigated. 410 ILCS 45.
- 4.28. Vendor warrants and certifies that it and, to the best of its knowledge, its subcontractors have and will comply with Executive Order No. 1 (2007). The Order generally prohibits Vendors and subcontractors from hiring the then-serving Governor’s family members to lobby procurement activities of the State, or any other unit of government in Illinois including local governments if that procurement may result in a contract valued at over \$25,000. This prohibition also applies to hiring for that same purpose any former State employee who had procurement authority at any time during the one-year period preceding the procurement lobbying activity.
- 4.29. Vendor certifies that information technology, including electronic information, software, systems and equipment, developed or provided under this contract comply with the applicable requirements of the Illinois Information Technology Accessibility Act Standards as published at (www.dhs.state.il.us/iitaa). 30 ILCS 587.
- 4.30. Vendor certifies that it has read, understands, and is in compliance with the registration requirements of the Elections Code (10 ILCS 5/9-35) and the restrictions on making political contributions and related requirements of the Illinois Procurement Code. 30 ILCS 500/20-160 and 50-37. Vendor will not make a political contribution that will violate these requirements.

In accordance with section 20-160 of the Illinois Procurement Code, Vendor certifies as applicable:

Vendor is not required to register as a business entity with the State Board of Elections.

or

Vendor has registered with the State Board of Elections. As a registered business entity, Vendor acknowledges a continuing duty to update the registration as required by the Act.

- 4.31. Vendor certifies that if it is awarded a contract through the use of the preference required by the Procurement of Domestic Products Act, then it shall provide products pursuant to the contract or a subcontract that are manufactured in Illinois or the United States. 30 ILCS 517.
- 4.32. Vendor certifies that, for the duration of this contract it:
- will post its employment vacancies in Illinois and border states on the Department of Employment Security’s IllinoisJobLink.com website or its successor system; or
 - will provide an online link to these employment vacancies so that this link is accessible through the <https://illinoisjoblink.illinois.gov/> website its successor system; or
 - is exempt from 20 ILCS 1005/1005-47 because the contract is for construction-related services as that term is defined in section 1-15.20 of the Procurement Code; or the contract is for construction and vendor is a party to a contract with a bona fide labor organization and performs construction. 20 ILCS 1005/1005-47.
- 4.33. Vendor certifies it is not prohibited by federal agencies pursuant to a United States Department of Homeland Security Binding Operational Directive due to cybersecurity risks. 30 ILCS 500/25-90.

**STATE OF ILLINOIS
STANDARD ILLINOIS CERTIFICATIONS**

**STATE OF ILLINOIS
STATE BOARD OF ELECTIONS**

5. Section 50-37 of the Illinois Procurement Code prohibits political contributions of certain vendors, bidders and offerors. Additionally, section 9-35 of the Illinois Election Code governs provisions relating to reporting and making contributions to state officeholders, declared candidates for State offices and covered political organizations that promote the candidacy of an officeholder or declared candidate for office. The State may declare any resultant contract void if these Acts are violated.

Generally, if a vendor, bidder, or offeror is an entity doing business for profit (i.e. sole proprietorship, partnership, corporation, limited liability company or partnership, or otherwise) and has contracts with State agencies that total more than \$50,000 or whose aggregate pending bids or proposals and current State contracts that total more than \$50,000, the vendor, bidder, or offeror is prohibited from making political contributions and must register with the State Board of Elections. 30 ILCS 500/20-160.

**EVIDENCE OF REGISTRATION WITH THE STATE BOARD OF ELECTIONS
IS THE CERTIFICATE OF REGISTRATION**



STATE OF ILLINOIS
DISCLOSURE OF BUSINESS OPERATIONS WITH IRAN

6. In accordance with 30 ILCS 500/50-36, each bid, offer, or proposal submitted for a State contract, other than a small purchase defined in Section 20-20 of the Illinois Procurement Code, will include a disclosure of whether or not the bidder, offeror, or proposing entity, or any of its corporate parents or subsidiaries, within the 24 months before submission of the bid, offer, or proposal had business operations that involved contracts with or provision of supplies or services to the Government of Iran, companies in which the Government of Iran has any direct or indirect equity share, consortiums or projects commissioned by the Government of Iran and:
- more than 10% of the company’s revenues produced in or assets located in Iran involve oil-related activities or mineral-extraction activities; less than 75% of the company’s revenues produced in or assets located in Iran involve contracts with or provision of oil-related or mineral – extraction products or services to the Government of Iran or a project or consortium created exclusively by that Government; and the company has failed to take substantial action; or
 - the company has, on or after August 5, 1996, made an investment of \$20 million or more, or any combination of investments of at least \$10 million each that in the aggregate equals or exceeds \$20 million in any 12- month period that directly or significantly contributes to the enhancement of Iran’s ability to develop petroleum resources of Iran.

A bid or offer that does not include this disclosure may be given a period after the bid or offer is submitted to cure non-disclosure. A chief procurement officer may consider the disclosure when evaluating the bid or offer or awarding the contract.

- There are no business operations that must be disclosed to comply with the above cited law.
- The following business operations are disclosed to comply with the above cited law:

[Click here to enter text.](#)

STATE OF ILLINOIS
FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST

The Financial Disclosures and Conflicts of Interest form (“form”) must be accurately completed and submitted by the vendor, parent entity(ies), and subcontractors. There are **nine** steps to this form and each must be completed as instructed. A bid, offer, or response with an annual value of more than \$100,000 that does not include this form shall be considered non-responsive. The Agency will consider this form when evaluating the bid, offer, or response or awarding the contract. A vendor seeking or holding a contract with an annual value of more than \$100,000 shall provide this form which will become a material part of the contract.

The requirement of disclosure of financial interests and conflicts of interest is a continuing obligation. If circumstances change and the disclosure is no longer accurate, then disclosing entities must provide an updated form.

Separate forms are required for the vendor, parent entity(ies), and subcontractors.

This disclosure is submitted for:

- Vendor
- Vendor’s Parent Entity(ies) (100% ownership)
- Subcontractor(s)
- Subcontractor’s Parent Entity(ies) (100% ownership)

Project Name	Click here to enter text.
Illinois Procurement Bulletin Number	Click here to enter text.
Contract Number	Click here to enter text.
Vendor Name	Click here to enter text.
Doing Business As (DBA)	Click here to enter text.
Disclosing Entity	Click here to enter text.
Disclosing Entity’s Parent Entity	Click here to enter text.
Subcontractor	Click here to enter text.
Instrument of Ownership or Beneficial Interest	Choose an item. <input type="checkbox"/> If you selected Other, please describe: Click here to enter text.

FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

STEP 1 SUPPORTING DOCUMENTATION SUBMITTAL

You must select one of the six options below and select the documentation you are submitting. You must provide the documentation that the applicable section requires with this form.

Option 1 – Publicly Traded Entities

- 1.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$142,740) of the annual salary of the Governor.

OR

- 1.B. Attach a copy of the Federal 10-K or provide a web address of an electronic copy of the Federal 10-K, and skip to Step 3.

Option 2 – Privately Held Entities with more than 100 Shareholders

- 2.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$142,740) of the annual salary of the Governor.

OR

- 2.B. Complete Step 2, Option A for each qualifying individual or entity holding any ownership share in excess of 5% and attach the information Federal 10-K reporting companies are required to report under 17 CFR 229.401.

Option 3 – All other Privately Held Entities, not including Sole Proprietorships

- 3.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$142,740) of the annual salary of the Governor.

Option 4 – Foreign Entities

- 4.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$142,740) of the annual salary of the Governor.

OR

- 4.B. Attach a copy of the Securities Exchange Commission Form 20-F or 40-F and skip to Step 3.

Option 5 – Not-for-Profit Entities

- Complete Step 2, Option B.

Option 6 – Sole Proprietorships

- Skip to Step 3.

FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

STEP 2

DISCLOSURE OF FINANCIAL INTEREST OR BOARD OF DIRECTORS

(All entity types, except sole proprietorships must complete)

Complete **either** Option A (for all entities other than not-for-profits) or Option B (for not-for-profits). Additional rows may be inserted into the tables or an attachment may be provided if needed.

OPTION A – Ownership Share and Distributive Income

Ownership Share – If you selected Option 1.A., 2.A., 2.B., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of ownership if said percentage exceeds 5%, or the dollar value of their ownership if said dollar value exceeds \$142,740.

Check here if including an attachment with requested information in a format substantially similar to the format below.

TABLE – X			
Name	Address	Percentage of Ownership	\$ Value of Ownership
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Distributive Income – If you selected Option 1.A., 2.A., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of the disclosing vendor's total distributive income if said percentage exceeds 5% of the total distributive income of the disclosing entity, or the dollar value of their distributive income if said dollar value exceeds \$142,740.

Check here if including an attachment with requested information in a format substantially similar to the format below.

TABLE – Y			
Name	Address	% of Distributive Income	\$ Value of Distributive Income
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

Please certify that the following statements are true.

I have disclosed all individuals or entities that hold an ownership interest of greater than 5% or greater than \$142,740.

Yes No

I have disclosed all individuals or entities that were entitled to receive distributive income in an amount greater than \$142,740 or greater than 5% of the total distributive income of the disclosing entity.

Yes No

OPTION B – Disclosure of Board of Directors (Not-for-Profits)

If you selected Option 5 in Step 1, list members of your board of directors. Please include an attachment if necessary.

TABLE – Z	
Name	Address
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

STEP 3

DISCLOSURE OF LOBBYIST OR AGENT

Yes No. Is your company represented by or do you employ a lobbyist required to register under the Lobbyist Registration Act (lobbyist must be registered pursuant to the Act with the Secretary of State) or other agent who is not identified through Step 2, Option A above and who has communicated, is communicating, or may communicate with any State officer or employee concerning the bid or offer? If yes, please identify each lobbyist and agent, including the name and address below.

If you have a lobbyist that does not meet the criteria, then you do not have to disclose the lobbyist’s information.

Name	Address	Relationship to Disclosing Entity
Click here to enter text.	Click here to enter text.	Click here to enter text.

Describe all costs/fees/compensation/reimbursements related to the assistance provided by each representative lobbyist or other agent to obtain this Agency contract: [Click here to enter text.](#)

FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

STEP 4 PROHIBITED CONFLICTS OF INTEREST

Step 4 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above. Please provide the name of the person for which responses are provided: [Click here to enter text.](#)

1. Do you hold or are you the spouse or minor child who holds an elective office in the State of Illinois or hold a seat in the General Assembly? Yes No
2. Have you, your spouse, or minor child been appointed to or employed in any offices or agencies of State government and receive compensation for such employment in excess of 60% (\$142,740) of the salary of the Governor? Yes No
3. Are you or are you the spouse or minor child of an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority? Yes No
4. Have you, your spouse, or an immediate family member who lives in your residence currently or who lived in your residence within the last 12 months been appointed as a member of a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor? Yes No
5. If you answered yes to any question in 1-4 above, please answer the following: Do you, your spouse, or minor child receive from the vendor more than 7.5% of the vendor's total distributable income or an amount of distributable income in excess of the salary of the Governor (\$237,900)? Yes No
6. If you answered yes to any question in 1-4 above, please answer the following: Is there a combined interest of self with spouse or minor child more than 15% in the aggregate of the vendor's distributable income or an amount of distributable income in excess of two times the salary of the Governor (\$475,800)? Yes No

STEP 5 POTENTIAL CONFLICTS OF INTEREST RELATING TO PERSONAL RELATIONSHIPS

Step 5 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above.

Please provide the name of the person for which responses are provided: [Click here to enter text.](#)

1. Do you currently have, or in the previous 3 years have you had State employment, including contractual employment of services? Yes No
2. Has your spouse, father, mother, son, or daughter, had State employment, including contractual employment for services, in the previous 2 years? Yes No

FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

3. Do you hold currently or have you held in the previous 3 years elective office of the State of Illinois, the government of the United States, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois? Yes No
4. Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding elective office currently or in the previous 2 years? Yes No
5. Do you hold or have you held in the previous 3 years any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office? Yes No
6. Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding appointive office currently or in the previous 2 years? Yes No
7. Do you currently have or in the previous 3 years had employment as or by any registered lobbyist of the State government? Yes No
8. Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) that is or was a registered lobbyist? Yes No
9. Do you currently have or in the previous 3 years had compensated employment by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections? Yes No
10. Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) who is or was a compensated employee of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections? Yes No

STEP 6 EXPLANATION OF AFFIRMATIVE RESPONSES

If you answered "Yes" in Step 4 or Step 5, please provide on an additional page a detailed explanation that includes, but is not limited to the name, salary, State agency, and position title of each individual.

STATE OF ILLINOIS
FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST

STEP 7
POTENTIAL CONFLICTS OF INTEREST
RELATING TO DEBARMENT & LEGAL PROCEEDINGS

This step must be completed for each person and entity disclosed in Step 2, Option A, Step 3, and for each entity and sole proprietor disclosed in Step 1.

Please provide the name of the person or entity for which responses are provided: [Click here to enter text.](#)

1. Within the previous ten years, have you had debarment from contracting with any governmental entity? Yes No
2. Within the previous ten years, have you had any professional licensure discipline? Yes No
3. Within the previous ten years, have you had any bankruptcies? Yes No
4. Within the previous ten years, have you had any adverse civil judgments and administrative findings? Yes No
5. Within the previous ten years, have you had any criminal felony convictions? Yes No

If you answered “Yes”, please provide a detailed explanation that includes, but is not limited to the name, State agency, and position title of each individual. [Click here to enter text.](#)

STEP 8
DISCLOSURE OF CURRENT AND PENDING CONTRACTS

If you selected Option 1, 2, 3, 4, or 6 in Step 1, do you have any contracts, pending contracts, bids, proposals, subcontracts, leases or other ongoing procurement relationships with units of State of Illinois government?

Yes No.

If “Yes”, please specify below. Additional rows may be inserted into the table or an attachment may be provided if needed.

Agency/University	Project Title	Status	Value	Contract Reference/P.O./Illinois Procurement Bulletin #
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

--	--	--	--	--

Please explain the procurement relationship: [Click here to enter text.](#)

STEP 9 SIGN THE DISCLOSURE

This disclosure is signed, and made under penalty of perjury for all for-profit entities, by an authorized officer or employee on behalf of the bidder or offeror pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code. This disclosure information is submitted on behalf of:

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

Signature: _____

Date: [Click here to enter text.](#)

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

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

Phone Number: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

STATE OF ILLINOIS
TAXPAYER IDENTIFICATION NUMBER

I certify that:

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

I am a U.S. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

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

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

Taxpayer Identification Number:

Social Security Number: [Click here to enter text.](#)

or

Employer Identification Number: [Click here to enter text.](#)

Legal Status (check one):

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Nonresident alien |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Estate or trust |
| <input type="checkbox"/> Legal Services Corporation | <input type="checkbox"/> Pharmacy (Non-Corp.) |
| <input type="checkbox"/> Tax-exempt | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.) |
| <input type="checkbox"/> Corporation providing or billing
medical and/or health care services | <input type="checkbox"/> Limited Liability Company
(select applicable tax classification) |
| <input type="checkbox"/> Corporation NOT providing or billing
medical and/or health care services | <input type="checkbox"/> C = corporation |
| | <input type="checkbox"/> P = partnership |

Signature of Authorized Representative: _____

Date: [Click here to enter a date.](#)

Illinois State Toll Highway Authority

FORM N

IPG ACTIVE REGISTERED VENDOR DISCLOSURE

STATE OF ILLINOIS
IPG ACTIVE REGISTERED VENDOR DISCLOSURE
(formerly named FORMS B)

BidBuy Reference #: [Click here to enter text.](#) Procurement/Contract #: [Click here to enter text.](#)

**** STOP and READ THIS **** *You may only submit this form if you have an **ACTIVE (unexpired and approved)** registration in the Illinois Procurement Gateway.*

This IPG Active Registered Vendor Disclosure may be used when responding to an Invitation for Bid (IFB) or a Request for Proposal (RFP) if the vendor is registered in the Illinois Procurement Gateway (IPG) and has an active State of Illinois Vendor Registration Number. The IPG assigns each vendor a unique State of Illinois Vendor Registration Number and expiration date upon the Chief Procurement Office’s acceptance of the vendor’s IPG application.

If a vendor does not have an active State of Illinois Vendor Registration Number, then the vendor must complete and submit Vendor Disclosure (formerly named Forms A) with their response. Failure to do so may render the submission non-responsive and result in disqualification.

Please read this entire section and provide the requested information as applicable. All parts in the IPG Active Registered Vendor Disclosure must be completed in full and submitted along with the vendor’s bid, offer, or response.

1. Certification of Illinois Procurement Gateway Registration

My business has an active State of Illinois Vendor Registration Number.

To ensure that you have an active registration in the IPG, search for your business name in the IPG Registered Vendor Directory. If your company does not appear in the search results, then you do not have an active IPG registration.

State of Illinois Vendor Registration Number: [Click here to enter text.](#)

IPG Expiration Date: [Click here to enter text.](#)

2. Certification Timely to this Solicitation or Contract

Vendor certifies it is not barred from having a contract with the State based upon violating the prohibitions related to either submitting/writing specifications or providing assistance to an employee of the State of Illinois by reviewing, drafting, directing, or preparing any invitation for bids, a request for proposal, or request of information, or similar assistance (except as part of a public request for such information). 30 ILCS 500/50-10.5(e).

Yes No

3. Disclosure of Lobbyist or Agent (Complete only if bid, offer, or contract has an annual value over \$100,000)

Is your company or parent entity(ies) represented by or do you or your parent entity(ies) employ a lobbyist required to register under the Lobbyist Registration Act (lobbyist must be registered pursuant to the Act with the Secretary of State) or an agent who has communicated, is communicating, or may communicate with any State officer or employee concerning the bid or offer? If yes, please identify each lobbyist and agent, including the name and address below. Yes No

If yes, please identify each lobbyist and agent, including the name and address below. If you have a lobbyist that does not meet the criteria, then you do not have to disclose the lobbyist’s information. Additional rows may be inserted into the table or an attachment may be provided if needed.

STATE OF ILLINOIS
IPG ACTIVE REGISTERED VENDOR DISCLOSURE
(formerly named FORMS B)

Name	Address	Relationship to Disclosing Entity
Click here to enter text.	Click here to enter text.	Click here to enter text.

Describe all costs/fees/compensation/reimbursements related to the assistance provided by each representative lobbyist or other agent to obtain this Agency contract: [Click here to enter text.](#)

4. Disclosure of Current and Pending Contracts

Complete only if: (a) your business is for-profit and (b) the bid, offer, or contract has an annual value over \$100,000. Do not complete if you are a not-for-profit entity.

Yes No. Do you have any contracts, pending contracts, bids, proposals, subcontracts, leases or other ongoing procurement relationships with units of State of Illinois government?

If “Yes”, please specify below. Additional rows may be inserted into the table or an attachment in the same format may be provided if needed.

Agency	Project Title	Status	Value	Contract Reference/P.O./Illinois Procurement Bulletin #
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

5. Vendor certifies that no procurement or laundering of apparel provided to the State under the contract has been or will be provided through the use of forced labor exploitation. 30 ILCS 500/25-210.

6. Signature

As of the date signed below, I certify that:

- My business’ information and the certifications made in the Illinois Procurement Gateway are truthful and accurate.
- The certifications and disclosures made in this IPG Active Registered Vendor Disclosure are truthful and accurate.

This IPG Active Registered Vendor Disclosure is signed by an authorized officer or employee on behalf of the bidder, offeror, or vendor pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code, and the affirmation of the accuracy of the financial disclosures is made under penalty of perjury.

This disclosure information is submitted on behalf of:

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

Phone: [Click here to enter text.](#)

Street Address: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

STATE OF ILLINOIS
IPG ACTIVE REGISTERED VENDOR DISCLOSURE
(formerly named FORMS B)

City, State, Zip: [Click here to enter text.](#)

Vendor Contact: [Click here to enter text.](#)

Signature: _____

Date: [Click here to enter text.](#)

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

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

STATE OF ILLINOIS TAXPAYER IDENTIFICATION NUMBER

I certify that:

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

I am a U.S. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

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

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

Taxpayer Identification Number:

Social Security Number: [Click here to enter text.](#)

or

Employer Identification Number: [Click here to enter text.](#)

Legal Status (check one):

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Nonresident alien |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Estate or trust |
| <input type="checkbox"/> Legal Services Corporation | <input type="checkbox"/> Pharmacy (Non-Corp.) |
| <input type="checkbox"/> Tax-exempt | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.) |
| <input type="checkbox"/> Corporation providing or billing
medical and/or health care services | <input type="checkbox"/> Limited Liability Company
(select applicable tax classification) |
| <input type="checkbox"/> Corporation NOT providing or billing
medical and/or health care services | <input type="checkbox"/> C = corporation |
| | <input type="checkbox"/> P = partnership |

Signature of Authorized Representative: _____

Date: [Click here to enter a date.](#)

FORM O

**SUBSTANCE ABUSE PREVENTION PROGRAM CERTIFICATION (820 ILCS
265/15)**



**Substance Abuse Prevention
Program Certification
Public Act 95-0635**

Contract # _____ Today's
Date _____

The undersigned contractor(s) and subcontractor(s) certify that they have read the provisions of the Substance Abuse Prevention on Public Works Act, Public Act 95-0635, and are in compliance with the terms of the Act.

____The contractor/subcontractors hereby certify that they are exempt from the provisions of Public Act 95-0635 because it is a party to a collective bargaining agreement that deals with Substance Abuse and Prevention as provided for in the Act.

____The contractor/subcontractors hereby certify they have a program in place to address Substance Abuse and Prevention as provided for in the Act and will submit the same to the Tollway prior to issuance of an Authorization to Proceed.

Contractor Name/Title of Authorized Representative

Signature of Authorized Representative

Subcontractor Name/Title of Authorized Representative

Signature of Authorized Representative

Subcontractor Name/Title of Authorized Representative

Signature of Authorized Representative

Subcontractor Name/Title of Authorized Representative

Signature of Authorized Representative

Subcontractor Name/Title of Authorized Representative

Signature of Authorized Representative

FORM P

NON-DISCLOSURE AGREEMENT

Re: [I-294 Site Redevelopment of Hinsdale and O’Hare Oases](#) Project

I, the undersigned, as a Major Participant member of the subject Proposer team will perform the Project activities in compliance with relevant law, rule, policy and directive, including but not limited to those identified in Attachment A, and for the benefit of the State of Illinois. To the extent the terms used in Attachment A vary from the terminology used in the Request for Proposals (RFP), when issued, for the Project, such terms shall nonetheless be applicable to the RFP and the Project as fully as reasonably possible.

I understand that this applies to full and part-time employees, contractors, and volunteers, and interns.

I hereby certify that neither I nor any members of my immediate family have a material, personal, financial or fiduciary interest that would affect my participation in this Project.

I am aware that my participation in this Project will involve my knowledge of official information and possible Proposer proprietary information not publicly known. I agree not to disclose any information gained during the course of my service on this Project, except to other State employees who may in the normal course of State business have a need for such information, until such information becomes public record.

If I should become aware of any situation that could conflict with any of the representations above, or that might indicate a conflict of interest or create the appearance of a conflict or other impropriety, I will notify management immediately.

I have read and understand the provisions of State law in Attachment A and acknowledge that I am bound by the requirements of the Illinois Procurement Code and Standard Procurement Rules when participating in the development, evaluation, and negotiation processes of any procurement governed by the Illinois Procurement Code or any other procurement, agreement or contract.

Name (print) _____

Title (print) _____

Signature _____

Date _____

ATTACHMENT A

Excerpts from Article 50 (Procurement Ethics and Disclosures) and related requirements.

50-15. Negotiations

It is unlawful for any person employed in or on a continual contractual relationship with any of the offices or agencies of State government to participate in contract negotiations on behalf of that office or agency with any firm, partnership, association, or corporation with whom that person has a contract for future employment or is negotiating concerning possible future employment.

Any person convicted of a violation of this section is guilty of a business offense and shall be fined not less than \$1,000 nor more than \$5,000.

50-25. Inducement

Any person who offers or pays any money or other valuable thing to any person to induce him or her not to bid for a State contract or as recompense for not having bid on a State contract is guilty of a Class 4 felony. Any person who accepts any money or other valuable thing for not bidding for a State contract or who withholds a bid in consideration of the promise for the payment of money or other valuable thing is guilty of a Class 4 felony.

50-40. Reporting anticompetitive practices

When, for any reason, any vendor, bidder, contractor, chief procurement officer, State purchasing officer, designee, elected official, or State employee suspects collusion or other anticompetitive practice among any bidders, offerors, contractors, proposers, or employees of the State, a notice of the relevant facts shall be transmitted to the Attorney General and the chief procurement officer.

50-45. Confidentiality

Any chief procurement officer, State purchasing officer, designee, or executive officer who willfully uses or allows the use of specifications, competitive bid documents, proprietary competitive information, proposals, contracts, or selection information to compromise the fairness or integrity of the procurement, bidding, or contract process shall be subject to immediate dismissal, regardless of the Personnel Code, any contract, or any collective bargaining agreement, and may in addition be subject to criminal prosecution.

50-50. Insider information

It is unlawful for any current or former elected or appointed State official or State employee to knowingly use confidential information available only by virtue of that office or employment for actual or anticipated gain for themselves or another person.

50-75. Other violations

- (a) Any chief procurement officer, State purchasing officer, or designee who willfully violates or allows the violation of this Code shall be subject to immediate dismissal, regardless of the Personnel Code, any contract, or any collective bargaining agreement.
- (b) Except as otherwise provided in this Code, whoever violates this Code or the rules promulgated under it is guilty of a Class A misdemeanor.

Illinois State Toll Highway Authority

FORM Q



EXHIBIT C – CURRENT OBLIGATIONS

INSTRUCTIONS FOR COMPLETING EXHIBIT C: CURRENT OBLIGATIONS

Work Being Negotiated or Under Agreement with the Illinois State Toll Highway Authority

If your firm currently has work awarded by ILLINOIS TOLLWAY, complete the first page of **Exhibit C**, showing *Project Fee and Fee Remaining in the Estimated Time Period for Completion of Each Project*. **[Projects being negotiated and scheduled supplements should be listed and the fee columns estimated.]** If your firm has a contract in which the Illinois Tollway has suspended the work, list the Project Fee and Fee Remaining To Be Earned and your best estimate of when the work will resume. If your firm is participating in an ILLINOIS TOLLWAY project as a Subconsultant, complete the "**Your Firm as a Subconsultant**" block showing *Subcontract Fee and Fee Remaining in the Estimated Time Period for Completion of Each Project*.

- **Work Being Negotiated or Under Agreement by Your Transportation Staff for Other than the Illinois State Toll Highway Authority**

For any work your firm has other than ILLINOIS TOLLWAY, complete the second page of **Exhibit C**, listing the *Fee Remaining in the Time Period for Completion of the Projects in the Appropriate Agency*.

- **Current Obligations for the Illinois State Toll Highway Authority that Your Firm has Subcontract**

If your firm currently has work where a Subconsultant is being utilized, complete and submit the third of **Exhibit C**, showing their *Subcontracted Fee and Work Remaining* in the appropriate columns. If you currently have no Subconsultants on your ILLINOIS TOLLWAY contracts, mark "**None**" and submit.

- **Summary of Work**

Please provide this information from totals on the first two pages of Exhibit C. The table for this information is found in Exhibit C at the bottom of the second page.



EXHIBIT C – CURRENT OBLIGATIONS



Current Obligations of Work for the Illinois State Tollway Highway Authority

(Firm's Legal Name)

Your firm as Prime Vendor

PSB No.	Total Project Fee	Fee Remaining without Subconsultants					
		0-6 Months		7-18 Months		>18 Months	
		Design	Constr.	Design	Constr.	Design	Constr.
Total as Prime:	\$0.00	\$0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00



EXHIBIT C – CURRENT OBLIGATIONS



Current Obligations of Work for the Illinois State Tollway Highway Authority

(Firm's Legal Name)

Your firm as Subconsultant:

Vendor You Are Subcontracted to	PSB No.	Total Project Fee	Fee Remaining					
			0-6 Months		7-18 Months		>18 Months	
			Design	Constr.	Design	Constr.	Design	Constr.
Total as Subconsultant:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



EXHIBIT C – CURRENT OBLIGATIONS

Current Obligations of Work by Your Transportation Staff for Other than The Illinois State Toll Highway Authority

(Firm's Legal Name)

	Total AGR Amount	Total Remaining	Fee Remaining To Be Earned					
			0-6 Months		7-18 Months		>18 Months	
			Design	Constr.	Design	Constr.	Design	Constr.
City of Chicago		\$0.00						
Illinois Department of Transportation		\$0.00						
All Other Work (Public & Private)		\$0.00						
Total Non-Tollway		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Note: The start date for the 0-6 months will be the date of this PSB

Summary of Work

Totals For Firm	Total	0-6 Months		7-18 Months		>18 Months	
		Design	Constr.	Design	Constr.	Design	Constr.
Total As Prime	\$0.00	\$0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00
Total As Subconsultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total For Non-Tollway	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

FORM R

PROJECT REFERENCES

For Non-Illinois Tollway Projects Only

Illinois Tollway Construction Manager / General Contractor Project I-26-2051

Name of Proposer: _____

INSTRUCTIONS: Proposer is to send this completed form to the reference provided for each project experience listed in Form F (*Project Description*). Proposer will fill out the information below and submit to the listed reference. The listed reference will review the information provided by Proposer, and if satisfactory, sign the form attesting that the information listed is correct and complete to the best of the reference's knowledge. Form R (*Project References*) may be signed digitally or by hand and then scanned.

If the reference wishes to correct any information, the reference will send back to Proposer with requested changes. Proposer will resend to the reference, and if satisfied, the reference will then submit directly to the Illinois Tollway Purchaser listed in Section 3.1 (*Proposer Communications*) of the RFQ.

The Illinois Tollway Purchaser will provide receipt of each Form R (*Project References*) submitted correctly to Proposer.

It is the responsibility of Proposer to ensure that any listed reference fills out and successfully submits Form R (*Project References*) to the Illinois Tollway Purchaser no later than the SOQ Submission Due Date outlined in Section 2.2 (*Project Schedule*) of the RFQ.

If Proposer lists references from past Illinois Tollway projects, they do not need to submit Form R (*Project References*) to the Illinois Tollway Purchaser for that particular project reference. The Illinois Tollway will verify the past performance of the Illinois Tollway project through internal project reviews. For non-Illinois Tollway projects, Proposer should send this Form R (*Project References*) to the listed reference and have the reference submit directly to the Illinois Tollway Purchaser listed above.

Form F – Project Description

For the non-Illinois Tollway projects Proposer listed on Form F (*Project Description*), please fill out the requested information. The reference listed below should confirm the information below, sign and send to the Illinois Tollway Purchaser directly:

Name of client (owner/agency, contractor, etc.): _____

Address: _____

Reference name: _____ Telephone: _____

Owner’s project or contract no.: _____ E-mail: _____

Initial contract value (US\$): _____ Final value (US\$): _____

Percent of total work performed by company: _____

Commencement date: _____ Planned completion date: _____

Actual completion date: _____

Performance Rating (if applicable): _____

Total \$ amount of claims: _____

Any dispute proceedings? Yes* __ No __

*If yes, describe using the text box on the following page.

ATTESTATION

I attest that the information provided by Proposer is correct and complete to the best of my knowledge.

Illinois State Toll Highway Authority

Reference Name: _____

Signature: _____

Date: _____

DISPUTE RESOLUTION OVERVIEW (Proposer should use this space to add any details related to dispute proceedings if “Yes” was checked above.)

ADDITIONAL COMMENTS (Reference can use this space to add any additional comments regarding the performance of Proposer on the listed project.)

FORM S

Proposer SOQ Has Met Checklist

Instructions: Please select an option and populate each cell in the “Indicate Has Met” and the “SOQ Section(s) and Page Number(s) or Not Applicable reasons” columns. “Has Met” means that Proposer has met the Requirement or included the document (if applicable) in their SOQ submission. Please provide the SOQ section(s) and page number(s) where each requirement/document/form can be found in the SOQ. If “Not Applicable” is selected, please provide the reasoning in the last column.

Type	Name/Description	SOQ Section	Indicate Has Met or Not Applicable	SOQ Section(s) and Page Number(s) or Not Applicable reasons
Requirement	Except in limited circumstances, no business or member of a unitary business group, as defined in the Illinois Income Tax Act, 35 ILCS 5/101, et seq. (“Tax Act”), shall submit a SOQ	<u>Section 1.22</u> <i>(Expatriated Entities)</i>	Choose an item.	
Requirement	Confirmation that Proposer has attended or viewed the Pre-SOQ Workshop presentation	<u>Section 2.2</u> <i>(Project Schedule)</i>	Choose an item.	
Requirement	SOQ does not contain any ineligible firms	<u>Section 3.6</u> <i>(Ineligible Firms)</i>	Choose an item.	
Requirement	Any Major Participant (as defined in this RFQ, or any Affiliate thereof) on one CM/GC Contractor team, shall not serve in any capacity on any other CM/GC Contractor team	<u>Section 4.1</u> <i>(Rules Applicable to SOQ Submittal)</i>	Choose an item.	
Requirement	Prohibited Interests: Unless allowed by Illinois law, no former public officer and/or employee shall have any personal interest, direct or indirect, in this solicitation, any Contract executed subsequently, or the proceeds thereof,	<u>Section 4.1</u> <i>(Rules Applicable to SOQ Submittal)</i>	Choose an item.	

Illinois State Toll Highway Authority

	personal interest, direct or indirect, in this solicitation, any Contract executed subsequently, or the proceeds thereof, as set forth in 30 ILCS 500/1, et seq., 5 ILCS 430/1-1, et seq., 50 ILCS 105/.01, et seq., 65 ILCS 5/1-1-1, et seq., and other applicable statutes			
Requirement	The SOQ submitted only in electronic format through BidBuy no later than the SOQ Submission Due Date and time identified in Section 2.2 of the RFQ	<u>Section 4.2 (Date and Time of Receipt)</u>	Choose an item.	
Requirement	SOQ responds to correct RFQ	<u>Section 4.2 (Date and Time of Receipt)</u>	Choose an item.	
Requirement	Proposers planning to submit as a Joint Venture or other type of unincorporated association must submit under one of the Joint Venture Major Participants as BidBuy cannot provide an EIN number to a Joint Venture	<u>Section 4.2 (Date and Time of Receipt)</u>	Choose an item.	
Document	Cover Letter and Acknowledgment	<u>Section 4.4.1 (Cover Letter and Acknowledgment)</u>	Choose an item.	
Document	Form A (<i>Acknowledgment of Receipt of RFQ and Addenda</i>)	<u>Section 4.4.1 (Cover Letter and Acknowledgment)</u>	Choose an item.	
Document	Form B (<i>Proposer's Organization Information</i>)	Section 4.4.2.1 (<i>Legal</i>)	Choose an item.	
Document	Form C (<i>Past Performance</i>)	Section 4.4.2.1 (<i>Legal</i>)	Choose an item.	
Document	Form D (<i>Major Participant Certification</i>)	Section 4.4.2.1 (<i>Legal</i>)	Choose an item.	
Document	Copy of Proposer formation agreement or material terms (if applicable)	Section 4.4.2.1 (<i>Legal</i>)	Choose an item.	
Document	Narrative Information	Section 4.4.2.1 (<i>Legal</i>)	Choose an item.	
Document	Financial Statements (If not already IDOT prequalified)	<u>Section 4.4.2.2 (Financial)</u>	Choose an item.	

Illinois State Toll Highway Authority

Document	Bank/Surety/Insurance letter (If not already IDOT prequalified)	<u>Section 4.4.2.2</u> (Financial)	Choose an item.	
Document	Credit Ratings (If not already IDOT prequalified)	<u>Section 4.4.2.2</u> (Financial)	Choose an item.	
Document	Material Changes in Financial Condition (If not already IDOT prequalified)	<u>Section 4.4.2.2</u> (Financial)	Choose an item.	
Document	Form E (<i>Information About Major Participants and Identified Subcontractors</i>)	<u>Section 4.4.2.3</u> (Proposer Experience)	Choose an item.	
Document	Form F (<i>Project Description</i>)	<u>Section 4.4.2.3</u> (Proposer Experience)	Choose an item.	
Document	Form G (<i>Awards, Citations, and/or Commendations</i>)	<u>Section 4.4.2.3</u> (Proposer Experience)	Choose an item.	
Document	Form H (<i>Safety Questionnaire</i>)	<u>Section 4.4.2.3</u> (Proposer Experience)	Choose an item.	
Document	Form I (<i>Record of DBE Performance</i>)	<u>Section 4.4.2.3</u> (Proposer Experience)	Choose an item.	
Document	Form R (<i>Project References</i>)	<u>Section 4.4.2.3</u> (Proposer Experience)	Choose an item.	
Document	Form J (<i>Key Personnel</i>)	<u>Section 4.4.2.3</u> (Proposer Experience)	Choose an item.	
Document	Key Personnel Resumes	<u>Section 4.4.2.4 (Key Personnel)</u>	Choose an item.	
Document	Additional Key Personnel Resumes	<u>Section 4.4.2.4 (Key Personnel)</u>	Choose an item.	
Document	Form K (<i>Subcontractor Information</i>)	<u>Section 4.4.2.5</u> (Organizational Structure)	Choose an item.	
Document	Organizational chart and description of relationships	<u>Section 4.4.2.5</u> (Organizational Structure)	Choose an item.	

Illinois State Toll Highway Authority

Document	Narrative of CM/GC understanding	<u>Section 4.4.2.5</u> <i>(Organizational Structure)</i>	Choose an item.	
Document	Conflict of Interest information	<u>Section 4.4.2.6</u> <i>(Conflict of Interests and Other Forms)</i>	Choose an item.	
Document	Form L (<i>Affidavit of Non-Collusion</i>)	<u>Section 4.4.2.6</u> <i>(Conflict of Interests and Other Forms)</i>	Choose an item.	
Document	Form M (Vendor Disclosure)	<u>Section 4.4.2.6</u> <i>(Conflict of Interests and Other Forms)</i>	Choose an item.	
Document	Form N (<i>IPG Active Registered Vendor Disclosure</i>)	<u>Section 4.4.2.6</u> <i>(Conflict of Interests and Other Forms)</i>	Choose an item.	
Document	Form O (<i>Substance Abuse Prevention Program, Certification (820 ILCS 265/15)</i>)	<u>Section 4.4.2.6</u> <i>(Conflict of Interests and Other Forms)</i>	Choose an item.	
Document	Form P (<i>Non-Disclosure Agreement</i>)	<u>Section 4.4.2.6</u> <i>(Conflict of Interests and Other Forms)</i>	Choose an item.	
Document	Form Q (<i>Exhibit C: Current Obligations</i>)	<u>Section 4.4.2.6</u> <i>(Conflict of Interests and Other Forms)</i>	Choose an item.	
Document	Form S (<i>SOQ Has-Met Checklist</i>)	<u>Section 4.4.2.6</u> <i>(Conflict of Interests and Other Forms)</i>	Choose an item.	

Illinois State Toll Highway Authority

[Proposer name] attests that the information provided above related to documents and requirements is true and accurate to the best of [Proposer's name] knowledge. Additionally, [Proposer name] certifies that it attended the Pre-SOQ workshop or viewed the presentation issued via Addendum.

Name of Proposer Authorized Representative:

Date:

Signature: