

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:

<input type="checkbox"/> Director of Purchases Chicago State University 9501 King Drive Chicago, IL 60628-1598 <input type="checkbox"/> Director of Purchases Eastern Illinois University Room 113 Old Main Charleston, IL 61920-3099 <input type="checkbox"/> Purchasing Office Governors State University University Park, IL 60466-0975 <input type="checkbox"/> Director of Purchases 1220 Illinois State University Normal, IL 61790-1220 <input type="checkbox"/> Assistant Director Northeastern Illinois University 5500 North St. Louis Avenue Chicago, IL 60625-4699	<input type="checkbox"/> Manager of Procurement Services Northern Illinois University B-113 Gilbert Hall DeKalb, IL 60115-2870 <input type="checkbox"/> Director of Purchasing Southern Illinois University Bldg 108 - Miles Hall Carbondale, IL 62901-6813 <input type="checkbox"/> Director of Purchasing Southern Illinois University Box 1012 Edwardsville, IL 62026-1012 <input type="checkbox"/> Director of Procurement Services SIU Medical School P.O. Box 19605 Springfield, IL 62794-9605	<input type="checkbox"/> Director of Purchases University of Illinois at Chicago Room 312 - M.A.B. (MC-560) 809 South Marshfield Avenue Chicago, IL 60612-7203 <input type="checkbox"/> Business Manager Purchasing B106 University of Illinois at Springfield Springfield, IL 62794-9243 <input type="checkbox"/> Director of Purchases University of Illinois at Urbana- Champaign Room 207, 506 S. Wright St. Urbana, IL 61801-3684 <input type="checkbox"/> Director of Purchases Room 227 Sherman Hall Western Illinois University Macomb, IL 61455-1390
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No

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

- | | |
|--|--|
| <input type="checkbox"/> Individual
<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation
<input type="checkbox"/> Not-for-Profit Corporation
<input type="checkbox"/> Medical Health Care Services Provider Corp. | <input type="checkbox"/> Real Estate Agent
<input type="checkbox"/> Government Entity
<input type="checkbox"/> Tax Exempt Organizations (IRC 501 (a) only)
<input type="checkbox"/> Trust or Estate
<input type="checkbox"/> Limited Liability Corporation |
|--|--|

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.

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.

<p>Accounting</p> <input type="checkbox"/> Accountant <input type="checkbox"/> Auditor <input type="checkbox"/> Billing Services <input type="checkbox"/> Collection Services	<p>Dentistry</p> <input type="checkbox"/> Dentist <input type="checkbox"/> Orthodontist <input type="checkbox"/> Periodontist	<p>Management/ Administrative Services</p> <input type="checkbox"/> Actuary <input type="checkbox"/> Banking Services <input type="checkbox"/> Consultant <input type="checkbox"/> Economist <input type="checkbox"/> Executive Search Services <input type="checkbox"/> Investment Services <input type="checkbox"/> Training and Development	<p>Medicine</p> <input type="checkbox"/> Audiologist <input type="checkbox"/> Chiropractor <input type="checkbox"/> Dietician <input type="checkbox"/> Medical Transcriber <input type="checkbox"/> Nurse <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Optometrist <input type="checkbox"/> Orthopedist <input type="checkbox"/> Pathologist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Physician <input type="checkbox"/> Podiatrist <input type="checkbox"/> Radiologist <input type="checkbox"/> Surgeon <input type="checkbox"/> Temporary Medical Staffing <input type="checkbox"/> Veterinarian
<p>Artistic</p> <input type="checkbox"/> Artist <input type="checkbox"/> Entertainer <input type="checkbox"/> Musician <input type="checkbox"/> Sculptor	<p>Environmental/Land</p> <input type="checkbox"/> Cartographer <input type="checkbox"/> Environmental Analyst <input type="checkbox"/> Environmental Engineer <input type="checkbox"/> Geologist <input type="checkbox"/> Hydrologist <input type="checkbox"/> Land Appraiser <input type="checkbox"/> Land Use Planner <input type="checkbox"/> Meteorologist <input type="checkbox"/> Naturalist	<p>Marketing And Media Services</p> <input type="checkbox"/> Audio and Video Production <input type="checkbox"/> Commercial Photographer <input type="checkbox"/> Editor <input type="checkbox"/> Graphic Designer <input type="checkbox"/> Media Consultant <input type="checkbox"/> Public Relations	<p>Science/Research</p> <input type="checkbox"/> Archaeologist <input type="checkbox"/> Biologist <input type="checkbox"/> Botanist <input type="checkbox"/> Chemist <input type="checkbox"/> Educator <input type="checkbox"/> Entomologist <input type="checkbox"/> Historian <input type="checkbox"/> Other
<p>Clinical Psychology</p> <input type="checkbox"/> Psychotherapist <input type="checkbox"/> Psychiatrist	<p>Law</p> <input type="checkbox"/> Administrative Law Judge <input type="checkbox"/> Arbitrator <input type="checkbox"/> Attorney <input type="checkbox"/> Court Reporting <input type="checkbox"/> Hearing Officer <input type="checkbox"/> Law Clerk <input type="checkbox"/> Legal Services		
<p>Data Processing</p> <input type="checkbox"/> Consultant <input type="checkbox"/> Network Design <input type="checkbox"/> Programmer <input type="checkbox"/> Systems Analyst			

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' 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 _____