



# 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



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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. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	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
_____	_____
_____	_____
_____	_____



## 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:

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