

Chicago State University
9501 South King Drive
Chicago, Illinois 60628-1598

**Request for Qualifications -
Architectural Services
Science and Nursing Laboratory Renovation**

PROJECT

Architectural Services for renovation of three or more science and nursing laboratories in the existing Williams Science Center on the CSU campus.

This project envisions the renovation of three or more existing science and nursing laboratories to create state-of-the-art facilities to be located in the existing Science Center at Chicago State University at 9501 S. King Drive in Chicago, Illinois. Scope of services is limited to design and schematics for the laboratories to be constructed over three or more fiscal years and subject to the availability of appropriated funds. The goal is to create student-focused teaching-learning and research laboratories that are sensitive to the current and future needs of Chicago State University and the science disciplines of biological sciences, chemistry, and physics and nursing. Sustainable design elements are considered an important aspect of the design process. It is expected that this request will be completed by mid-February, 2010.

BACKGROUND

Chicago State University is seeking a comprehensive, sustainable approach to design and schematic services. The planned laboratory renovations should address the university's need for faculty and students to engage in best practices for teaching and learning, and to a lesser degree, the development of advanced research and technology.

Professional Design and Schematics Services are being solicited for but are not limited to the following:

Provide professional design and schematics services to create a solid foundation for construction.

Facilitate the university's collaborative efforts through the design and schematics process for a state-of-the-art, innovative science and nursing laboratories that reflect the core mission and values of the university emphasizing sustainable, inclusive environments, and flexible design to anticipate future needs.

Attend regularly scheduled progress meetings with the CSU Planning Committee.

Develop design concepts that reflect current and anticipated biology, chemistry, physics and nursing program requirements.

Professionally prepare and document design and schematics outcomes in hard copy and electronic media to professionally present and convey project concepts, analysis, planning responses, designs, budget and scheduling.

DEADLINE FOR SUBMISSIONS

PLACE: Chicago State University
9501 South King Drive
Purchasing Office
Administration Building 111
Chicago, Illinois 60628-1598

ATTN: Mr. Nate Tindall
Contact via fax: (773) 995-4492

TIME: 1:00 PM Central Standard Time

DATE: January 12, 2009

Qualification submissions are to be made containing eight(8) copies of all submitted materials in a sealed clearly identified envelope marked with the firm name, date, and title " Chicago State University Science and Nursing Laboratory Renovation - Professional Design and Schematics Qualifications 1006AS " to the place, time, and date listed above.

Requests for Qualifications are being solicited by and should be submitted directly to **Chicago State University** at the address provided above. Pre-qualification is required. Firms must be pre-qualified with the Illinois State Capital Development Board (CDB) as governed by Illinois Compiled Statutes, 30ILCS 535 Architectural, Engineering and Land Survey

Qualifications Based Selection Act prior to the date of this advertisement. This process is to be a **QUALIFICATIONS BASED SELECTION (QBS 1006AS)**.

Requests for Qualifications Submissions should follow the American Institute of Architects format including a cover letter, contact person, table of contents, executive summary, scope of situation and analysis, services, approach and methodology, project team, recent relevant experience, references and additional information. The intent of this Request for Qualifications is for the firms under consideration to address specifically the required services and provide the University with a complete well-considered presentation of their professional qualifications.

REQUIRED DATA

- a. Name of firm
- b. Complete mailing address
- c. Contact person
- d. Telephone number
- e. Fax number
- f. Internet address
- g. E-mail address

Provide a general statement of qualifications based on the background information given above.

As this proposal covers professional design and schematics for science and nursing laboratory renovation, please address as many of the following points as possible.

PERSONNEL

- a. List the professional and support positions and number of personnel in each position.
- b. Provide an organizational chart, including resumes of all personnel who will be committed to this project. Provide specific information as to their experience on projects similar to this one. For the project manager and project architects identified as part of the project team, provide the name and phone number of three clients with whom the architect has worked on a similar building project.
- c. List professional consultants outside your firm you propose to provide services not available in your firm. Provide specific information documenting their work on similar projects.

EXPERIENCE WITH DESIGN AND SCHEMATICS OF SCIENCE AND NURSING LABORATORIES FOR UNIVERSITIES AND THE MARKET PLACE

- a. Submit a list of all related projects your firm currently has in progress and the status of each.
- b. For your last three design and schematics projects of similar size, scale and scope, provide the following:

- Name of Project
 - Client Contact Information
 - Owner's Total Initial Budget
 - Total Project Cost
 - Date of Bid
 - Scheduled Completion Date
 - Actual Completion Date
- c. List your three best projects. List the project personnel, including consultants, for those projects.
 - d. Describe how your projects create a student-centered learning environments that promote active engagement.
 - e. Describe and list your firm's experience in public higher educational institution projects.
 - f. Describe the exceptional features of science and technology facilities designed by your firm.

SPECIAL DESIGN CONCERNS

- a. Describe your efforts to achieve equal opportunity and minority participation goals for project. How does your firm develop bidder interest and participation for projects?
- b. Explain how your firm ensures compliance with the Americans with Disabilities Act (ADA). Provide examples.
- c. "Green Development" is a consideration. Describe how your firm incorporates this aspect of design into its work. Provide examples.
- d. Describe your efforts to design classrooms which allow instructors to assess the effectiveness of instruction through the use of modern technology, such as personal response systems, tablet PC's, audio/video recordings, smart boards, etcetera.
- e. Describe your efforts to design classrooms which allow instructors to assess the effectiveness of instruction through the use of modern technology, such as personal response systems, tablet PC's, audio/video recordings, smart boards, etcetera.

DESIGN AND SCHEMATICS SERVICES

- a. Provide information on your current workload and how you would accommodate this project.
- b. Describe in detail the process you will follow from programming through planning.
- c. Outline the schedule that you will implement to complete the project in approximately one year. Describe the methods you will use to maintain this schedule.
- d. Describe your method for consensus building, including your role, the methodology employed, the outcome, and a contact person for a recent project where you employed this method.

- e. Describe the types of problems that you have encountered on similar projects and explain what you did to resolve the problems, and what you would do differently to avoid such problems on future projects.
- f. Describe how your firm can add value to this project and the process; include examples of situations from comparable projects where the Owner realized tangible value.

DISCUSSION OF SIMILAR SUCCESSFUL PROJECTS TO INCLUDE ITEMS SUCH AS BUT NOT LIMITED TO:

* Familiarity with various types of state-of-the-art, innovative instructional laboratories and infrastructure support.

* Design options for ADA compliance.

* Design approaches to ease maintenance and access to utilities supply.

LEGAL CONCERNS

- a. Explain the circumstances and outcome of any litigation, arbitration, or claims filed against your company by clients or any of the same you have filed against a clients.
- b. Explain your General Liability Insurance coverage and Professional Liability Insurance coverage.

ATTACHMENTS

Individuals or firms responding to this QBS must return the attachments provided with this request, failure to do so will be grounds for not considering your response.

Bidder Application Form**Illinois Public Higher Education (IPHE)**

This requested information is required to accomplish the statutory purpose of the Illinois Procurement Code [30 ILCS 500].

Instructions: Please type or print. You must respond to all questions, sign the form, and submit it to the appropriate university. If your answer is "same," "not applicable," or "none," please write this to indicate no questions have been overlooked. It is your responsibility to notify the issuing university if the information in this application changes.

Today's date _____ This application is: ☐ Initial application ☐ Revision of previously submitted application

Submit this completed form to the university closest to you or the university with whom you intend to do the most business. Check that university below:

☐ Director of Purchases Chicago State University 9501 King Drive Chicago, IL 60628-1598	☐ Manager of Procurement Services Northern Illinois University B-113 Gilbert Hall DeKalb, IL 60115-2870	☐ Director of Purchases University of Illinois at Chicago Room 312 - M.A.B. (MC-560) 809 South Marshfield Avenue Chicago, IL 60612-7203
☐ Director of Purchases Eastern Illinois University Room 113 Old Main Charleston, IL 61920-3099	☐ Director of Purchasing Southern Illinois University Bldg 108 - Miles Hall Carbondale, IL 62901-6813	☐ Business Manager Purchasing B106 University of Illinois at Springfield Springfield, IL 62794-9243
☐ Purchasing Office Governors State University University Park, IL 60466-0975	☐ Director of Purchasing Southern Illinois University Box 1012 Edwardsville, IL 62026-1012	☐ Director of Purchases University of Illinois at Urbana-Champaign Room 207, 506 S. Wright St. Urbana, IL 61801-3684
☐ Director of Purchases 1220 Illinois State University Normal, IL 61790-1220	☐ Director of Procurement Services SIU Medical School P.O. Box 19605 Springfield, IL 62794-9605	☐ Director of Purchases Room 227 Sherman Hall Western Illinois University Macomb, IL 61455-1390
☐ Assistant Director Northeastern Illinois University 5500 North St. Louis Avenue Chicago, IL 60625-4699		

If you wish to be included on the bid list for other universities, copy this form and submit it to the other universities.

1. Legal name/address to which solicitations are to be mailed:	2. Address to which purchase orders are to be mailed, if different:
3. Address to which payment is to be mailed, if different:	4. Contact person: Phone number: 800 number: FAX number: E-mail:
5. If a division of a corporation, show name and address of parent company: State of incorporation _____	6. Years in business U.S. owned business: ☐ Yes ☐ No

7. Legal and tax status – I certify, under penalty of perjury, that I/we do business as a (check one only):

- | | |
|--|--|
| ☐ Individual | ☐ Real Estate Agent |
| ☐ Sole Proprietorship | ☐ Government Entity |
| ☐ Partnership | ☐ Tax Exempt Organizations (IRC 501 (a) only) |
| ☐ Corporation | ☐ Trust or Estate |
| ☐ Not-for-Profit Corporation | ☐ Limited Liability Corporation |
| ☐ Medical Health Care Services Provider Corp. | |

8. Enter your Taxpayer Identification Number (use Social Security Number if individual or sole proprietorship):

☐ FEIN _____

☐ SSN _____

9. Enter your Illinois Department of Human Rights (IDHR) number. Failure to do so will delay the processing of your application. If your IDHR number is 89999-00-0 or lower, you must re-register with the Illinois Department of Human Rights.

IDHR Contractor Registration Number _____

IDHR requires all persons wishing to bid on State of Illinois contracts to file an Employers Report Form - Form PC-1 before bid opening. You may obtain a PC-1 form through IDHR at (312) 814-2431, TDD (312) 263-1579, or <http://www.state.il.us/cms/purchase>.

10. Is your firm authorized to do business in the State of Illinois, as well as locally, with all necessary business licenses?

☐ Yes ☐ No If no, please explain

11. Net worth of business:

12. Bank reference - name and address:

13. Total sales and receipts (include amounts for all affiliated businesses) for most recent fiscal year:

14. Special Programs – Complete all of 14 (A – D).

The public higher education institutions of Illinois have various special programs that may be available to your company. Please check each category which applies, and complete the requested information. You may be requested to complete a more detailed form and provide additional documentation in order to ensure eligibility.

- ☐ **(A) Small business.** See 30 ILCS 500/45-45. To participate as a small business you must qualify under the following definition and criteria:

"Small business" means a business that is independently owned and operated and is not dominant in its field of operation (that is, it does not exercise a controlling or major influence in a kind of activity in which a number of business concerns are primarily engaged). To compute your size status, include your (and your affiliates') annual sales and receipts, subject to the following limitations:

Wholesale business – annual sales for the most recently completed fiscal year cannot exceed \$7,500,000

Submit a copy of the latest year's Federal and State income tax return page(s) showing total annual gross sales for the company and an Illinois address. If both a wholesaler and retailer, the combined wholesale and retail annual sales for the latest year of tax filing shall not exceed \$9 million. The retail component shall not exceed \$1.5 million and the wholesale component shall not exceed \$7.5 million. Businesses desiring to qualify under the combined status must also submit a notarized statement delineating the retail and wholesale dollar components.

Retail business or business selling services – annual sales and receipts cannot exceed \$1,500,000

Submit a copy of the latest year's Federal and State income tax return page(s) showing total annual gross sales for the company and an Illinois address. If both a wholesaler and retailer, the combined wholesale and retail annual sales for the latest year of tax filing shall not exceed \$9 million. The retail component shall not exceed \$1.5 million and the wholesale component shall not exceed \$7.5 million. Businesses desiring to qualify under the combined status must also submit a notarized statement delineating the retail and wholesale dollar components.

Manufacturing business – cannot employ more than 250 persons

Submit a copy of the latest year's Federal or State income tax return page(s) showing an Illinois address and the latest year's form IL-W-3 (Illinois Annual Withholding Income Tax Return) showing the number of Forms W-2, W-2G, and 1099-R issued (denotes number of employees at the company). If a manufacturing business has been in existence for less than a full fiscal year, its average employment shall be calculated for the period through one month prior to the bid or proposal due date. In such cases, a notarized statement to that effect and proof of when the business came into existence shall be submitted.

Construction business – annual sales and receipts cannot exceed \$3,000,000

Submit a copy of the latest year's Federal and State income tax return page(s) showing total annual gross sales for the company and an Illinois address.

- ☐ **(B) Minority, Female, Person with Disability.** See 30 ILCS 575. To participate in this you must qualify under the following criteria and be certified by one of the following:

- ☐ DCMS (Department of Central Management Services) ☐ CMBDC (Chicago Minority Business Development Council)
☐ IDOT (Illinois Department of Transportation) ☐ WBDC (Women's Business Development Center)

The business must be at least 51% owned and controlled by one or more individuals who are minority, female, or a person with disabilities. A business owned and controlled at least 51% by any combination of minorities, females, and persons with disabilities should be checked as a business owned and controlled by the eligible group that has the largest percentage of ownership. If this block is checked, also check each of the following which are applicable:

- ☐ African American ☐ Female
☐ Hispanic ☐ Native American/Alaskan
☐ Person with disability (must be severe mental or physical disabilities which substantially limit major life activities) ☐ Asian American

- ☐ **(C) Not-for-profit, U.S. tax exempt agency for the disabled.** You must qualify under Section 501 of the Internal Revenue Code. See 30 ILCS 575/2A4.1.
- ☐ **(D) State use – Not-for-profit agency for the severely handicapped.** Must meet requirements of U.S. Department of Labor and the Illinois Department of Rehabilitation Services. See 30 ILCS 500/45-35.

15. In compliance with the Illinois Procurement Code, state the name of each person or company having a beneficial interest of more than 7½% in the bidding enterprise and each person or company, who, together with spouse or minor children, has a beneficial interest of more than 15% in the bidding enterprise (attach additional sheets if necessary):

Name and Address	Percent Owned	Voting Percentage

If applicant is a corporation, please complete both columns:

Names of Corporate Officers	Names of Corporate Directors

16. List equipment, supplies, and/or services you can provide. Include brand and manufacturer names or other information that will help buyers to categorize your capabilities. (Additional items may be submitted on an attached sheet.) If the issuing university has provided a separate listing of equipment, supplies, and/or services, provide requested information and return it with this form. If the services available from your firm include professional and/or artistic services (see Item #17 for listing), and you wish to be pre-qualified so you can receive direct notification of opportunities, complete Items #17-24 of this application.

Fill out this section to pre-qualify as a provider of Professional and Artistic Services

If you do not offer such services, or do not wish to pre-qualify, proceed to Item #24.

Completing this section does not guarantee that you will be pre-qualified. Being pre-qualified does not guarantee that you will be awarded a contract. You do not need to be pre-qualified to respond to a solicitation (Illinois Procurement Code [30 ILCS 500/35-15]). Consult the universities' solicitations to determine specific qualification requirements for individual solicitations.

Automatic notification – Once you have been pre-qualified you will be entitled to receive an automatic notification of Procurement Bulletin solicitations for services for which you have pre-qualified if you have listed a FAX number and/or e-mail address as requested in Item #4.

Do not use this section to pre-qualify for construction or construction-related professional services. Contact the university with whom you wish to do business for information regarding specific requirements for these categories.

17. Please check the professional and artistic services for which you are requesting pre-qualification. For each service you check, provide the information requested in Items #17-23 of this application.

Accounting ☐ Accountant ☐ Auditor ☐ Billing Services ☐ Collection Services Artistic ☐ Artist ☐ Entertainer ☐ Musician ☐ Sculptor Clinical Psychology ☐ Psychotherapist ☐ Psychiatrist Data Processing ☐ Consultant ☐ Network Design ☐ Programmer ☐ Systems Analyst	Dentistry ☐ Dentist ☐ Orthodontist ☐ Periodontist Environmental/Land ☐ Cartographer ☐ Environmental Analyst ☐ Environmental Engineer ☐ Geologist ☐ Hydrologist ☐ Land Appraiser ☐ Land Use Planner ☐ Meteorologist ☐ Naturalist Law ☐ Administrative Law Judge ☐ Arbitrator ☐ Attorney ☐ Court Reporting ☐ Hearing Officer ☐ Law Clerk ☐ Legal Services	Management/ Administrative Services ☐ Actuary ☐ Banking Services ☐ Consultant ☐ Economist ☐ Executive Search Services ☐ Investment Services ☐ Training and Development Marketing And Media Services ☐ Audio and Video Production ☐ Commercial Photographer ☐ Editor ☐ Graphic Designer ☐ Media Consultant ☐ Public Relations	Medicine ☐ Audiologist ☐ Chiropractor ☐ Dietician ☐ Medical Transcriber ☐ Nurse ☐ Occupational Therapist ☐ Optometrist ☐ Orthopedist ☐ Pathologist ☐ Pharmacist ☐ Physical Therapist ☐ Physician ☐ Podiatrist ☐ Radiologist ☐ Surgeon ☐ Temporary Medical Staffing ☐ Veterinarian Science/Research ☐ Archaeologist ☐ Biologist ☐ Botanist ☐ Chemist ☐ Educator ☐ Entomologist ☐ Historian ☐ Other
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18. Licenses and/or professional registration – List names of each key person of the firm. If a requested service requires a licensed/registered practitioner, you may be required to provide a copy of such license/registration to the university before an award can be made or work begun.

Name	Capacity (Owner, Partner, Etc.)	Current Licenses/Registrations (Include Certificate # if Applicable)	License/Registration Exp. Date

19. Work experience – List contracts for similar services that have been completed within the last five years:

Project	Location	Type of Service	Total Amount of Contract	Start/Completion Dates	Name/Phone # of Owner or Other Reference

20. Resume^s of key personnel – Provide the requested information for key personnel who would be assigned to work on contracts awarded or who would, at a minimum, supervise such work.

Name and Title	Primary Responsibilities	Years Experience (This Firm/Other Firms)	Education (Institutions, Years, Degrees, Certificates)	Other Relevant Experience and/or Qualifications

21. Judgments and claims – Are there any judgments, claims, or suits pending or outstanding against you or your organization that could affect the ability to complete any contract awarded?

☐ Yes ☐ No If no, please explain:

22. Receivership – Have you or your organization filed for bankruptcy, receivership, or reorganization within the last five years?

☐ Yes ☐ No If yes, please provide details:

23. Statutory qualifications – Are you or your organization disqualified, ineligible, suspended, or otherwise barred from receiving solicitations and/or awards from any State of Illinois university or agency or any agency of the Federal Government?

☐ Yes ☐ No If yes, please provide details:

24. I understand that:

Information provided in this application may be audited by any State university or verified by other means.

Provision of information in this application does not relieve me from providing the same or additional information as required in a response to a solicitation.

Submittal of this application does not guarantee pre-qualification. Pre-qualification will be given only if I meet all statutory or regulatory requirements, including any that may not be listed in this application.

I must update significant information changes within a reasonable amount of time. Significant changes include, but are not limited to: change of legal status, TIN, ownership, name, address, as well as loss of licensure or registration, filing of bankruptcy, or suspension or debarment by any Federal, state, or local governmental agency.

Failure to provide accurate and reliable information required by this form may, in accordance with any and all applicable laws, result in penalties including, but not limited to, suspension or debarment from doing business with any university and termination of contracts, and loss of profits in appropriate cases.

Under penalty of perjury, I swear or affirm that:

The information provided in this application is true and correct as of the time of signing.

I have not been barred from contracting with a unit of State or local government as a result of a violation of Section 33-E or 33E-4 of the Criminal Code of 1961.

I, along with other officers and employees, have not been convicted of bribery nor attempted bribery of an officer or employee of the State of Illinois, nor have made an admission of guilt of such conduct that is a matter of record.

I am an equal opportunity employer and in compliance with the equal opportunity requirements of applicable state and federal laws.

Signature _____	Name (type or print) _____
Date _____	Title _____

You may use this Financial Disclosure Form in two ways:

- Enter your information online. Print the form, sign it, and mail to the appropriate university.
- Print the form, enter your information, sign it, and mail it to the appropriate university.

Financial Interests and Potential Conflicts of Interests Disclosures

SUBMIT THIS INFORMATION WITH YOUR BID, PROPOSAL, OR OFFER.

You can use this form in two ways:

1. Enter your information on line, print, sign, and submit.
2. Print the form, enter your information, sign, and submit.

The Illinois Procurement Code requires that vendors desiring to enter into certain contracts with the State of Illinois must disclose the financial and potential conflict of interest information as specified in this form.

STEP 1 – SELECT THE DOCUMENTATION YOU ARE SUBMITTING

► Publicly Traded Entities – Select one.

- ☐ I have attached a copy of the corporate Form 10-K
- ☐ I am going to complete Step 2 for each qualifying individual.

► Privately Held Entities (with more than 400 shareholders)

- ☐ I am going to complete Step 2 for each qualifying individual and have attached information that would be included in a Form 10-K.

► Privately Held Entities (with less than 400 shareholders)

- ☐ I am going to complete Step 2 for each qualifying individual.

STEP 2– LIST INDIVIDUALS WITH FINANCIAL INTERESTS IN YOUR COMPANY OR BUSINESS

☐ No individuals have an ownership value or distributive income share of more than 5% or \$90,414.60.
Proceed to Step 4.

☐ I have entered below those individuals with an ownership or distributive income share of more than 5% or \$90,414.60 in this company (use codes in blue below).

Financial Interest of Ownership*	Name (Create a separate Step 3 page for each individual.)	Address	Type of Ownership/ Distributable Income Share**	Ownership interest in the vendor (or its parent)
				☐ %
				☐ Amt
				☐ %
				☐ Amt
				☐ %
				☐ Amt
				☐ %
				☐ Amt
				☐ %
				☐ Amt

Attach additional pages if needed.

*Financial Interest of Ownership Code (Use all that apply):

- 1 = Ownership exceeding 5%
- 2 = Ownership value exceeding \$90,414.60
- 3 = Distributive income share exceeding 5%
- 4 = Distributive income share exceeding \$90,414.60

**Type of Ownership/Distributable Income Code:

- 1 = Sole proprietorship
- 2 = Stock
- 3 = Partnership
- 4 = Other (Explain)

STEP 3 – DISCLOSE POTENTIAL CONFLICTS OF INTEREST FOR EACH INDIVIDUAL NAMED IN STEP 2

For each of the individuals identified in Step 2, indicate which, if any, of the following beneficial relationships could be a potential conflict of interest. If "Yes," please use the space under the section to describe—attach additional pages as necessary.

Name of Individual _____

- | | | |
|---|---------------------------------|--------------------------------|
| a. State employment, currently or in the previous 3 years, including contractual employment of services. | Yes
☐ | No
☐ |
| b. State employment of spouse, father, mother, son, or daughter, including contractual employment for services in the previous 2 years. | Yes
☐ | No
☐ |
| c. Elective status; the holding of elective office of the State of Illinois, the government of the United States any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous 3 years. | Yes
☐ | No
☐ |
| d. Relationship to anyone holding elective office currently or in the previous 2 years; spouse, father, mother, son, or daughter. | Yes
☐ | No
☐ |
| e. Appointive office; the holding of 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 currently or in the previous 3 years. | Yes
☐ | No
☐ |
| f. Relationship to anyone holding appointive office currently or in the previous 2 years; spouse, father, mother, son, or daughter. | Yes
☐ | No
☐ |
| g. Employment, currently or in the previous 3 years, as or by any registered lobbyist of the State government. | Yes
☐ | No
☐ |
| h. Relationship to anyone who is or was a registered lobbyist in the previous 2 years; spouse, father, mother, son, or daughter. | Yes
☐ | No
☐ |
| i. Compensated employment, currently or in the previous 3 years, 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
☐ |
| j. Relationship to anyone; spouse, father, mother, son, or daughter; who is or was a compensated employee in the last 2 years of 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
☐ |

STEP 4 – LIST CURRENT AND/OR PENDING CONTRACTS WITH OTHER STATE UNITS

► Current Contracts

Do you have any current contracts, leases, or other on-going procurement relationships with other units of State of Illinois government?

- ☐ No.
- ☐ Yes. List below or attach additional pages:

Unit of State Government	Project Name, Bid/Proposal Number, or Lease	Contract Total

► Pending Contracts or Proposals

Do you have any pending contracts, proposals, leases, or other on-going procurement relationships with other units of State of Illinois government?

- ☐ No.
- ☐ Yes. List below or attach additional pages:

Unit of State Government	Project Name, Bid/Proposal Number, or Lease	Est. Contract Total

STEP 5 – SIGN FORM

Name of Vendor or Contracting Entity

Official authorized to sign on behalf of vendor:

Name	Title
Signature	Date

If you do not complete and return this form with your response, you will be considered as “non-responsive” to this solicitation.

CONTRACT CERTIFICATION

EDUCATIONAL LOANS -- The Contractor certifies that it is not in default on an educational loan as provided in the Educational Loan Default Act (5 ILCS 385).

BRIBERY -- The Contractor certifies that it has not been convicted of bribery, attempting to bribe or made an admission of guilt of bribery of a State officer or employee in accordance with the Illinois Procurement Code (30 ILCS 500/50-5).

BID-RIGGING/BID-ROTATING LAW -- The Contractor certifies that it has not been barred from contracting with a unit of State or local government as a result of bid-rigging or bid rotating as those terms are defined in the Illinois Criminal Code of 1961 (720 ILCS 5/33E-3 and 5/33E-4).

DRUG FREE WORKPLACE -- The Contractor certifies that it will comply with the Drug Free Workplace Act (30 ILCS 580) and will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the performance of this contract.

FOREIGN EQUIPMENT/CHILD LABOR -- The Contractor certifies in accordance with Public Act 94-0264 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.

NON-DISCRIMINATION IN EMPLOYMENT -- The Contractor agrees to comply with the Public Employment Works Act (775 ILCS 10), which disallows discrimination on the basis of race, color, religion, national origin, ancestry, age, sex, marital status, handicap, military status, or unfavorable discharge from military service in employment or contracting.

LACK OF APPROPRIATION -- The Contractor agrees that the contractual obligations of SIUE Shall cease immediately without penalty or further payment if, in any fiscal year, the Illinois General Assembly or federal funding sources fails to appropriate or otherwise make available funds for this contract. The Contractor will be paid for satisfactory performance during the periods for which funds were available.

USE OF SUBCONTRACTORS -- The Contractor will not utilize the services of a subcontractor in fulfilling its obligations under this contract without obtaining SIUE's prior written approval.

INTERNATIONAL ANTI-BOYCOTT -- The Contractor certifies that neither it nor any substantially-owned affiliated company is participating or shall participate in an international boycott in violation of the provisions of the U.S. Export Administration Act of 1979 or the regulations of the U.S. Department of Commerce promulgated under the Act.

MAINTENANCE OF DOCUMENTATION -- With respect to each annual Contract term, Contractor shall maintain, for a minimum of 3 years after such annual Contract term, adequate books, records, and supporting documents to verify the amounts, recipients, and uses of all disbursements of funds passing in conjunction with the Contract; the Contract and all books, records, and supporting documents related to the Contract shall be available for review and audit by the Auditor General; and the Contractor agrees to cooperate fully with any audit conducted by the Auditor General and to provide full access to all relevant materials. Failure to maintain the books, records, and supporting documents required by this Section shall establish a presumption in favor of the State for the recovery of any funds paid by the State under the Contract for which adequate books, records, and supporting documentation are not available to support their purported disbursement.

DEBT CERTIFICATION -- The Contractor certifies that it is not delinquent in the payment of any debt to the State of Illinois in accordance with the Illinois Procurement Code (30 ILCS 500/50-11).

FOREIGN-MADE MATERIALS PRODUCED BY FORCED LABOR -- The Contractor certifies that no foreign-made equipment, materials or supplies furnished to SIUE under this contract will be or have been produced, in whole or in part, by forced labor, convict labor or indentured labor under penal sanction.

CORPORATE INTEGRITY -- The Contractor certifies that it, its officers, directors, partners or other managerial agents have not 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 (815 ILCS 5) within the last five years. These laws prohibit falsifying corporate financial records, selling unregistered securities, and fraudulent purchases or sales of securities.

ENVIRONMENTAL VIOLATIONS -- The Contractor certifies that it has not been found liable for any violation of the Illinois Environmental Protection Act ("Act") (415 ILCS 5) by a court or the Pollution Control Board within the last five years. Violations of the Act may include dumping hazardous wastes, air pollution, water pollution, land pollution, and permit non-compliance.

GOVERNING LAW -- Notwithstanding anything in the Contract or purchase order to the contrary, this Contract shall be governed by the laws of the State of Illinois without reference to conflict of laws principles. The parties acknowledge that SIUE is a State entity and as such any claims brought against it must be brought in the Illinois Court of Claims in accordance with the Illinois Court of Claims Act (705 ILCS 505).

ILLINOIS USE TAX CERTIFICATION -- The Contractor certifies that it is collecting and remitting Illinois Use Tax of all sales of tangible personal property in accordance with the Illinois Procurement Code (30 ILCS 500/50-12).

ILLINOIS INFORMATION TECHNOLOGY ACCESSIBILITY ACT STANDARDS -- As required by Illinois Public Act 095-0307, all information technology, including electronic information, software, systems, and equipment, developed or provided under this contract must comply with the applicable requirements of the Illinois Information Technology Accessibility Act Standards as posted at <http://www.dhs.state.il.us/itaa>.

FALSE CERTIFICATIONS -- The Contractor acknowledges that SIUE may declare this Contract void if any of the certifications made herein by the CONTRACTOR are false.

CONFLICTING DOCUMENTS -- In the event of a conflict between these contract certifications and Contract or purchase order, whichever may be the case, these contract certifications shall control.

LEAD POISONING CERTIFICATION -- Pursuant to P.A. 94-879, if vendor [contractor, bidder, proposer] is the owner of residential rental property in Illinois, vendor [contractor, bidder, proposer] certifies that it has not committed a willful or knowing violation of the Illinois Lead Poisoning Prevention Act that has not been mitigated.

STATE BOARD OF ELECTIONS REGISTRATION (P.A. 95-971). By acceptance of this order

- ☐ The Contractor certifies that they are not required to register as a business entity with the State Board of Elections pursuant to the Procurement Code (30 ILCS 500/20-160). Further, the Contractor acknowledges that all contracts between State agencies and a business entity that do not comply with this Section shall be voidable under Section 50-60 of the Procurement Code (30 ILCS 500/20-160).

(or)

- ☐ The Contractor certifies that they have registered as a business entity with the State Board of Elections and acknowledges a continuing duty to update the registration pursuant to the Procurement Code (30 ILCS 500/20-160). Further, the Contractor acknowledges that all contracts between State agencies and a business entity that do not comply with this Section shall be voidable under Section 50-60 of the Procurement Code (30 ILCS 500/20-160)

EXCLUSIONS PARTY LIST CERTIFICATION: Contractor certifies that neither it nor any of its employees or subcontractors who may provide services pursuant to this Contract is currently subject of an investigation or proceeding to exclude it as a provider under Medicare or Medicaid or under any other federal or state health care program or under any third party insurance program, nor is it currently excluded or debarred from submitting claims to Medicare or Medicaid or to any other federal or state health care program or to any third party insurer. Contractor represents and warrants it has checked the U. S. General Service Administration's (GSA) Excluded Party Listing System (EPLS), which lists parties excluded from federal procurement and non-procurement programs. The EPLS website includes GSA/EPLS, the U.S. Department of Health and Human Services (HHS) Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), and the U.S. Department of Treasury's (Treasury) Specially Designated Nationals (SDN) list. Contractor also represents and warrants it has checked the Illinois Department of Public Aid (IDPA) OIG Provider Sanctions list of individuals and entities excluded from state procurement with respect to Contractor's employees and agents. See the following websites: <http://epls.arnet.gov> and <http://www.state.il.us/agency/oig/search.asp>. University will terminate contract without penalty to University if Contractor becomes excluded during life of this Contract.

BUSINESS ENTERPRISE PROGRAM FOR MINORITIES, FEMALES AND PERSONS WITH DISABILITIES — In order to promote the development and use of minority-owned businesses or services, Southern Illinois University, as an Illinois public university, is required to participate in the State of Illinois' Business Enterprise Program (BEP) for minorities, females, and persons with disabilities by Public Act 88-597 (30 ILCS 575/0.01, et seq.). This Act requires that each State of Illinois public university annually report its utilization of businesses owned by minorities, females and persons with disabilities. The completion of this section will play an important role in our University's goal to obtain goods and services from qualifying individuals or businesses.

PLEASE SELECT THE APPROPRIATE BOXES:

If an individual: ☐ Female ☐ Male
If a company: ☐ Female Owned (must own 51% or more) ☐ Not Applicable
Select appropriate category: ☐ African American ☐ Alaskan American ☐ Asian American ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Decline To Answer
If disabled, please check: ☐ Person with Disability

CONTRACTOR FEDERAL IDENTIFICATION NUMBER AND LEGAL STATUS DISCLOSURE (NOTE: Instructions On Reverse Side)

Under penalties of perjury, I certify that _____ is my correct Federal Taxpayer Identification Number. I am doing business as a (please check one):

☐ Individual	☐ Not-For-Profit Corporation	☐ Trust or Estate
☐ Sole Proprietorship	☐ Real Estate Agent	☐ Medical and Health Care Service Provider
☐ Partnership	☐ Governmental Entity	
☐ Corporation	☐ Tax Exempt Organization (IRC 501(a) only)	

Firm/Company Name

Vendor Signature

Date

Purchasing Signature

Date

Vendor Name Typed or Printed

In order to meet Form 1099 Information reporting rules formulated by the Internal Revenue Service, please complete the following:

INSTRUCTIONS

1. Enter your Taxpayer Identification Number (TIN) in the appropriate space. For individuals and sole proprietorships:
2. If you do not have a TIN, apply for one immediately. To apply, obtain the form Application for a Social Security Number Card (for individuals) from your local office of the Social Security Administration, or form, Application for Employer Identification Number (for businesses and all other entities), from your local Internal Revenue Service office.
3. If you do not have a TIN, fill out the certification indicating that a TIN has been applied for, sign and date the form, and return it to this agency. As soon as you receive your TIN, fill out another such form indicating your TIN, sign and date the form, and give it to this agency.
4. If you fail to furnish your correct TIN to this agency, you are subject to an IRS penalty of \$50.00 for each such failure unless your failure is due to reasonable cause and not to willful neglect.
5. **WILLFULLY FALSIFYING CERTIFICATIONS OR AFFIRMATIONS MAY SUBJECT YOU TO CRIMINAL PENALTIES, INCLUDING FINES AND/OR IMPRISONMENT.**

Disclosure of Business in Iran

You must respond to the following request for information. Failure to respond will disqualify your firm from consideration in this solicitation.

Does the following information apply to your firm? You must affix your signature below indicating whether the information does or does not apply to your firm.

Within the 24 months before submission of the bid, offer, or proposal the bidder, offeror, or proposing entity, or any of its corporate parents or subsidiaries, has had business operations that involved contracts with or provision of supplies or services to

- (a) the Government of Iran;
- (b) companies in which the Government of Iran has any direct or indirect equity share;
- (c) consortiums or projects commissioned by the Government of Iran; or
- (d) companies involved in consortiums or projects commissioned by the Government of Iran;

AND

(1) 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

(2) 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.

NO, the above information does NOT apply to our firm.

Signature

YES, the above information DOES apply to our firm. We understand that the University is required to notify the State Comptroller of this disclosure.

Signature

CONTRACTUAL SERVICES
NO BID REPLY FORM

BIDDER:

If for any reason you are not submitting a bid on this Request, we ask that you check one or more reasons below and return to us in the return bid envelope. From our study of these reasons, we are hopeful that we can develop future bid packages which will elicit your bid.

NOTE: If you will return the form immediately under separate cover,
we will attempt to address your concern prior to the bid
opening on this Request.

We hereby submit a ANo Bid because:

- ☐ 1. We are not interested in contracting through the bid process.
- ☐ 2. We are unable to prepare the bid form and conform with your requirements in time to meet the due date.
- ☐ 3. We do not wish to bid under the terms and conditions of the request for bid document. Objections: _____

- ☐ 4. We do not feel we can be competitive.
- ☐ 5. We do not wish to contract with a State agency.
Objections: _____

- ☐ 6. We do not provide the services on which bids are requested.
- ☐ 7. Other: _____

We wish to

- ☐ Remain on The list of bidders
- ☐ Be deleted from

Firm _____

Signed _____

NEW STATE OF ILLINOIS REQUIREMENT
PLEASE READ CAREFULLY BEFORE RESPONDING

State Board of Elections Certification Required by Public Act 95-971

INSTRUCTIONS:

Any firm or individual who wishes to submit a bid or proposal in response to this solicitation must make the certification below. If you do not make the certification below (and attach a copy of the certificate of registration from the State Board of Elections, if required), your bid or proposal cannot, by law, be accepted by the University.

Note:

If you do \$50,000 worth of business annually with the State of Illinois, including the state universities, you are required to register with the State Board of Elections and obtain from them a certificate confirming your registration. Responses to Invitations to Bid, Requests for Proposals, Requests for Information, and all other types of procurement solicitations are included in the calculation of this \$50,000 annual amount, whether you receive a resulting award or not. If you do less than \$50,000 worth of business annually, you may be exempt from the registration requirement.

Please refer to Public Act 95-971, which is available at <http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=095-0971&GA=095>, and the State Board of Elections website (www.elections.il.gov) for more specific information on whether you are required to register or not. Information on how to submit copies of the registration certificate to the Chief Procurement Officer for Higher Education is available at the Illinois Public Higher Education Procurement Bulletin website (<http://www.procure.stateuniv.state.il.us>).

CERTIFICATION:

You must check the box that applies to you:

The bidder/proposer certifies that:

1. ☐ it is not required to register as a business entity with the State Board of Elections pursuant to Section 20-160 of the Procurement Code;
- or
2. ☐ (a) it has registered as a business entity with the State Board of Elections pursuant to Section 20-160 of the Procurement Code;
(b) it has provided a copy of its Certificate of Registration with its response to this solicitation;
(c) it has submitted a copy of its Certificate of Registration to the Chief Procurement Officer for Higher Education; and
(d) it acknowledges a continuing duty to update its registration.

The bidder/proposer also acknowledges that any contracts entered into with bidder/proposer are voidable by the University if bidder/proposer fails to comply with the requirements of Section 20-160 of the Procurement Code.

**** Reminder ****

_____ Unless you are currently exempt from registering under Box #1 above, you are required to provide a copy of your certificate of registration with your bid or proposal. Before submitting your bid or proposal, check here to confirm that a copy of your certificate of registration is attached.