



Pat Quinn, Governor

# Business Enterprise Program



[www.sell2.illinois.gov](http://www.sell2.illinois.gov)

# How you can sell to the State

**How to find opportunities**





## How to access your business opportunities

**Visit [www.Sell2.illinois.gov](http://www.Sell2.illinois.gov)**

- **Register your business**
- **Join special programs**
- **View contracting opportunities**
- **Enroll as user of Illinois Procurement Bulletin**
  - **Electronic posting**
  - **Contains all notices, calls for bid, and contract awards**
  - **Sends you email alerts whenever we need what you sell**



# Visit [www.Sell2.illinois.gov](http://www.Sell2.illinois.gov)



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your next customer*



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Home

**We want to do business with you!**

Small & Diverse  
Businesses

The State of Illinois buys everything from food to trucks to office furniture to consulting services. Since we run social service facilities, office buildings, garages, state parks and more, the State needs virtually everything consumers and businesses need. **So chances are we buy what you sell.**



Contract Opportunities

We've recently made many improvements to our procurement process, so doing business with Illinois is now easier than ever.

Registration

Laws & Regulations

**The State purchases more than \$10 billion worth of products and services each year. Are you competing for this business?**

Frequently Asked  
Questions (FAQs)

Events

## Important New Ethics Information for Vendors

State Links

On April 3, 2009, Governor Quinn issued [Executive Order 9 \(2009\)](#), which rescinded Executive Order 3 (2008), dealing with certain political contributions to officeholders other than the officeholder responsible for the contract and certain registration requirements. [PUBLIC ACT 095-0971](#), also addressing campaign contributions and registration, which was passed by the Illinois legislature on September 25, 2008 and contains the registration and reporting requirements for certain State vendors and bidders, as well as limitations on campaign contributions by these entities and the affiliates, is still in effect.

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## How to Sell to Illinois

- [Register to do business with the State](#)
- [View contract opportunities](#)
- [Join special programs for small and diverse businesses](#)



## Additional Resources

- Learn about resources to help you [start or manage a business](#).
- [Sell 2 Illinois Brochure - English Version \[PDF, 3.5MB\]](#)
- [Sell 2 Illinois Brochure - Spanish Version \[PDF, 3.5MB\]](#)

# View current and upcoming opportunities



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Contract Opportunities

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Businesses

## Make the State of Illinois your next customer

Contract Opportunities

- Find [current contract opportunities](#).

Registration

- Find [upcoming contract opportunities](#).

Laws & Regulations

- [Register your business to sell to Illinois](#)

Frequently Asked  
Questions (FAQs)

- [Contact State purchasing experts](#) - Visit Illinois Procurement Bulletin/Reference Library.

Events

- Call 1-866-ILL-BUYS for additional information or e-mail [webmaster@purchase.state.il.us](mailto:webmaster@purchase.state.il.us)
- The principles of competitive bidding and economical procurements are applicable to all purchases and contracts by or for State agency, according to the [Illinois Procurement Code \[PDF, 2.51MB\]](#) .

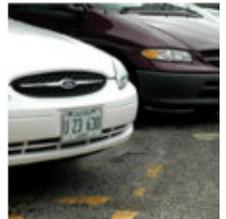
State Links

- The Department of [Central Management Services](#) helps State of Illinois agencies buy supplies and services. For information construction and education procurement:

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Documents are provided in PDF format, to view documents you will need Adobe's free [Acrobat Reader](#).



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Visit these **other links** for more information on how to do business with the State of Illinois.

#### [Illinois Department of Human Rights Form](#)

All vendors (in-state, out-of-state) if you have employed fifteen or more employees at any time during the 365-day period immediately preceding the publication of a solicitation in the Illinois Procurement Bulletin, you **must** have a current **Public Contract Number** from the Department of Human Rights or **have proof of having submitted a completed application** (IDHR Employers Report Form PC-1) for one **prior** to public bid opening date.

#### [Bidder's Application Form \(BAF\)](#)

Vendors **may** pre-qualify by completing the BAF form. NOTE: Pre-qualification is **not** a requirement in order to do business with the State of Illinois. It does however make agencies aware of what supplies or services you can provide.

#### [Small Business Set-Aside Program](#)

The Small Business Set-Aside Program allows for the Chief Procurement Officer of the State of Illinois to allocate a fair portion of construction, supply, and service contracts for award to small businesses in Illinois. Legislation effective January 1, 2005 increases annual sales limits for wholesale and retail businesses so that more companies can be considered small businesses when competing for state contracts.

#### [Business Enterprise Program](#)

The Illinois Business Enterprise Program for Minorities, Females, and Persons with Disabilities (BEP) promotes the economic development of businesses owned by minorities, females, and persons with disabilities.

#### [Out-of-State Vendors](#)

Out-of-State vendors **must** contact the Illinois Secretary of State (217/782-1834) regarding a certificate of authority to do business in Illinois.



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### Illinois Procurement Bulletin Site Registration

#### Step 1

● - Required Fields

The fields labeled as required must be filled in to complete this transaction.

#### Username Information

Your username will be comprised of your first name + middle initial (if entered) + last name.  
(Example, Mary A Smith or Bob Jones)

- **First Name:**
- **Middle Name/Initial:**
- **Last Name:**



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**General Information:** This site is the Illinois Procurement Bulletin for procurements of supplies and services by executive branch agencies under the jurisdiction of the Department of Central Management Services as a Chief Procurement Officer. This Bulletin contains all notices (solicitations and awards) published to meet the requirements of the Illinois Procurement Code [30 ILCS 500].

For information regarding procurement opportunities related to construction, or by universities, constitutional officers other than the Governor, the Legislative and Judicial branches, you must contact the appropriate Chief Procurement Officer for the type of procurement in question. You can "link" to the Higher Education, Construction, or Transportation Illinois Procurement Bulletins by clicking on the "Other Links" button located in the top banner of this screen.

Access to this Bulletin is free. NOTE: You need only to enroll if you wish to be able to download the solicitation attachments (IFB, RFP, RFI, etc.). You must also enroll if you wish to receive automatic email notifications. You can enroll as a User by completing this on-line registration form. Upon enrolling you will receive a User ID and a Password. When you "log" into this site using your User ID and Password, you will be able to download all procurement notices and attachments currently published in this Bulletin. The notices will also identify for you a contact person should you have questions regarding a specific notice.

**Disclaimer:** This Bulletin is set up to issue e-mail notices for any procurement activity in your area of commerce, as identified by you once you enroll and "profile" e.g., select Class Code(s). The e-mail notice is a helpful tool but it is not a substitute for your personal review of the official published notices. E-mail failures will not be considered as valid grounds for protest(s).





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### Illinois Procurement Bulletin Site Registration Step 2

● - Required Fields

The fields labeled as required must be filled in to complete this transaction.

#### Contact Information:

This information is **confidential** and is used only in the event that the IPB administration needs to contact you.

- First Name:
- Middle Name/Initial:
- Last Name:
- Company Name:
- Address 1:
- Address 2:
- Address 3:
- City:
- Country:
- State:  \*State required only for United States
- Province/Region/Other:  \*Required only when country is other than United States.
- Zip/Postal Code:
- Email Address:
- Phone Number:
- Toll Free Number:
- Fax Number:

#### General Registration Information

This section determines your Illinois Procurement Bulletin registration password.



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Toll Free Number:

Fax Number:

#### General Registration Information

This section determines your Illinois Procurement Bulletin registration password.

**Warning:** The password will be case-sensitive when you log into the system.

● Password:  (minimum of 8 characters).

● Confirm Password:

#### Subscription Information:

To receive e-mail notifications, you must "profile" i.e, select the Class Code(s) that best describes the commodities and/or services that you provide. You will only receive e-mail notifications under the code(s) and the types of notifications selected here.

Class Codes:

Receive email notifications for:  
General Notifications:  Both  Solicitations Only  Notices Only  None  
 Yes  No



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- S100 Advertising Services
- 5084 Air Compressors
- 3585 Air Conditioning; Heating & Ventilating Equipment Parts & Accessories
- S120 Air Conditioning; Heating; & Ventilating Services Services
- S110 Aircraft Maintenance & Repair Services
- 5088 Aircrafts and Parts

Sub class codes for class code at left:

- 100 Advertising and Graphics Services
- 200 Media Buys Radio/TV Services
- 250 Advertising, Misc. Services
- 300 Newspaper Publishing Services
- 400 Radio Broadcasting Services
- 500 Recording Studio Services

To select multiple class codes hold the Ctrl button while clicking on the codes you want to add.

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**Thank you A A for your interest in the Illinois Procurement Bulletin.**

**Please read this page to learn how to complete your registration!**

You will receive an e-mail notification requesting you to confirm your e-mail address. To complete your registration, click on the link provided in the e-mail notification. Please be sure to follow the instructions for confirming your registration. **Your registration will not be activated until you have completed the confirmation process as outlined in the e-mail.**

Please visit these **other links** for more information on how to do business with the State of Illinois.

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Out-of-State vendors **must** contact the Illinois Secretary of State (217/782-1834) regarding a certificate of authority to do business in Illinois.

webmaster@purchase.state.il.us

Illinois Procurement Bulletin New Registration Confirmation

Dear IPB User:

Your request to register on the Illinois Procurement



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<a href="#">22016924</a>	RFI - Strategic Management and Resource Technology Department Operation	07/31/2009
<a href="#">22016176</a>	Lottery Gaming Systems RFP	07/01/2009
<a href="#">22016856</a>	CMS - 6287 - REQUEST FOR INFORMATION FOR LEASED SPACE - DHS - ROCK ISLAND	06/09/2009
<a href="#">22017005</a>	Food Services for Resident Meals	06/09/2009
<a href="#">22016960</a>	LaSalle-Pharmacy Services	06/05/2009
<a href="#">224203</a>	PSD MATTRES TICKING, COTTON FOR CENTRALIA - REBID	06/05/2009
<a href="#">22016854</a>	CMS - 6284 - REQUEST FOR INFORMATION FOR LEASED SPACE - DOC - SUBURBAN COOK CTY	06/04/2009
<a href="#">22016855</a>	CMS - 6285 - REQUEST FOR INFORMATION FOR LEASED SPACE - DHS - MURPHYSBORO	06/04/2009
<a href="#">224071</a>	PSD LENS BLANKS OPTICAL - REBID FOR DIXON CORRECTIONAL INDUSTRIES	06/04/2009
<a href="#">224212</a>	PSD PORTABLE DIGITAL IMAGING EQUIP FOR IL. STATE POLICE IN SPRINGFIELD	06/04/2009
<a href="#">22016712</a>	CFS Medicaid Certification Services	06/03/2009
<a href="#">22017009</a>	SBE: Hearing Officer for Certificate Suspension, Revocations and Appeals	06/03/2009
<a href="#">22017032</a>	FY10 - Chicago Read Mental Health Center Laundry Services	06/03/2009
<a href="#">224218</a>	PSD BURNER, NATURAL GAS-19,120 MBH INPUT	06/03/2009
<a href="#">22016768</a>	Fire Alarm Testing, Maintenance & Repair at the Thompson Center	06/02/2009
<a href="#">22016963</a>	CMS Statewide Wireless Services Master	06/02/2009
<a href="#">22016859</a>	Statewide Security Guard Services	06/02/2009
<a href="#">224160</a>	PSD HIV TEST KITS - BRAND NAME ONLY FOR DEPT. OF PUBLIC HEALTH- SPFLD.	06/02/2009
<a href="#">224214</a>	PSD FURNITURE PARTS - STACKING CHAIRS/ FOLDING TABLES - ICI	06/02/2009
<a href="#">22016712</a>	CFS Medical Disposal	06/01/2009

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| ▶ AGO - Attorney Generals Office               |       |          |
| ▶ AGR - Agriculture                            |       |          |
| ▶ CEO - Commerce and Economic Opportunity      |       |          |
| ▶ CFS - Children and Family Services           |       |          |
| ▶ CMS - Central Management Services            |       |          |
| ▶ DHS - Human Services                         |       |          |
| ▶ DNR - Natural Resources                      |       |          |
| ▶ DOC - Corrections                            |       |          |
| ▶ DOT - Transportation                         |       |          |
| ▶ DPH - Public Health                          |       |          |
| ▶ DVA - Veterans Affairs                       |       |          |
| ▶ HFS - Healthcare and Family Services         |       |          |
| ▶ ICC - Illinois Commerce Commission           |       |          |
| ▶ IFA - Illinois Finance Authority             |       |          |
| ▶ ISC - Illinois Student Assistance Commission |       |          |
| ▶ PPB - Procurement Policy Board               |       |          |
| ▶ PRT  |       |          |
| ▶ PSD  |       |          |
| ▶ REV - Revenue                                |       |          |
| ▶ SBE - State Board of Education               |       |          |
| ▶ SCO - Comptrollers Office                    |       |          |
| ▶ SOS - Secretary of State                     |       |          |
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### Small Business Set-Asides: Open by Date

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The following solicitation(s) are set aside exclusively for Illinois businesses that are registered in the Small Business Set-Aside Program (30 ILCS 500/45-45). For complete requirements and to qualify your business in the Small Business Set-Aside Program, visit [http://www.sell2.illinois.gov/bep/Set\\_Aside.htm](http://www.sell2.illinois.gov/bep/Set_Aside.htm) or contact the CMS Small Business Specialist at 866-ILL-BUYS, TDD 800-526-0844.

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<a href="#">22016984</a>	Boss Island Exotic and Invasive Species Control	06/18/2009
<a href="#">22016990</a>	THA - Uninterrupted Power Source (UPS) Batteries	06/10/2009
<a href="#">22016986</a>	THA - Building Materials	06/10/2009
<a href="#">223989</a>	PSD SOAP MAKING COMPONENTS FOR ICI - ILLINOIS SMALL BUSINESS SET-ASIDE (SBSA)	06/05/2009
<a href="#">22017019</a>	Murray Developmental Center Bus Rental Services 39715	06/02/2009
<a href="#">22016991</a>	DOC Dixon Refrigeration Repair and Maintenance Services	06/01/2009
<a href="#">22016992</a>	DOC Dixon Air Conditioning Repair and Maintenance	06/01/2009
<a href="#">22016993</a>	DOC Dixon Absorption Unit Repair and Maintenance	06/01/2009
<a href="#">22017029</a>	DOC Taylerville Heating/AC/Refrigeration Repair and Maintenance	05/28/2009
<a href="#">22017011</a>	SBE - Translation Services	05/27/2009
<a href="#">22017012</a>	Free entertainment stage sound & PA system for 2009 IL State Fair	05/27/2009
<a href="#">22016891</a>	DHS Union County Offices Janitorial Service 39961	05/27/2009
<a href="#">22016833</a>	DOC Dixon Air Temperature Control Repair and Maintenance	05/22/2009
<a href="#">22016826</a>	FY10/DHS/EMHC/Steamfitter	05/22/2009
<a href="#">22016779</a>	FY10/DHS/EMHC/Hospital Sitter	05/22/2009
<a href="#">22016683</a>	Janitorial Services at L4136, IDES, 2 Smoketree Plaza, North Aurora	05/21/2009
<a href="#">22016686</a>	Janitorial Services at L5055, HFS, 2011 N. Knoxville Avenue, Peoria	05/21/2009



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### BEP: Open by Date

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The following solicitation(s) contain requirements to implement the policy of the Business Enterprise Program (BEP) for Minorities, Females, and Persons with Disabilities Act, 30 ILCS 575.

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<a href="#">22016176</a>	Lottery Gaming Systems RFP	07/01/2009
<a href="#">22017005</a>	Food Services for Resident Meals	06/09/2009
<a href="#">22016963</a>	CMS Statewide Wireless Services Master	06/02/2009
<a href="#">22016859</a>	Statewide Security Guard Services	06/02/2009
<a href="#">22016838</a>	THA - Collection and Litigation Services	05/27/2009
<a href="#">22016720</a>	TIC Management RFP	05/21/2009
<a href="#">22016193</a>	Statewide Telecom Network Voice & Data Services Contract(s)	05/20/2009
<a href="#">22016758</a>	Maximum Allowable Cost RFP	05/18/2009
<a href="#">22016576</a>	THA - Fiber Optic Maintenance and Management	05/15/2009
<a href="#">22016458</a>	Early Intervention Credentialing Office 37066	05/15/2009
<a href="#">22016457</a>	Early Intervention Clearinghouse 37064	05/15/2009
<a href="#">22016459</a>	Early Intervention Monitoring 37067	05/15/2009
<a href="#">22016460</a>	Early Intervention Training 37069	05/15/2009

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<a href="#">221788</a>	PSD CONVENIENCE FOODS 08-2	Order	09/21/2007
<a href="#">221649</a>	PSD ICE REMOVAL COMPOUND IN BAGS 07-08	Contract	09/18/2007
<a href="#">221955</a>	PSD ANALYZER WET CHEMISTRY FOR EPA IN SPFLD	Order	09/18/2007
<a href="#">222028</a>	PRT 8,250,000 OF 4 ENVELOPES WHITE WOVE WINDOW.	Order	09/18/2007
<a href="#">4013364</a>	PSD RETREAD TIRES - DOV/TOLLWAY	Contract Renewal	09/18/2007
<a href="#">22013071</a>	Facade Inspection for James R Thompson Center & Michael A. Bilandic Building	Contract Award Notice	09/17/2007
<a href="#">22013162</a>	Targeted Intensive Prenatal Case Management / Healthy Start Evaluation	Contract Award Notice	09/17/2007
<a href="#">22013116</a>	SBE - Early Childhood Mental Health Consult and Train	Contract Award Notice	09/17/2007
<a href="#">22013114</a>	SBE- Early Childhood Statewide System Evaluation	Award to Other Than Lowest Responsible Bidder	09/17/2007
<a href="#">221433</a>	PSD UNIFORM PANT MATERIAL	Contract	09/17/2007
<a href="#">221798</a>	PSD BEDS, HOSPITAL, ELECTRIC	Order	09/17/2007
<a href="#">22013656</a>	DOC ICI Vandalia Veterinarian Services 2	Contract Award Notice	09/14/2007
<a href="#">221433</a>	PSD UNIFORM PANT MATERIAL	Contract	09/14/2007
<a href="#">221617</a>	PSD MICROFICHE, WET AND DRY SILVER FILM	Contract	09/14/2007
<a href="#">221622</a>	PSD RADIO EQUIPMENT - ANNUAL STATEWIDE DELIVERIES	Contract	09/14/2007
<a href="#">221717</a>	PSD COTTON BATTING FOR CENTRALIA	Contract	09/14/2007
<a href="#">221997</a>	PRT REBID - 600M 6-PART NCR TICKETS-BAR CODED & NUMBERED	Order	09/14/2007
<a href="#">4013364</a>	PSD CONVENIENCE FOODS FOR BUS	Contract Renewal	09/14/2007



# Illinois Procurement Bulletin

[www.purchase.state.il.us](http://www.purchase.state.il.us)

## Search for potential bid opportunities



### Procurement Opportunities Report for March 2007

**NOTE:** This report represents potential State of Illinois procurements at varying stages of approval and development. Solicitations have not yet been posted to the Illinois Procurement Bulletin. Please contact the corresponding State Procurement Officer (listed below) for questions pertaining these opportunities.

Requesting Agency	Procurement Approach	Project Title	State Procurement Officer Name and Phone ( <a href="#">Contact for questions regarding report</a> )		Potential Small Business Set Aside	Request ID	Code and Class
<b>Relevant Category: Commodities</b>							
AGR-Agriculture	IFB	2007 Electrical Supply List	<a href="#">Robert Rice</a>	<a href="#">(217) 558-1257</a>	No	07-000000022864	5063 Electrical Supplies
CEO-Commerce and Economic Opportunity	IFB	Fulfillment Envelopes	<a href="#">Patrick Blair</a>	<a href="#">(217) 782-6074</a>	No	06-000000016673	X011 PRINTING, Misc. Commercial
CEO-Commerce and Economic Opportunity	IFB	Specialty Print Shop Paper	<a href="#">Patrick Blair</a>	<a href="#">(217) 782-6074</a>	No	07-000000021064	R113 Paper Products, Recycled
CMS-Central Management Services	IFB	Data Processing Furniture - Statewide	<a href="#">Thomas Gestak</a>	<a href="#">(217) 558-0780</a>	No	06-000000009712	5021 Furniture
CMS-Central Management Services	IFB	DSD A-12.13 Renewal Envelopes	<a href="#">Thomas Gestak</a>	<a href="#">(217) 558-2586</a>	No	07-000000019573	X070 PRINTING, Envelopes, blank & printed
CMS-Central Management Services	IFB	DSD A-7.6 Envelopes	<a href="#">Thomas Gestak</a>	<a href="#">(217) 558-2586</a>	No	07-000000020016	X070 PRINTING, Envelopes, blank & printed
CMS-Central Management Services	IFB	CDL Study Guides	<a href="#">Thomas Gestak</a>	<a href="#">(217) 558-2586</a>	No	07-000000020073	X011 PRINTING, Misc. Commercial
CMS-Central Management Services	IFB	Data Tape Cartridges SW- SBSA	<a href="#">Thomas Gestak</a>	<a href="#">(217) 558-2586</a>	Yes	07-000000020449	E610 EOP, Other
CMS-Central Management Services	IFB	Safe Driver Renewal Sticker	<a href="#">Thomas Gestak</a>	<a href="#">(217) 558-2586</a>	No	07-000000020939	X060 PRINTING, Decals, Labels, Tags, and Stickers



# Illinois Public Higher Education

<http://www.procure.stateuniv.state.il.us/>



## Illinois Public Higher Education Procurement Bulletin

### MY BULLETIN

E-mail:

Password:

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### ▶ VENDOR SERVICES

Register for a MY BULLETIN account to take advantage of these free services!

- Document Downloads
  - E-mail Notifications
  - Advanced Searches
  - Saved Search Criteria
- [Register Me Now](#)

### ▶ VENDOR ALERT

Public Act 095-0971 requires vendors who do \$50,000 worth of business annually with the State of Illinois, including the state universities,

- to register with the State Board of Elections,
- to submit a copy of their Registration Certificate to the Chief Procurement Officer for Higher Education by FAX to (217) 239-6788, and
- to submit a copy of their Registration Certificate with each response to a formal competitive solicitation.

For more information, refer to [Doing Business with Universities](#).

**Search**

**Browse**

Procurement Number:   Exact Match  Partial Match

Find these words:  [Search Tips](#)

### ▶ BULLETIN INFO

[About the Bulletin](#)  
[Publication Schedule](#)  
[Participating Universities](#)  
[Doing Business with Universities](#)  
[Procurement Rules](#)

### ▶ ANNOUNCEMENTS

2008-2009 Bid Limits  
 Small Purchase: \$50,000  
 Construction: \$70,000  
 Professional/Artistic: \$20,000  
[Procurement Policy Board](#)



# Department of Commerce and Economic Opportunity

<http://www.ildceo.net/>



- Business Assistance
- Workforce Development
- Community Development
- Tourism
- Film
- Facts & Figures
- About DCEO
- State Links



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### DCEO Features

- Grant Opportunity: ARRA Workforce Investment Act Sector-Based RFP**
- DCEO and the Economic Stimulus Plan**
- Illinoisans' Computer Skills Get Boost from Microsoft Elevate America**
- Illinois Entrepreneurship Network**
- Corporate Accountability**
- Illinois Technology Parks**
- 7 Wonders Of Illinois**

**The Department of Commerce and Economic Opportunity (DCEO)** is the lead state agency responsible for improving Illinois' competitiveness in the global economy. Guided by an innovative regional approach, DCEO administers a wide range of economic and workforce development programs...[more](#)

### News

**August 14, 2009**  
**Quinn Administration Receives Over \$100 Million in Recovery Funding to Boost State Energy Efforts**  
**U.S. Department of Energy Approves Illinois' State Energy Plan**

CHICAGO - August 14, 2009. Governor Pat Quinn today announced that Illinois has received approval of its proposed State Energy Plan (SEP) from the U.S. Department of Energy (DOE). DOE's appro [more](#)



**LOCATION ONE**  
 Location One is a web-based tool that markets available sites and buildings, provides community profiles...[more](#)

**opportunity returns**  
**creating more jobs for today and tomorrow**  
 Opportunity Returns is a comprehensive plan for restoring economic opportunity to Illinois...[more](#)

**State of Illinois BUSINESS PORTAL**  
 State of Illinois Business Portal  
 Obtain business help from Illinois State agencies...[more](#)

### State Features

- ISP Internet Crime Unit**
- AllKids**
- Governor's E-News**
- Amber Alert**
- National Center For Missing And Exploited Children**



Office of Accountability
Business Development
Coal
Community Development
Energy & Recycling
<b>Entrepreneurship and Small Business</b>
Financing Assistance
Business Planning Assistance
Marketing and Product Development Assistance
Training Assistance
Business Assessment, Counseling and Networking
Government Contracting Assistance
International Trade / Export Assistance
Regulatory Compliance Assistance
IEN Partners
IEN Locator
FAQ
Resources
Contact
Film
Homeland Security
Market Development
Technology
Tourism
Trade
Workforce Development
Facts & Figures
Grantee Support
LIHEAP and Weatherization
<b>MAIN MENU</b>
Workforce Development
Community Development
Tourism
Film



Experts, networks, tools and other opportunities transform your business into an appealing investment for lenders. That's where success begins. We partner with well-respected business development organizations and educational institutions that work with clients who have the vision and potential to become a high-growth enterprise. Whether your company employs two people or 102, IEN can help you Connect Outside The Box - it's a new way of thinking that extends beyond your own knowledge and experience to activate the possibilities!

*To find out more about how IEN can serve your business needs we invite you to explore the left hand sidebar or **contact us** today.*

Program	Targeted to	Services
<b>Entrepreneurship Centers (EC)</b>	Companies with high growth potential	Access to capital; product licensing; access to technology; access to networks
<b>Small Business Development Centers (SBDC)</b>	New and existing small businesses	One-on-one counseling; assistance with management, business plans and marketing; financial services; training
<b>Procurement Technical Assistance Centers (PTAC)</b>	Companies interested in selling products to government agencies	One-on-one counseling; technical information; marketing assistance; training
<b>International Trade Centers (ITC)/NAFTA Opportunity Centers (NOC)</b>	New-to-export companies interested in pursuing international trade opportunities	Information; counseling; training
<b>Manufacturing Extension Centers (MEC)</b>	Manufacturing companies	Assessment to improve performance; benchmarking; project manager to ensure satisfaction
<b>Small Business Environmental Assistance Program (SBEAP)</b>	Businesses required to comply with state and federal air pollution regulations	Confidential helpline: 800-252-3998  Workshops, on-site visits, Clean Air Clips, consultant directory,

**Entrepreneurship and Small Business**  
Springfield Office  
620 East Adams

Springfield, IL 62701  
Phone: 800-252-2923  
TDD: 800-785-6055

[Click Here to receive our free monthly newsletter, The IEN Connection](#)

**2007 EC RFI**

**2008 - 2010 Illinois SBDC-PTAC-ITC RFP**

**Featured Success Story**



- Business Planning Assistance
- Marketing and Product Development Assistance
- Training Assistance
- Business Assessment, Counseling and Networking
- Government Contracting Assistance**
- International Trade / Export Assistance
- Regulatory Compliance Assistance
- IEN Partners
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- Trade
- Workforce Development
- Facts & Figures
- Grantee S
- LIHEAP a
- Weatherization
- MAIN MENU**
- Workforce Development
- Community Development
- Tourism
- Film
- Facts and Figures



## Government Contracting Assistance

Illinois Procurement Technical Assistance Centers provide one-on-one counseling, technical information, marketing assistance and training to existing businesses that are interested in selling their products and/or services to local, state, or federal government agencies.

**Search for Answers** or **Email us** today at [ienconnect@mailnj.custhelp.com](mailto:ienconnect@mailnj.custhelp.com) to find out more about PTAC's.

### Services include:

- Help targeting appropriate government agencies
- Automated bid lead matching services
- Access to government specifications and standards
- Guidance with quality assurance issues
- Assistance with certifications
- Identification of Sub-contracting opportunities
- Government Standards and Specifications
- Bar Code and Packaging Information
- RFID (Radio Frequency Identification)
- UID (Unique Identification)
- Contract Administration Information
- Central Contractor Registration Assistance
- Review of Bid Packages



**Click here** to find PTAC's in your area

### Related Links:

- **DCEO's Homeland Security Market Development (HSMD) Bureau**
- **State of Illinois - Sell2Illinois**
- **Buy Illinois Products**



# Department of Commerce and Economic Opportunity

<http://www.ildceo.net/>



*Illinois'  
Growth  
is our  
business*

[Pat Quinn, Governor](#) [Warren Ribley, Director](#)

## BUSINESS ASSISTANCE

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[IEN Partners](#)

## Locator

### Enter your address or zip code:

Address :

City :

State : --

Postal Code :

### Choose the type of center you are interested in:

Location Type :

Distance :

Powered by **RIGHT NOW**

CMS

# www.buyillinois.net



## buy

Governor Pat Quinn

ILLINOIS.NET

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### Buy Illinois Network

Message from the Governor:

Illinois consumers spend billions of dollars on goods and services every year. With an innovative and diversified economy, our state is home to high-performance companies producing high-quality goods and delivering top-notch services in every major industry sector. Even a small shift in consumer buying habits to purchase more goods and services from homegrown companies would boost the Illinois economy by hundreds of millions of dollars, resulting in the direct and indirect creation of thousands of jobs. That's why we launched the "Buy Illinois" initiative, a statewide series of regional trade fairs, procurement workshops and training programs designed to stimulate more in-state, business-to-business commerce and increase the self-sufficiency of the Illinois economy. The "Buy Illinois Network" is designed to continue this movement and build upon its success, helping businesses market their commercial products and services to potential customers across this great state.

Whether you are a business customer hoping to generate increased sales or a consumer looking to support Illinois businesses, I hope you enjoy discovering all of the fantastic products and services this site has to offer.

State of Illinois  
**BUSINESS**  
PORTAL



# Business Enterprise Program

## Promotes economic growth for businesses owned by:

- Minorities
- Women
- Persons with Disabilities

## Criteria

- At least 51 percent owned and controlled by persons who are minority, female or designated as disabled
- Must be a United State citizen or resident alien
- Annual gross sales must be under \$31.4 million over a 3 year average



Pat Quinn, Governor

# Business Enterprise Program



[www.sell2.illinois.gov](http://www.sell2.illinois.gov)



# Business Enterprise Program

## Benefits

### Increased contracting opportunities

- **State agencies/universities are encouraged to spend at least 19% of procurement budgets with certified BEP companies**
- **Certain solicitations require BEP participation in the contract**

### Certification is recognized by other entities

### Participation can enhance your competitiveness



# Business Enterprise Program

## Certification

- **Submit the BEP Schedule A Certification Affidavit**  
or
- **Provide proof of certification with:**
  - Illinois Department of Transportation (IDOT)
  - Chicago Minority Business Development Council (CMBDC)
  - Women's Business Development Center (WBDC)
  - Chicago Transit Authority (CTA)
  - City of Chicago
  - Cook County
  - METRA
  - PACE

**CMS**



# Getting your Employer Identification Number (EIN)

Contact the IRS at 1-800-829-4933

Or

Visit the website:

<https://sa2.www4.irs.gov/modiein/individual/index.jsp>

# Business Enterprise Program



Step 1

- Employer Report Form Illinois Department of Human Rights (IDHR) Application

Step 2

- Request for Taxpayer Identification Number (Form W-9)

Step 3

- Bidder's Application Form (BAF)

Step 4

- BEP Schedule A Certification Affidavit

**CMS**



# **Employer Report Form Illinois Department of Human Rights (IDHR) Application**

## NEED HELP?

Call us. We can be reached at 312-814-2431 Monday through Friday, 8:30 AM to 5:00 PM, Central Time. We will make every effort to assist you in obtaining a prompt and accurate answer to your question. (TDD: 312-263-1579)

## GENERAL

**LEGAL AUTHORITY.** The filing requirement is authorized under 44 Ill. Admin. Code 750.210(a).

**WHO MUST FILE.** You must file if any one of the following applies:

- 1) your company employs 15 or more persons at the time of application for a public contract;
- 2) your company has employed 15 or more persons at any time during the 365 day period prior to the date of your applying for a public contract;
- 3) you are directed to file by a contracting agency of the State of Illinois, any political subdivision, or a municipal corporation.

**WHEN THE FORM MUST BE FILED.** This depends on the procurement method used by the contracting agency.

- 1) If the contract will be awarded by means of **COMPETITIVE BIDDING OR A COMPETITIVE SELECTION PROCEDURE**, a properly completed form must be on file with IDHR **prior** to bid opening.

you are registering has not previously registered with IDHR.

**RENEWAL REGISTRATION.** Check this box if this is a registration renewal and list your IDHR number.

## SECTION II

Before completing this section, it may be necessary to make or obtain additional copies of page one and two of the form. A separate report must be filed for each location required to report. The following examples illustrate typical filing situations.

- A machine shop with 18 employees in Marion, Illinois, and no other locations, will file a single establishment report.
- A computer retailer headquartered in Chicago employs 75 persons statewide. Forty are employed in Chicago, 25 are employed in Rockford, and 10 are located in Peoria. This company will file three reports: a Consolidated Report listing its statewide employees; an Establishment Report listing its Chicago employees, and an Establishment Report listing its Rockford employees. A report for the Peoria location is not required because fewer than 25 persons are employed.
- Corporation XYZ, headquartered in Boston, has 30 separate facilities located throughout the US. Three are located in Illinois, each employing 25 or more persons. The corporation will file four reports: a Consolidated Report covering all employees



STATE OF ILLINOIS  
 Department of  
 Human Rights

LEGAL DIVISION - PUBLIC CONTRACTS UNIT  
 100 W. RANDOLPH - SUITE 10-100  
 CHICAGO, ILLINOIS 60601  
 TELEPHONE: 312-814-2432 (TDD: 312-263-1579)

**EMPLOYER REPORT FORM**

Please read instructions before completing this form. Improperly completed forms will not be processed. Use black or dark blue ink. Do not use pencil. Type or print legibly. Return the completed form to the above address.

**SECTION I. PURPOSE FOR WHICH REPORT IS FILED**

Initial registration for contract eligibility  
 Renewal registration ⇒ IDHR number is 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**SECTION II. TYPE OF REPORT SUBMITTED (Check one only)**

**SINGLE-ESTABLISHMENT REPORT.** This employer conducts its operations from a single location. This report contains employment figures for that location.  
 **MULTI-ESTABLISHMENT CONSOLIDATED REPORT.** This employer operates from multiple locations. This report is filed by the headquarters and consolidates the employment figures for all locations. (Required for all multi-establishment employers).  
 **ESTABLISHMENT REPORT.** This report contains the employment figures for the facility identified below. (Required for all multi-establishment employers. A separate establishment report must be filed for each establishment located in Illinois employing 25 or more persons).

**SECTION III. EMPLOYER IDENTIFICATION**

**A. EMPLOYER'S PRINCIPAL PLACE OF BUSINESS.** (Complete for all reports)

NAME			
ADDRESS			
CITY	COUNTY	STATE	ZIP
CONTACT PERSON		CONTACT TELEPHONE	
<input type="checkbox"/> FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)			

**B. ESTABLISHMENT REPORTING.** (Complete for establishment reports only)

NAME			
ADDRESS			
CITY	COUNTY	STATE	ZIP
CONTACT PERSON		CONTACT TELEPHONE	
<input type="checkbox"/> FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)			

**SECTION IV. FORM OF ORGANIZATION**

INDIVIDUAL OR SOLE PROPRIETOR       CORPORATION - NOT FOR PROFIT       OTHER-EXPLAIN BELOW  
 PARTNERSHIP       GOVERNMENT ENTITY  
 CORPORATION - FOR PROFIT       EDUCATIONAL INSTITUTION

The information requested is necessary to accomplish the statutory purpose set forth in 775 ILCS 5/1-101 et seq. Disclosure of this information



STATE OF ILLINOIS  
**Department of  
 Human Rights**

**LEGAL DIVISION - PUBLIC CONTRACTS UNIT**  
 100 W. RANDOLPH- SUITE 10-100  
 CHICAGO, ILLINOIS 60601  
 TELEPHONE: 312-814-2432 (TDD: 312-263-1579)

## EMPLOYER REPORT FORM

Please read instructions before completing this form. Improperly completed forms will not be processed. Use black or dark blue ink. Do not use pencil. Type or print legibly. Return the completed form to the above address.

### SECTION I. PURPOSE FOR WHICH REPORT IS FILED

Initial registration for contract eligibility

Renewal registration ⇒

IDHR number is

--	--	--	--	--	--	--	--	--	--

### SECTION II. TYPE OF REPORT SUBMITTED (Check one only)

**SINGLE-ESTABLISHMENT REPORT.**

This employer conducts its operations from a single location. This report contains employment figures for that location.

**MULTI-ESTABLISHMENT**

**CONSOLIDATED REPORT.** This employer operates from multiple locations. This report is filed by the headquarters and consolidates the employment figures for all locations. (Required for all multi-establishment employers).

**ESTABLISHMENT REPORT.**

This report contains the employment figures for the facility identified below. (Required for all multi-establishment employers. A separate establishment report must be filed for each establishment *located in Illinois* employing 25 or more persons).

### SECTION III. EMPLOYER IDENTIFICATION

**A. EMPLOYER'S PRINCIPAL PLACE OF BUSINESS.** (Complete for **all** reports)

NAME			
ADDRESS			
CITY	COUNTY	STATE	ZIP

### SECTION III. EMPLOYER IDENTIFICATION

**A. EMPLOYER'S PRINCIPAL PLACE OF BUSINESS.** (Complete for **all** reports)

NAME									
ADDRESS									
CITY	COUNTY				STATE	ZIP			
CONTACT PERSON					CONTACT TELEPHONE				
<input type="checkbox"/> FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)									

**B. ESTABLISHMENT REPORTING.** (Complete for establishment reports only)

NAME									
ADDRESS									
CITY	COUNTY				STATE	ZIP			
CONTACT PERSON					CONTACT TELEPHONE				
<input type="checkbox"/> FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)									

### SECTION IV. FORM OF ORGANIZATION

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR<br><input type="checkbox"/> PARTNERSHIP<br><input type="checkbox"/> CORPORATION - FOR PROFIT | <input type="checkbox"/> CORPORATION - NOT FOR PROFIT<br><input type="checkbox"/> GOVERNMENT ENTITY<br><input type="checkbox"/> EDUCATIONAL INSTITUTION | <input type="checkbox"/> OTHER-EXPLAIN BELOW<br><hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> |
|---|---|--|

The information requested is necessary to accomplish the statutory purpose set forth in 775 ILCS 5/1-101 et seq. Disclosure of this information

# CMS



is REQUIRED. If you do not complete this form, it will not be processed and you will not be eligible to be awarded public contracts. This form has been approved by the Forms Management Center. In compliance with state and federal constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, Sections 503 and 504 of the Federal Rehabilitation Act, and the Americans with Disabilities Act, the Department of Human Rights does not unlawfully discriminate in employment, contracts, or any other activity.

## SECTION V. WORKFORCE INFORMATION

SEE THE INSTRUCTIONS BEFORE COMPLETING THIS SECTION.

JOB CATEGORIES	OVERALL TOTALS		WHITE (Not of Hispanic Origin)		BLACK OR AFRICAN-AMERICAN (Not of Hispanic Origin)		HISPANIC OR LATINO		ASIAN OR PACIFIC ISLANDER		AMERICAN INDIAN OR ALASKAN NATIVE	
	M	F	M	F	M	F	M	F	M	F	M	F
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
Officials & Managers												
Professionals												
Technicians												
Sales Workers												
Office & Clerical												
Craft Workers (Skilled)												
Operatives (Semi-Skilled)												
Laborers (Unskilled)												
Service Workers												
<b>TOTAL</b>												

M = MALE. COLUMN B IS SUM OF ROWS D,F,H,J AND L.  
 F = FEMALE. COLUMN C IS SUM OF ROWS E,G, I,K, AND M.

CHECK THIS BOX ONLY IF REGISTRANT DID NOT EMPLOY ANY INDIVIDUALS AT TIME OF REGISTRATION.

DATE OF ABOVE DATA \_\_\_\_\_

## SECTION VI. GENERAL INFORMATION

NOTE: ANSWER EACH QUESTION BELOW WITH INFORMATION PERTAINING TO THE WORK FORCE REPORTED ABOVE.

A. DESCRIBE THE GOODS OR SERVICES PRODUCED AT OR PROVIDED BY THE EMPLOYER.	
B. IDENTIFY THE EMPLOYER'S THREE DIGIT STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE, IF KNOWN.	
C. IS THE EMPLOYER A FEDERAL CONTRACTOR PURSUANT TO FEDERAL EXECUTIVE ORDER 11246?	
D. DOES THE COMPANY NORMALLY HIRE ADDITIONAL EMPLOYEES TO PERFORM CONTRACT WORK?	
E. WHAT IS THE MAXIMUM NUMBER OF EMPLOYEES WORKING FOR THE COMPANY DURING A 12-MONTH PERIOD?	
F. WHAT IS THE AVERAGE NUMBER OF PERSONS EMPLOYED BY THE COMPANY ON A YEAR-ROUND BASIS?	
G. IDENTIFY THE GEOGRAPHICAL AREA FROM WHICH THE COMPANY DRAWS ITS EMPLOYEES. USE CITY, COUNTY, METROPOLITAN STATISTICAL AREA, OR DISTANCE FROM ESTABLISHMENT.	
H. WITHIN THE PAST THREE YEARS, HAS THE COMPANY BEEN DECLARED INELIGIBLE FOR ANY PUBLIC CONTRACT BASED ON A FINDING OF EMPLOYMENT DISCRIMINATION? IF YES, ATTACH A SEPARATE SHEET FULLY EXPLAINING THE SITUATION.	
I. DOES THE COMPANY HAVE A CURRENT WRITTEN AFFIRMATIVE ACTION	

is REQUIRED. If you do not complete this form, it will not be processed and you will not be eligible to be awarded public contracts. This form has been approved by the Forms Management Center. In compliance with state and federal constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, Sections 503 and 504 of the Federal Rehabilitation Act, and the Americans with Disabilities Act, the Department of Human Rights does not unlawfully discriminate in employment, contracts, or any other activity.

**SECTION V. WORKFORCE INFORMATION**

**SEE THE INSTRUCTIONS BEFORE COMPLETING THIS SECTION.**

JOB CATEGORIES	OVERALL TOTALS		WHITE (Not of Hispanic Origin)		BLACK OR AFRICAN-AMERICAN (Not of Hispanic Origin)		HISPANIC OR LATINO		ASIAN OR PACIFIC ISLANDER		AMERICAN INDIAN OR ALASKAN NATIVE	
	M	F	M	F	M	F	M	F	M	F	M	F
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
Officials & Managers												
Professionals												
Technicians												
Sales Workers												
Office & Clerical												
Craft Workers (Skilled)												
Operatives (Semi-Skilled)												
Laborers (Unskilled)												
Service Workers												
<b>TOTAL</b>												

**M = MALE.** COLUMN B IS SUM OF ROWS D,F,H,J AND L.  
**F = FEMALE.** COLUMN C IS SUM OF ROWS E,G, I,K, AND M.

CHECK THIS BOX ONLY IF REGISTRANT DID NOT EMPLOY ANY INDIVIDUALS AT TIME OF REGISTRATION.

DATE OF ABOVE DATA \_\_\_\_\_

DATE OF ABOVE DATA \_\_\_\_\_

### SECTION VI. GENERAL INFORMATION

NOTE: ANSWER EACH QUESTION BELOW WITH INFORMATION PERTAINING TO THE WORK FORCE REPORTED ABOVE.

A. DESCRIBE THE GOODS OR SERVICES PRODUCED AT OR PROVIDED BY THE EMPLOYER.	
B. IDENTIFY THE EMPLOYER'S THREE DIGIT STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE, IF KNOWN.	
C. IS THE EMPLOYER A FEDERAL CONTRACTOR PURSUANT TO FEDERAL EXECUTIVE ORDER 11246?	
D. DOES THE COMPANY NORMALLY HIRE ADDITIONAL EMPLOYEES TO PERFORM CONTRACT WORK?	
E. WHAT IS THE MAXIMUM NUMBER OF EMPLOYEES WORKING FOR THE COMPANY DURING A 12-MONTH PERIOD?	
F. WHAT IS THE AVERAGE NUMBER OF PERSONS EMPLOYED BY THE COMPANY ON A YEAR-ROUND BASIS?	
G. IDENTIFY THE GEOGRAPHICAL AREA FROM WHICH THE COMPANY DRAWS ITS EMPLOYEES. USE CITY, COUNTY, METROPOLITAN STATISTICAL AREA, OR DISTANCE FROM ESTABLISHMENT.	
H. WITHIN THE PAST THREE YEARS, HAS THE COMPANY BEEN DECLARED INELIGIBLE FOR ANY PUBLIC CONTRACT BASED ON A FINDING OF EMPLOYMENT DISCRIMINATION? IF YES, ATTACH A SEPARATE SHEET FULLY EXPLAINING THE SITUATION.	
I. DOES THE COMPANY HAVE A CURRENT WRITTEN AFFIRMATIVE ACTION	

# Request for Taxpayer Identification Number (W-9)



# Bidder Application From (BAF)



## BIDDER'S APPLICATION FORM

State of Illinois  
Department of Central Management Services  
Bureau of Strategic Sourcing and Procurement  
401 South Spring Street  
William G. Stratton Building/Room 405  
Springfield, Illinois 62706-0002

The information requested is necessary to accomplish the statutory purpose as outlined under, 30 ILCS 500/1 et seq. Disclosure of this information is **REQUIRED**. If you do not complete this form, you may not receive the benefits of all programs. In compliance with the state and federal constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, Americans with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not unlawfully discriminate in employment, contracts, or any other activity.

**INSTRUCTIONS:** Please type or print (no pencil). In order to be placed on the Department of Central Management Services Bid List, please respond to all required questions and sign in the space provided. If appropriate answer is "same," "not applicable," or "none," please write this to indicate that no questions have been overlooked. Return this form to the address shown above even if you normally deal with people or divisions at another address.

1. Business Name: \_\_\_\_\_

Address (No PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ County: \_\_\_\_\_

URL Address: \_\_\_\_\_

2. If a division of a corporation, show name and address of parent company.

Business Name: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_



# BIDDER'S APPLICATION FORM

3. IDHR Contractor Registration Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Do you employ 15 or more employees?  Yes  No

**Note:** If you answered "yes" to the above question, the Illinois Department of Human Rights (IDHR) requires all such persons/contractors wishing to bid on State of Illinois contracts to file a completed Employer's Report Form (PC-1) before bid opening. If not enclosed, a PC-1 form may be obtained by calling IDHR at 312-814-2431, TDD 312-263-1379. Do not return your application without including the IDHR Number.

4. Certification: Applicant, under penalty of perjury, certifies that:

A. Legal Status (check one only):

- Individual
- Sole Proprietorship
- Partnership/Legal Corporation
- Tax-exempt
- Corporation providing or billing medical and/or health care services.
- Corporation NOT providing or billing medical and/or health care services.
- Governmental
- Nonresident Alien
- Estate or Trust
- Pharmacy (non-corporate)
- Pharmacy/Funeral Home/Cemetery (Corp)
- Other

B. Applicant's Taxpayer Identification Number:  
(Use Social Security Number if sole proprietorship/individual and do not have a Taxpayer Identification Number)

FEIN    Or     SSN    No. \_\_\_\_\_

Please attach W-9 Taxpayer Identification Form with Bidder's Application Form



# BIDDER'S APPLICATION FORM

5. From the list of supply/service classifications located at [http://www.state.il.us/cms/download/pdfs/sel\\_clas.pdf](http://www.state.il.us/cms/download/pdfs/sel_clas.pdf), list up to 10 most applicable to your business. Show commodity number and short description as listed on the attached for each classification chosen. If more than 10 categories are needed, submit on a separate page.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

6. Date Business Established: \_\_\_\_\_

7. Net Worth of Business: \_\_\_\_\_

8. Total sales and receipts for most recent fiscal year. (Include amounts for all affiliated businesses.) \_\_\_\_\_

9. A. To help insure compliance with Section 50-13 of the Illinois Procurement Code, any elected State official, member of the General Assembly, State Officer or employee, and their spouse and minor children must disclose their financial or beneficial interest (dollar or %) on the applicant.

Name and Address	Financial Interest	Voting Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. If applicant is a corporation, please complete both columns.

Names of Coporate Officers  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of Coporate Directors  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## *Commodity and Service Code Listings*

<i>TYPE</i>	<i>GROUPING</i>	<i>COMMODITY NO.</i>	<i>CLASSIFICATION NAME</i>
<b>Commodities and Equipment</b>			
	<i>Air Compressors</i>	5084-012	Air Compressors
	<i>Air Conditioning, Heating &amp; Ventilating Equip, Parts &amp; Accessories</i>	3585-015	Air Conditioners
		3585-016	Air Filters and Filter Media
		3585-018	Fans
		3585-017	Heating Equipment
	<i>Aircrafts and Parts</i>	5088-021	Aircraft, Avionics
		5088-022	Airplane Engines & Engine Repair Parts
		5088-023	Airplane Repair Parts
		5088-018	Airplanes, Various Makes
		5088-019	Helicopter Engines & Engine Repair Parts
		5088-024	Helicopter Repair Parts
		5088-020	Helicopters, Various Makes
	<i>Alcohol Products for Ethanol Production</i>	2870-019	Alcohol Products for Ethanol Production
	<i>Aluminum Ware</i>	5023-022	Aluminum & Stainless Steel Equipment
		5023-021	Aluminum & Stainless Steelware (Pots and Pans, etc.)
	<i>Appliances</i>	3633-036	Appliances, Large
		3633-037	Appliances, Small
		3633-038	Clocks
	<i>Arts and Craft Supplies</i>	3944-549	Arts and Craft Supplies
	<i>Asbestos Abatement Equipment and Supplies</i>	5285-843	Asbestos Abatement Equipment and Supplies
	<i>ATV-All Terrain Vehicle</i>	3779-802	ATV-All Terrain Vehicle
	<i>Audio Visual/Video Equipment and Supplies</i>	5043-045	Audio Visual Equipment and Supplies
		5043-823	Video and Audio Tapes
		5043-824	Video Equipment and Accessories for Patrol Cars



## BIDDER'S APPLICATION FORM

10. Suspension from bidding: Has applicant been suspended or barred from bidding by any governmental entity for any length of time during the last five years?

Yes  No

If yes, please explain:

11. The state has various special programs that may be available to your company. Please check each category or subcategory which applies and in which you are interested. Fill in the associated blanks. You may be requested to complete a more detailed form and provide additional documentation in order to ensure eligibility.

A.  Small Business Set-Aside Program

Small Business Set-Aside Program. See 30 ILCS 500/45-45. This statute establishes that a representative number of State of Illinois Procurements be designated as Small Business Set-Asides for award to small businesses in Illinois. "Small business" means a business that is independently owned and operated and that is not dominant in its field of operation. When computing the size status of a bidder, annual sales and receipts of the bidder and all of its affiliates shall be included, subject to the following limitations: (1) No wholesale business is a small business if its annual sales for its most recently completed fiscal year exceed \$10,000,000. (2) No retail business or business selling services is a small business if its annual sales and receipts exceed \$6,000,000. (3) No construction business is a small business if its annual sales and receipts exceed \$10,000,000. (4) No manufacturing business is a small business if it employs more than 250 persons and exceeds the annual sales requirement. NOTE: A business is considered "not dominant in its field of operation" if it does not exercise a controlling or major influence in a kind of activity in which a number of business concerns are primarily engaged. Please check all that apply:

Wholesale  Retail/Service  Construction Business

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 \$16 million. The retail component shall not exceed \$6 million and the wholesale component shall not exceed \$10 million. Businesses desiring to qualify under the combined status must also submit a notarized statement delineating the retail and wholesale dollar components.

Manufacturing Business

Submit a copy of the latest year's Federal and 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.



## BIDDER'S APPLICATION FORM

B.  Minority, Female, Person with Disability

Minority, Female, Person with Disability. See 30 ILCS 575. The business must be at least 51 percent owned and controlled by one or more individuals who are minority, female, or a person with disabilities. If this block is checked, also check each of the following, which are applicable:

African American

Native American/Alaskan Native

Asian American

Hispanic

Female

Person with Disability (disabilities must be severe, mental, or physical, which substantially limit major life activities.)

If you indicated that you are "Minority, Female, Person with Disability", please call the BEP at 312-814-4190 to obtain your Certification Application.

C.  Not-For-Profit

US tax exempt agency for the disabled qualified 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, which meets the requirements of U.S. Department of Labor and the Illinois Department of Rehabilitation Services. See 30 ILCS 500/45-35.

Under penalty of perjury, the undersigned does swear or affirm that the information provided in this Bidder's Application Form is true and correct as of the time of signing. Applicant understands and agrees that failure to provide true and accurate information on this or any other document submitted to the state may, in accordance with Illinois statutes and rules, result in suspension from doing business with the state, termination of contracts, loss of profits in appropriate cases, and other sanctions.

Applicant agrees to provide additional information upon request to support the information provided herein, and further agrees that the state may audit any of applicant's records pertaining to this Bidder's Application. It is the responsibility of the applicant to immediately notify the Bureau of Strategic Sourcing and Procurement of any and all changes in the content of this application.

Prospective firms must obtain all licenses and permits necessary to do business in the state. Out-of-state firms may be required to register with the Illinois Secretary of State. Call: Voice (217) 782-1834 or TDD (800) 252-2904 for more information.

The undersigned is authorized to sign this form on behalf of the applicant.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

This is a fillable/savable PDF form. If NO ATTACHMENTS need to be submitted (e.g. income tax forms), this form can be sent electronically by sending it via electronic mail to [webmaster@purchase.state.il.us](mailto:webmaster@purchase.state.il.us). This form can be printed and mailed if attachments must be submitted or you have problems with electronic mail. Mail forms with attachments to:

Bureau of Strategic Sourcing and Procurement  
401 South Spring Street  
Room 405 William G. Stratton Building  
Springfield, IL 62706-0002

# BEP Schedule A Certification Affidavit

## Schedule A Certification Checklist

### BUSINESS ENTERPRISE PROGRAM

#### **I. Attach the following documents:**

- APPLICATION MUST BE SIGNED BY AN AUTHORIZED OFFICER OF THE FIRM AND NOTARIZED (Schedule A #12,)
- Real Estate Agreement(s) Lease, Deeds to Property, or Tax Bill, Including Home-Based Businesses (Schedule A, #4)
- Current License(s) (All Applicable Business and Professional Licenses) (Schedule A #5)
- MBE/DBE/WBE/PBE or SBA 8A Certification(s) or Denial(s) or Statement of None (if applicable – Schedule A #10)
- Evidence of Citizenship/Residency/Legal Permanency for all Owners (Schedule A #2)
- Evidence of ethnicity (Per 49 CFR Part 23) for all Owners (Schedule A, #2)
- Documentation Limiting Ownership or Statement of non-applicability
- Contingent Agreements Affecting Management, Control or Rights of Any Stockholder (if applicable)
- Resumes (of Work History including Dates and Responsibilities) for all Owners, Officers, Management Employees and Supervisors/Foremen (Schedule A, #12)
- Title(s) of Automotive Equipment All Vehicles Used for Business Purposes or Leased Through the Business (if applicable)
- Equipment Lease Agreement(s) and/or Inventory of Equipment (Schedule A, #16)
- Bank Signature Cards and For Corporations, Bank Resolutions (Schedule A, #18D)
- Management Service Agreement(s) and or/Payroll Register( if applicable Schedule A # 18F)

- Equipment Lease Agreement(s) and/or Inventory of Equipment (Schedule A, #16)
- Bank Signature Cards and For Corporations, Bank Resolutions (Schedule A, #18D)
- Management Service Agreement(s) and or/Payroll Register( if applicable Schedule A # 18F)
- Proof of Contribution(s) by all Owners to Acquire Stock in Firm or Start-Up Capital (i.e., Cancelled Checks, Loan Agreements) (Schedule A, #16B)
- Financial Statements including Balance Sheet (Assets and Liabilities) for Past Three (3) Years (Schedule A, #2B)
- U.S. Federal & State Corporate Income Tax Return or (if None Exist), U.S. Individual Federal & State Income Tax Returns for all Owners (Including All Attachments) and Schedules for Past Three (3) Years (Schedule A, #2B, if less than 3 years then provide personal tax returns)
- Copies of W-2 forms or 1099's for Past Three (3) Years for all Owners and Officials (Schedule A, #2B, if less than 3 years provide appropriate number of years)
- Copies of All Loan Agreements and Line of Credit Agreements (if applicable, Schedule A, #19)  
Purchase Orders/Invoices (Schedule A, #21)
- Copies of All Bonding Letters (if applicable, Schedule A, #18G)
- Copies of All Union Agreements (if applicable, Schedule A, #8)

**For the following sections attached appropriate documents per your business type  
(Schedule A, #2)**

**II. CORPORATIONS must also include these documents:**

- Articles of Incorporation (front & back pages)
- Certificate of Incorporation – applicable only if before 2/15/02
- By-Laws of Corporation
- Copies of All Stock Certificates, Issued and Cancelled (Front and Back) and Stock Ledger
- Minutes of First Stockholder's Meeting and/or Corporation's Organizing Minutes
- Minutes of First Board of Director's Meeting
- Minutes of Stockholder's Meeting Where the Current Board Members Were Appointed (if applicable)
- Minutes of Board of Director's Meeting Where the Current Officers Were Appointed (if applicable)
- If Company is not incorporated in Illinois, you must obtain authorization to do business from the Secretary of State (go to: [www.cyberdriveillinois.com/services/home.html](http://www.cyberdriveillinois.com/services/home.html)) and click: Services for Business (Form BCA 13.15)

**III. LIMITED LIABILITY COMPANIES (LLC'S) must also include these documents:**

- Articles of Organization (front & back pages)
- Certificate of Organization - applicable only if before 2/15/02
- Operating Agreement

**IV. PARTNERSHIPS must also include these documents:**

- Partnership Agreement
- Assumed Name Certification or Certificate of Limited Partnership

**V. SOLE PROPRIETORSHIPS must also include:**

- Assumed Name Certification

**RETURN TO:**  
**Illinois Department of Central Management Services**  
**Business Enterprise Program**  
**160 N. LaSalle Street**  
**Suite C-504**  
**Chicago, Illinois 60601**

Intake Date: _____
Date Assigned: _____
Assigned To: _____
Approval / Denial Date: _____
OFFICE USE ONLY

**SCHEDULE A**

**CERTIFICATION DECLARATION AFFIDAVIT FOR:**

**PERSONS with DISABILITIES BUSINESS ENTERPRISE (PBE) MINORITY BUSINESS ENTERPRISE (MBE) FEMALE BUSINESS ENTERPRISE (FBE)**

If you are being considered to participate as a prime or subcontractor on a particular contract, please identify below.

**Project Name:** \_\_\_\_\_

**Specification No. / Requisition No.:** \_\_\_\_\_

**Project No. / Requisition No.:** \_\_\_\_\_

**Contract Administrator/ Buyer:** \_\_\_\_\_

\_\_\_\_\_

Authorized Name of Firm

---

_____	_____	_____	_____	_____
Mailing Address	City	County	State	Zip Code

---

_____	_____	_____	_____	_____
Street Address or Principle Office	City	County	State	Zip Code

( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ \_\_\_\_\_

Telephone Number Fax Number E-Mail Address

---

_____	_____
Assistant / Owner Name	Title

**Instructions:** Please fill out the form completely. **Attach additional sheets if necessary.** The information required is necessary to determine the applicant's eligibility as a small business at least 51% owned by and controlled by one or more minorities, females, or persons with a disability. We look at the documentation of its formation, subsequent history, organizational structure, financial records, and administrative operations, as well as business and other relevant background of the owners before making a decision.

## SCHEDULE A

1. **Check the status firm is applying for:**  
 Persons with Disabilities Business Enterprise  
 Minority Business Enterprise  
 Female Business Enterprise

2. **Gender:**  Male  Female  
**Race/Ethnicity:**  Black/African American  Hispanic American  Asian American  Native American Indian  White American  
**Type of Firm:**  Partnership  Sole Proprietorship  Corporation  Limited Liability Company (LLC)  Other \_\_\_\_\_

A. Principal business activities of your firm: \_\_\_\_\_  
 \_\_\_\_\_

B. Total number of years firm has been in business? \_\_\_\_\_ How many years under the current ownership? \_\_\_\_\_

3. Street address of all facilities used by the firm. Include office, warehouse, and storage spaces.

Street	City	County	State	Zip
Street	City	County	State	Zip

A. Do you share any facilities?  Yes  No

B. If yes, indicate where the facilities are shared. \_\_\_\_\_

C. With whom do you share facilities? (Name of firm / individual) \_\_\_\_\_  
 \_\_\_\_\_

D. What are the shared firm's principal business activities? \_\_\_\_\_  
 \_\_\_\_\_

4. Describe all real estate agreements of facilities used by the firm indicating whether facilities are owned or leased by the firm, including rental amount and whether the agreements are written or oral.

Owner	Check if Owned	Rental Amount	Check if Written Agreement	Describe Verbal Agreement

- ! **Submit copies of all leases.**  
 ! **If owned, provide proof of ownership.**

5. Do you currently have all necessary State and/or City licenses authorizing the firm to legally conduct business in Illinois? Authorization to transact business in the State of Illinois is required for businesses that are not incorporated in the State of Illinois. Contact the State of Illinois for additional information 312/793/3380.  
 Yes  No If yes, please submit copies of all licenses or pending applications.

**SCHEDULE A**

6. Current Licenses: List the firm's local, county, and state active business license(s), permit(s), and professional, (e.g., contractor, architect or engineer's registration) as required by law.

Name of Qualifying Individual	License Name	Expiration Date	License Number	Any Limitations

! Submit copies of registration, licenses or certificates.

7. Identify all trade associations in which you have membership:

---

8. Identify all union locals with which you have agreements:

---

9. Did the firm previously exist under another name?  Yes  No  
 If yes, complete the following and identify by name all management personnel (owners, directors, and officers) associated with the former firm, and identify who are also members of the current firm.

Previous Firm Name	Firm Management Personnel	Years of Ownership	% of Ownership

10. Indicate if this firm or other firms with any of the same owners, directors, officers or management personnel have previously received certification as a PBE/MBE/FBE or SBA 8a Certified Contractor. Indicate the name of the certifying authority and date of such certification.

Name of Firm	Certifying Agency	Date of Last Certification

! Submit copies of all approval letters.

11. Indicate if this firm or other firms with any of the same owners, directors, officers or management personnel have previously been denied certification or participation as a PBE/MBE/FBE or SBA 8a Certified Contractor. Indicate the name of the agency and date of such denial.

Name of Firm	Denial Agency	Date of Denial

! Submit copies of denial(s).

**SCHEDULE A**

12. Ownership of Firm: Identify all partners, proprietors, and stockholders by name, gender, race/ethnic group, and percentage of ownership. Refusal to identify the citizenship status of any owners will result in your company being ineligible for certification. For ethnic group codes: (B) Black/African Americans, (H) Hispanic Americans, (I) Native Americans, (AP) Asian-Pacific Americans, (AI) Asian-Indian Americans, (W) White Americans.

Name	US Citizen (Yes/No)	Legal Permanent Resident (Yes/No)	Gender	Race / Ethnic Group	Date of Ownership	% Owned	Voting %

- ! WHERE OWNERS ARE THEMSELVES A CORPORATION OR PARTNERSHIP, IDENTIFY OWNERSHIP OF HOLDING FIRM IN ABOVE SPACE.
- ! SUBMIT DETAILED RESUMES OF OWNERS, DIRECTORS AND OFFICERS, PARTNERS AND PROPRIETORS.
- ! SUBMIT PROOF OF CITIZENSHIP/LEGAL PERMANENT RESIDENT STATUS IF BORN OUTSIDE U.S.A. (Alien registration number or Green Card.) U.S. Citizens should submit a Birth Certificate, Voter's Registration card or Armed Services Discharge papers (DD214)
- ! SUBMIT PROOF OF RACE/ETHNIC GROUP i.e. Birth Certificate, U.S. Passport, Tribal Certificate, Bureau of Indian Affairs card, Armed Services Discharge papers (DD214), Baptismal Certificate or any document providing evidence of ethnicity.
- ! Partnerships must submit ANY and ALL Partnership Agreements and/or Assumed Name Certificate.
- ! SOLE PROPRIETORS MUST SUBMIT A COPY of ASSUMED NAME CERTIFICATE issued by County Clerk (business name other than your own name).

13. If the firm is a corporation, complete in full, and submit attachments as requested. Authorization to transact business in the State of Illinois is required for businesses that are not incorporated in the State of Illinois. Contact the State of Illinois for additional information 312/793/3380.

A. State the number of shares issued to- date, by class.

**Number of Shares**

Class

---

! SUBMIT COPIES OF ALL ISSUED AND CANCELLED STOCK CERTIFICATES (Both sides)

- B. Is any stock of the corporation pledged, subject to any lien agreement, or beneficially owned by anyone other than the person whose name it bears?  Yes  No  
 ! If yes, submit ALL such ownership documentation limiting ownership
- C. Is any holder of stock in the corporation a party to a contingent agreement affecting the management or control of the corporation or the rights of the holder of any class of stock in the corporation including the sale, transfer, or transferability of any of the stock?  Yes  No  
 ! If yes, submit ALL such documentation and ANY Profit Sharing Agreement.

**SCHEDULE A**

14. Complete the following information for each partner, proprietor, stockholder director, and officer of the firm:

Title	Name	Check if Director	Gender	Race / Ethnic Group	% of Time Devoted to Business	Home Address
Chairman						
President						
Vice President						
Secretary						
Treasurer						
Sole Proprietor						
Director						
Director						
Director						

! **SUBMIT A COPY OF: Articles of Incorporation, By-Laws, Minutes of the FIRST Corporate Organizational Meeting, and Minutes of MOST RECENT Annual Shareholders and Board of Directors Meetings at which the current board and officers were elected or appointed.**

A. Identify any owner or management official (see 13) of the applicant firm who has an ownership interest in any other firm. Provide information as to owner's title, address of firm, percent of ownership, and product or service of the other firm.

Owner / Manager	Name and Address of Other Firm	Title in Other Firm	% of Ownership	Product or Services of Other Firm

B. Identify any owner or management official of the applicant firm who is an employee of or has duties in another business enterprise or agency. Describe the duties of that owner/official in the other firm, giving name and address of firm, also providing information as to firm's product or service.

Name	Duties as Employee in Other Firm	Name and Address of Other Firm	Product or Services of Other Firm

C. Identify any owner or management official of the applicant firm who is or has been an employee of another firm within the past two years.

Name	Name of Other Firm

**SCHEDULE A**

D. Identify the Family Relationship among the owners or management officials of the firm.

Name	Relationship

E. Identify any current business relationships with any firm identified in 14A, 14B, or 14C, including any affiliates or subsidiaries, involving shared space, equipment, or employees

Name	Business Relationship

15. Does your business maintain inventory?  Yes  No  
If yes, list a description and dollar value of the inventory.

Description of Inventory	Dollar Value of Inventory
	\$
	\$
	\$

16. List the type and serial number for all equipment owned by your firm.

Equipment Owned	Serial Number	Quantity

! Submit copies of automotive equipment titles.

A. List equipment leased, rented, or borrowed and list the name of the lessor.

Leased, Rented or Borrowed Equipment	Equipment Source (Lessor)	Contact Person/ Telephone No.

! Submit Copies of lease agreement

**SCHEDULE A**

**B.** List the contributions of money, equipment, or real estate of each of the owners / shareholders. Detail amounts and types of investments listing only assets actually contributed.

Name of Owner(s) of Shareholder(s)	Asset(s) Contributed by Owner / Shareholder	Dollar Value	Source of Contribution (e.g., Personal Savings, Joint Assets, Inheritance, Loans, etc.)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

! **Submit proof of Contribution(s) made by each Owner / Shareholder**

**17.** Control of firm: Identify by name, race/ ethnic group, gender, and length of time those individuals in the firm (including owners and non-owners) responsible for day-to-day management and business decisions including but not limited to those with primary responsibility in each management area listed below.

**A.** Financing Decisions:

Decisions		Name	Ethnic Group	Gender	Length of Time
1.	Check Signing (Provide a copy of Corporate Resolution or Bank Signature Card(s) for each account)				
2.	Signing and Co-signing Loans				
3.	Acquisition of Lines of Credit				
4.	Surety Bonding				
5.	Major Purchases or Acquisitions				
6.	Signing Contracts				

**B.** Management Decisions:

Decisions		Name	Ethnic Group	Gender	Length of Time
1.	Estimating				
2.	Marketing and Sales Operations				
3.	Hiring and Firing of Management Personnel				
4.	Hiring and Firing of Non-Management Personnel				
5.	Supervision of Field / Production				
6.	Supervision of Office Personnel				

! **Submit copies of all bank resolutions and signature cards for all accounts.**

! **Submit detailed resumes and W-2 forms for the previous three years for each person identified above.**

**SCHEDULE A**

C. If any person listed is not an employee or officer of this firm, please identify that person's past or current affiliation with any other firm.

Name	Name of Firm	Position / Duties	Product or Service of Firm	Years of Affiliation

18. Indicate the personnel or firms who provide the following services:

A. External Estimating (an outside firm that prepares cost estimates)

Name	Address	Contact Person and Telephone No.

B. Accounting

Name	Address	Contact Person and Telephone No.

C. Attorney

Name	Address	Contact Person and Telephone No.

D. Financial Institutions

Name	Address	Contact Person and Telephone No.

E. Material Suppliers

Name	Address	Contact Person and Telephone No.

**SCHEDULE A**

F. Management or Professional Services

Name	Address	Contact Person and Telephone No.

! Submit a copy of the Management Service Agreement.

G. Name of Bonding Agency: \_\_\_\_\_  
 Company Name                      Address                      City                      State                      Zip

Agent's Name: \_\_\_\_\_ Telephone No.: ( \_\_\_\_\_ ) \_\_\_\_\_

Bonding Limit: \_\_\_\_\_ Single Contract: \_\_\_\_\_ Aggregate: \_\_\_\_\_

! Submit documentation from bonding agent verifying bonding limits.

19. Identify any amounts of money loaned to your firm, indicating the loan source, date, and amount.

Loan Source	Address	Date of Loan	Loan Amount

! Submit a signed copy of each loan agreement (front and back side).

A. Identify the source of any letters of credit. \_\_\_\_\_

! Submit copies of initial and current letter of credit.

20. What were the gross receipts of the firm, including all affiliates, for each of the last three fiscal years? Indicate the number of permanent employees for those years.

Year	Gross Receipts	No. of Full Time Employees	No. of Part Time Employees

! Submit copies of your corporate income tax for the past three years. Include copies of year-end balance sheets and profit and loss statements for the same 3-year period. If it is a new business submit a current balance sheet and individual income tax returns for the last three years.



**SCHEDULE A**

Applicant agrees to provide subcontract quotes to more than one prime bidder on Agency Contracts?

Yes  No

Applicant agrees, upon request, to provide subcontract quotes to prime contractors bidding on Agency Contracts?

Yes  No

Upon penalty of perjury, the undersigned certifies that he/she is the \_\_\_\_\_  
Type or Print Title

of \_\_\_\_\_  
Type or Print Name of Company

That he or she is authorized by the Company to execute this application in its behalf, that he or she has personal knowledge of the statements made in this application, and that the same are true.

The firm also affirms that the Disabled, Minority or Female interests in the business constitute the majority control over business operations. Further, the undersigned agrees to provide written changes in the submitted information after the filing of this application and before the work of this firm is completed on any agency awarded contract. The agency must be informed in writing of the change, and failure to do so may result in decertification or denial of certification. The firm must further provide, upon request, information of any work performed on any specified project regarding type of work performed, its duration, amount of payment to the firm, and to permit the audit and examination of books, records and files of the named firm. **ANY MATERIAL MISREPRESENTATION OF INFORMATION IN THIS DOCUMENT WILL BE GROUNDS FOR: (1) DENIAL OF CERTIFICATION (2) DECERTIFICATION (3) DEBARMENT (4) TERMINATING ANY CONTRACT THAT MAY BE AWARDED AND (5) INITIATING ACTION UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS.**

\_\_\_\_\_  
Signature Title(s)

Firm Name: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Date: \_\_\_\_\_ Corporate Seal (Where Appropriate)



Name(s) \_\_\_\_\_ / \_\_\_\_\_

to me personally known, who, being duly sworn, did execute the foregoing affidavit and did so as his or her free act and deed.

(Seal) Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_

\* ***If the foregoing certification application has been photocopied, verify the accuracy of the photocopied entries by signing and dating the bottom of each page of the application.***

(ONLY RETURN THIS IF YOU ARE APPLYING FOR PBE STATUS)

**PBE ADDENDUM**

EFFECTIVE JANUARY 1, 1992, PUBLIC ACT 87-701 ALLOWS FOR BUSINESSES OWNED AND OPERATED BY A PERSON WITH DISABILITY TO PARTICIPATE IN A PREFERENTIAL PROCUREMENT PROGRAM FOR STATE GOVERNMENTAL CONTRACTS.

IF YOU WISH TO APPLY UNDER THIS CATEGORY, COMPLETE THE QUESTIONS IN SECTION E.

- E. "BUSINESS OWNED AND OPERATED BY A PERSON WITH A DISABILITY" means a business concern of which at least 51 percent is owned by one or more persons with a disability, or in the case of corporation, one in which at least 51 per centum of the stock is owned by one or more persons with a disability or by a not for profit agency for the disabled organized pursuant to Section 501 of the Internal Revenue Code of 1954; and the management and daily business operations of which are controlled by one or more of the persons with a disability who own it.

PERSON WITH A DISABILITY shall mean a person who is a citizen or lawful permanent resident of the United States and who has a medically diagnosed, severe physical or mental disability that results from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculoskeletal disorders, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia and other spinal cord conditions, sickle cell anemia, specific learning disabilities, or end stage renal failure disease; and substantially limits at least one of the major life activities such as mobility, communication, self-care, self-direction, interpersonal skills, and work tolerance or work skills in terms of employability; or any other disability or combination of disabilities, which is determined by an evaluation of rehabilitation potential to cause a comparable degree of substantial functional limitation similar to the specific list of disabilities, listed above. {language as specified in P. Act 87-701, Section 2.1, (a) and (b)}.

UNDER THIS DEFINITION, THIS FIRM IS: (CHECK WHERE APPROPRIATE)

A business owned and operated by a person(s) with a disability(s).

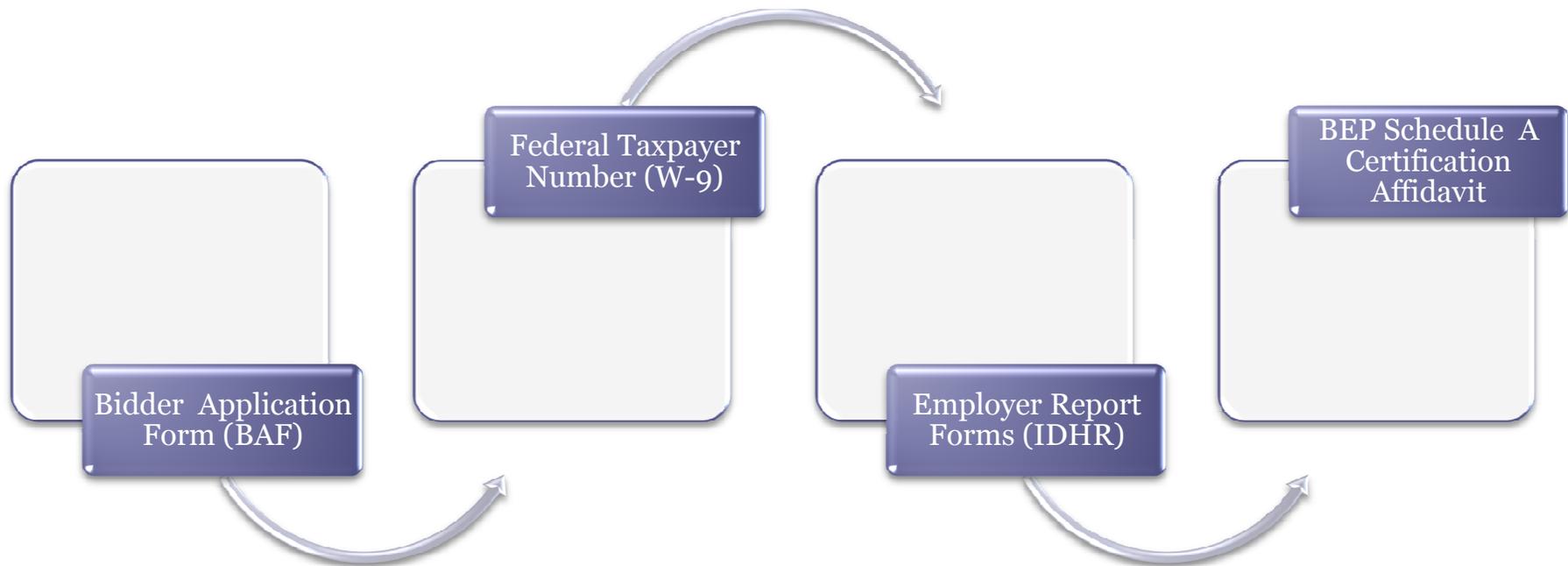
IF CHECKED, CONTINUE TO RESPOND, AS APPROPRIATE, TO THE FOLLOWING DOCUMENTATION:

Owner(s) has been or currently is a Department of Rehabilitation Services client in the Vocational Rehabilitation program.

Soc. Sec. Number \_\_\_\_\_ DHS/ORS Site \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Site Telephone Number \_\_\_\_\_

IF CHECKED ABOVE, DO NOT PROCEED

# Required BEP Forms



All forms are accessible online at [www.sell2.illinois.gov](http://www.sell2.illinois.gov)



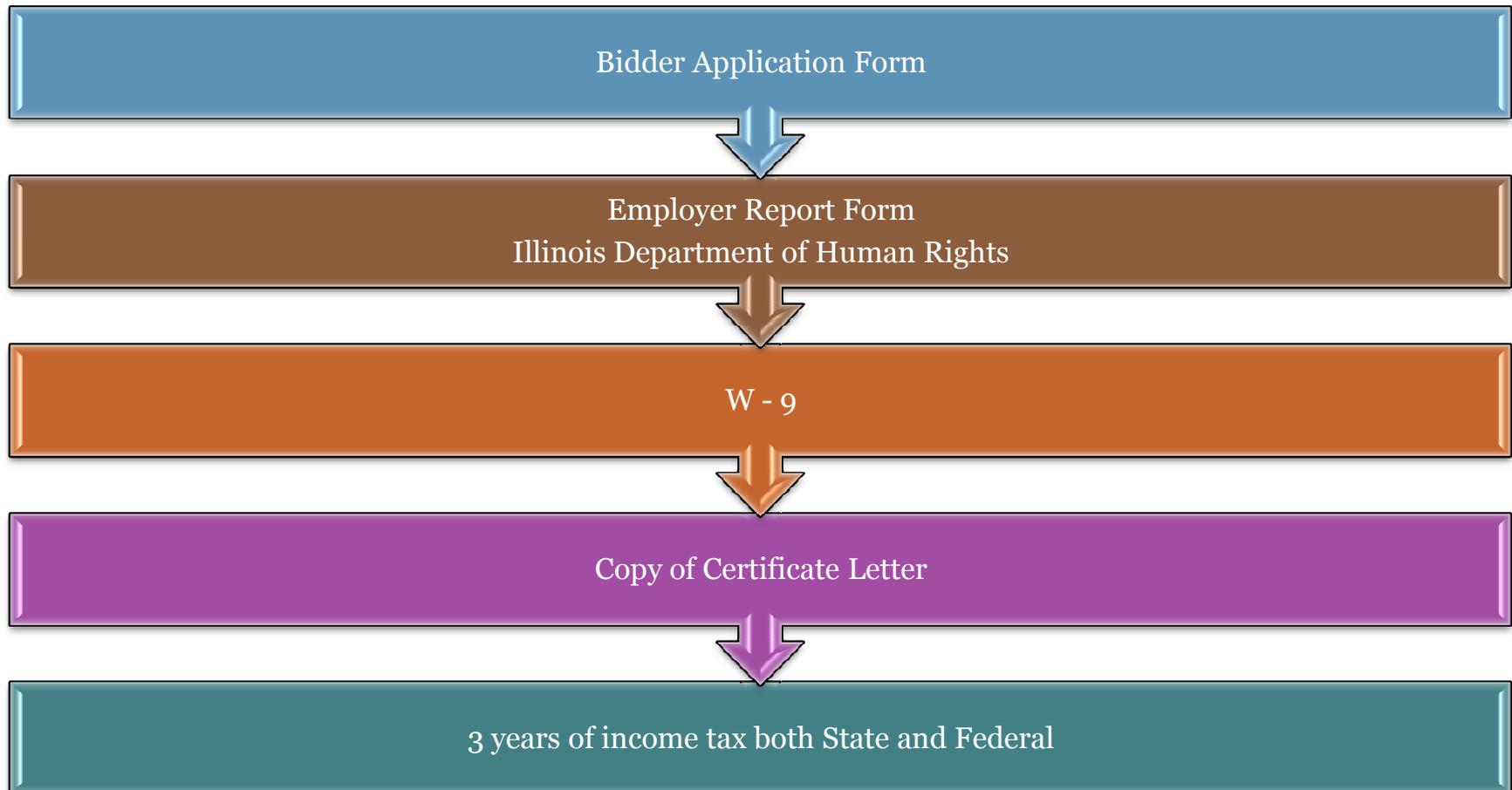
# What agencies use the BEP certification?



# Questions & Answers

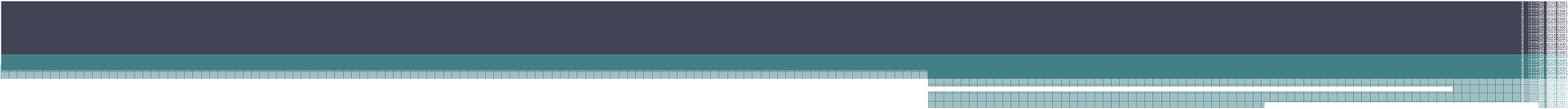


# Recognition Forms



# Recognition Entities List

City Of Chicago	
Cook County	
METRA	
PACE	
Illinois Department of Transportation (IDOT)	
Chicago Transportation Authority (CTA)	
Women Business Development Council (WBDC)	
Chicago Minority Business Development Council (CMBDC)	



Q & A

Thank you