**ILLINOIS FINANCE AUTHORITY**

FINANCIAL ADVISORY SERVICES SOLICITATION

#14-0005

The Illinois Finance Authority (“IFA”) is requesting proposals (“Offers”) from financial advisory firms (“Vendors”) with the experience, capability and expertise in providing financial advisory services for the provision of those services as set forth in this document. IFA’s goal is to establish an “Approved Financial Advisor” list for various financial advisory assignments. IFA will have contracts with those selected Vendors on the “Approved Financial Advisor” list, but work is not guaranteed. To fulfill its mission, IFA needs Vendors to (1) provide strategic assistance to IFA for development and refinement of its programs; (2) assist IFA in developing financial products that will help lower the cost of capital for borrowers; (3) provide financial advisory services on particular financings or projects; (4) advise and assist IFA from time to time in conducting market research to determine demand for financings or financing products; (5) evaluate and structure financings; (6) analyze proposed financings submitted to IFA to meet the capital needs of borrowers; (7) evaluate creditworthiness of borrowers; (8) market IFA programs; (9) evaluate and advise IFA regarding fair market value of outstanding IFA Bonds, including Bonds secured by the “moral obligation”, and, negotiate for the purchase or termination of the Bonds or any derivative securities, instruments, or contracts related to the investment of any proceeds or reserve funds, as applicable, on an as-needed basis; (10) evaluate the value of all or a portion of any outstanding IFA loan portfolio and (11) provide other financial advisory services to IFA that may be requested from time to time. IFA intends to select Vendors on the Approved Financial Advisor list on a rotating basis subject to these qualifiers: (1) expertise in a given area, (2) current/prior assignments, (3) capacity of Vendor to handle assigned work, (4) regional location, and (5) opportunity of appointment of minority, woman or physically disabled owned firms. Please read the entire solicitation package and submit your Offer for evaluation in accordance with all instructions.

IFA is issuing this solicitation in the following form which Vendor must take that into account when responding:

Invitation for Bids  Request for Proposals

The solicitation package consists of the following sections which provide information necessary for submitting an Offer, setting forth the basic legal and policy requirements associated with this solicitation, and providing guidance regarding how Offers will be evaluated.

SECTION 1 INSTRUCTIONS, DATES, RESERVATIONS AND OTHER GENERAL INFORMATION

SECTION 2 EVALUATION OF OFFERS

SECTION 3 SPECIFICATIONS / QUALIFICATIONS / STATEMENT OF WORK

SECTION 4 RESPONSIBILITY FORMS

In this document the Illinois Finance Authority will be referred to as “IFA”, “Authority”, “we” or “us”. The person submitting an Offer will be referred to as “Vendor”, “Contractor” or “You”. “We” is used appropriate to the content. The State of Illinois will be referred to as “State”.

**SECTION 1 - INSTRUCTIONS, DATES, RESERVATIONS AND OTHER GENERAL INFORMATION**

**1.0 PROJECT CONTACT:** if you have a question or suspect an error, you must immediately notify the project contact identified in this section. Do not discuss the solicitation or your offer, directly or indirectly, with any IFA board members or staff other than the project contact. Questions regarding this solicitation must be sent via email to the project contact identified in this section by April 28, 2014. IFA will provide written responses to questions and only those responses shall be binding on IFA.

Mr. Terrell Gholston Phone: 312-651-1312

Illinois Finance Authority Fax: 312-651-1350

180 North Stetson Ave., Suite 2555 TDD: 800-526-0844

Chicago, IL 60601 E-mail: [procurement@il-fa.com](mailto:procurement@il-fa.com)

A quiet period will begin upon the posting of this Request for Proposal (“RFP”) on the Illinois Procurement Bulletin and will end upon award of any resulting contracts from this RFP. The objective of the quiet period is to ensure that vendors competing for contracts have equal access to information regarding selection parameters, communication related to selection are consistent and accurate and the process of selecting Vendors is transparent, efficient, diligent and fair. Please do not communicate with IFA board members or staff regarding any product or service related to this RFP throughout the quiet period and refrain from offering meals, travel, hotel or anything of value to IFA board members or staff during this time. You may be disqualified from consideration for any violation of the quiet period policy.

**1.1 VENDOR CONFERENCE / SITE VISIT:**  Yes  No Mandatory Attendance:  Yes  No

Date and Time: N/A Location: N/A

**1.2 Offer Due Date, time and Submission location:** Due Date: **May 2, 2014**Time: **5:00 PM CST**

**DELIVER OFFERS TO**: **LABEL OUTSIDE OF ENVELOPE / CONTAINER:**

Illinois Finance Authority Financial Advisory Services & Ref. #14-0005

180 N Stetson Ave, Ste 2555 [Due Date: May 2, 2014 & Time: 5:00 PM CST]

Chicago, IL 60601 -6776 [Vendor Name & Address]

Attn: Mr. Terrell Gholston

Offers must be physically received as specified by the due date, time and delivery location, IFA will not accept e-mail, fax or other electronic submissions. Hand delivered Offers will be accepted during IFA business hours only (9:00 CST-5:00 PM CST). Offers, modifications or withdrawals submitted after the due date and time will not be considered. All times are State of Illinois local times.

**1.3 NUMBER OF COPIES:** Vendors must submit a signed original and three (3) cd copies of the Offer in PDF format only. If requesting confidential treatment of any submitted information, you must make that request in the form and manner specified elsewhere in this solicitation. A request for confidential treatment will not supersede IFA’s legal obligations under the Illinois Freedom of Information Act (FOIA) (5 ILCS 140).

**1.4 OFFER FIRM TIME:** Vendor’s Offer must remain firm until contract execution.

**1.5 PROTEST REVIEW OFFICE:**

Illinois Finance Authority Phone: 312-651-1300

Attn: General Counsel Fax: 312-651-1350

180 North Stetson Ave., Suite 2555 Tdd: 800-526-0844

Chicago, IL 60601-6776

Vendor may submit a written protest of IFA’s actions to the PROTEST REVIEW OFFICE as stated above. IFA must physically receive the protest by 5:00 PM CST on the seventh calendar day after the notice of award was published on the Procurement Bulletin.

**1.6 PUBLIC CONTRACTS NUMBER:** (775 ILCS 5/2-105) If you do not have a Department of Human Rights (DHR) Public Contracts Number or have not submitted a completed application to DHR for one before opening we may not be able to consider your Offer. Please contact DHR at 312-814-2431 or visit <http://www.state.il.us/dhr/index.htm> for forms and details.

**1.7 OUT OF STATE COMPANIES:** Non-Illinois Vendors must contact the Illinois Secretary of State (217-782-1834) regarding a Certificate of Authority to Transact Business in Illinois. Additional information is at

<http://www.cyberdriveillinois.com/departments/business_services/publications_and_forms/bca.html>.

**1.8 ILLINOIS PROCUREMENT BULLETIN (“Bulletin”) AND IFA WEBSITE:** IFA will publish procurement information (including updates) in the electronic Bulletin (<http://www.purchase.state.il.us>)*,* and on IFA’s website (<http://www.il-fa.com>). Procurement information may not be available in any other form or location. To receive updates, please register as provided for within the Illinois Procurement Bulletin’s website. You are responsible for monitoring both the Bulletin and IFA’s website; we cannot be held responsible if you fail to receive the optional e-mail notices.

**1.9 AWARD:** IFA will post a notice to the Bulletin identifying the apparent awardee(s). The notice extends the offer firm time until IFA signs a contract(s) or determines not to sign a contract(s). IFA may accept or reject your Offer as submitted, or may require contract negotiations. If negotiations do not result in an acceptable agreement, IFA may reject your Offer and initiate negotiations with another Vendor. Protested awards are not final and are subject to resolution of the protest.

**1.10 PUBLIC RECORDS AND REQUESTS FOR CONFIDENTIAL TREATMENT:** Offers become the property of IFA and will not be returned. All Offers will be open to the public under the Illinois Freedom of Information Act (FOIA) (5 ILCS 140) and other applicable laws and rules, unless you request in your Offer that IFA treat certain information as exempt. A request for confidential treatment will not supersede IFA’s legal obligations under FOIA. IFA will not honor requests to exempt entire Offers. Vendor must show specific grounds in FOIA or other law or rule that support exempt treatment. If exempt treatment is requested, vendor must submit an additional copy of the Offer with exempt information deleted. This copy must tell the general nature of the material removed and shall retain as much of the Offer as possible. Vendor will be responsible for any costs or damages associated with our defending your request for exempt treatment. Vendor agrees IFA may copy the Offer to facilitate evaluation, or to respond to requests for public records and warrant that such copying will not violate the rights of any third party.

**1.11 RESERVATIONS:** IFA reserves the right to amend the solicitation; reject any or all Offers; to award by item, group of items, and/or to waive minor defects. IFA may request a clarification; request a presentation; or otherwise verify the contents of the Offer, including information about subcontractors and suppliers. IFA may request best & final offers when appropriate and shall make decisions solely in the best interests of IFA. This competitive process requires that you provide additional information and otherwise cooperate with us. If you do not comply with request for information and cooperate, we may reject your Offer. You have no right to an award by submitting an Offer, nor do you have the right to a contract based on our posting your name in a Bulletin notice. IFA is not responsible for and will not pay any costs associated with the preparation and submission of your Offer. If you are the awardee, you shall not commence, and will not be paid for any work prior to the date all parties execute the contract, unless approved in writing in advance by IFA’s Procurement Officer (or her/his designee).

**1.12 GOVERNING LAW AND FORUM:** Illinois law and rule govern this solicitation and any resulting contract. You must bring any action relating to this solicitation or any resulting contract in the appropriate court in Illinois. We do not allow binding arbitration.

**1.13 EMPLOYMENT TAX CREDIT:** Vendors who hire qualified veterans and certain ex-offenders may be eligible for tax credits. Please contact the Illinois Dept. of Revenue (312-814-3215) for information about tax credits.

**SECTION 2 – EVALUATION OF OFFERS**

**2.1 OFFER RESPONSE:**

IFA will evaluate the information provided in evaluating your Offer: Administrative Compliance, Responsibility, Responsiveness and Price. We will consider the information you supply or do not supply, and the quality of that information when evaluating your Offer. Any failure or deficiency may result in the rejection of the Offer.

**2.1.1 ADMINISTRATIVE COMPLIANCE**: IFA will determine whether your Offer complied with the Instructions for submitting Offers. Except for late submissions, IFA may require a Vendor to correct deficiencies as a condition of further evaluation.

**2.1.2 RESPONSIBILITY**: IFA will determine whether you are a “Responsible” Vendor; a Vendor with whom IFA can or should do business. Factors that IFA may evaluate to determine Responsibility include, but are not limited to: certifications, conflict of interest, financial disclosures, taxpayer identification number, past performance, references (including those found outside the Offer), compliance with applicable laws, financial stability and the perceived ability to perform completely as specified. Vendors must at all times have financial resources sufficient, in the opinion of IFA, to ensure performance of the contract and must provide proof upon request. IFA may terminate the Contract, consistent with the termination for cause provision of this Contract, if it feels that the Vendor lacks the financial resources to perform under the Contract.

**2.1.3 RESPONSIVENESS**: IFA will determine whether the Offer meets the stated requirements (the Responsiveness Elements”). **All responses are limited to 10 pages with the exception of resumes or curriculum vitae in section 3.5.1.2.** Minor differences or deviations with negligible impact on the price or suitability of the supply or service to meet IFA’s needs may be accepted or corrections allowed. If no administratively compliant and responsible Vendors meet a particular requirement, IFA may waive such requirement.

**2.1.4 PRICE**: We will consider price in Offers that meet the requirements.

**2.2 AWARD:**

Vendors whose Offer meet the Responsiveness Elements and are considered the best of those submitted (without consideration of price) and with whom IFA is able to negotiate a fair and reasonable price will be recommended for the awards. Any and all Vendors selected pursuant to this RFP will serve as members of a team of eligible financial advisory firms for IFA’s use. There is no guarantee for any Vendor selected to be part of any engagement.

IFA will attempt to negotiate a fair and reasonable price with Vendors with the best Offer. IFA will determine whether the price is fair and reasonable by considering the Offer, including the Vendor’s qualifications, the Vendor’s reputation, all prices submitted, other known prices, and other relevant factors based on the criteria described above and the Responsiveness Elements scoring elements described below. The maximum number of points is 100.

**2.3 RESPONSIVENESS ELEMENTS:**

**2.3.1 Professional Qualifications**. See detailed specifications in Section 3.5.1 [25 points]

**2.3.2 Experience**. See detailed specifications in Section 3.5.2 [25 points]

**2.3.3 Technical and Strategic Approach**. See detailed specifications in Section 3.5.3 [25 points]

**2.3.4 M/W/DBE**. Entity is certified or in process of becoming certified (with application and proof of receipt) as an M/W/DBE by the State. See detailed specifications in Section 3.6. [15 points]

**2.3.5 References**. See detailed specifications in Section 3.7. [10 points]

IFA may require in-person presentations from certain Vendors based upon our review of proposals submitted in response to this proposal and initial technical scores. IFA will notify and invite only those Vendors who are top contenders based upon technical scores.

**SECTION 3 - SPECIFICATIONS / QUALIFICATIONS / STATEMENT OF WORK**

**3.1 AGENCY’S NEED FOR SERVICES:**

IFA is seeking financial advisory services from a team of qualified providers in connection with the various functions of the IFA as described below. Services will be requested from selected Vendors at the request of IFA on an as-needed basis.

IFA’s goal is obtaining competent, efficient and cost-effective financial advisory services. Consistent with Resolution 2004-20, IFA is committed to supporting businesses owned by minorities, women and persons with disabilities, small businesses, encourages the development of talent and participation in IFA projects among minorities, women and persons with disabilities employed by non-MBE/WBE businesses as well as small businesses that serve as vendors to IFA. Finally, IFA recognizes that it has a statewide mission and it encourages participation as Vendors from businesses located in all regions of the State.

**3.2 SERVICES REQUIRED:**

**NOTE:** Vendors selected pursuant to this RFP will serve as part of a team of eligible qualified providers of financial advisory services to IFA. The Financial Advisors selected pursuant to this RFP may be appointed from time to time to undertake assignments on various financing transactions at the IFA's sole discretion. Being selected as a Financial Advisor does not necessarily preclude the Vendor from providing underwriting services for various IFA financing transactions; provided a conflict of interest does not prevent such appointment. In the event of a conflict of interest for a financing transaction, the IFA shall be informed promptly of the conflict and the IFA reserves the sole right to remove and/or replace the a conflicted Vendor from the transaction assignment. The IFA does not guarantee that work will be assigned to any particular Vendor. As needed by IFA, IFA reserves the right to select qualified providers of financial advisory services outside of this solicitation and consistent with IFA’s Procurement Policy. IFA also reserves the right to conduct additional, separate RFP solicitations when it determines that its needs dictate engagement of Vendors with special or distinctive qualifications or experience.

To fulfill its mission, IFA needs Vendors to (1) provide strategic assistance to IFA for development and refinement of its programs; (2) assist IFA in developing financial products that will help lower the cost of capital for borrowers; (3) provide financial advisory services on particular financings or projects; (4) advise and assist IFA from time to time in conducting market research to determine demand for financings or financing products; (5) evaluate and structure financings; (6) analyze proposed financings submitted to IFA to meet the capital needs of borrowers; (7) evaluate and analyze creditworthiness of borrowers; (8) market IFA programs; (9) evaluate and advise IFA regarding fair market value of outstanding IFA Bonds, including Bonds secured by the “moral obligation”, and, negotiate for the purchase or termination of the Bonds or any derivative securities, instruments, or contracts related to the investment of any proceeds or reserve funds, as applicable, on an as-needed basis; (10) evaluate the value of all or a portion of any outstanding IFA loan portfolio and (11) provide other financial advisory services to IFA that may be requested from time to time.

Specifically, the Vendor may be required to perform the following services:

* Work with the Executive Director and IFA staff to develop and execute strategies for evaluating, structuring, marketing, and implementing, and managing existing and new financial products and programs;
* Evaluate proposed financing techniques, products, and structures to assess market feasibility;
* Meet from time-to-time as requested by the Executive Director to review proposed financings to evaluate proposals for new financing programs according to criteria specified in IFA’s Strategic Plan;
* On an as-assigned basis, review projects that are contemplated for consideration by the IFA Board and offer comments or suggestions on assigned projects. Attend, or provide written comments, as directed, for monthly Credit Review Committee meetings on any assigned projects;
* From time to time at the request of the Executive Director or her/his designee, assist the IFA staff in marketing IFA programs or products, on an as-needed basis;
* Be available from time to time to answer questions or undertake research as requested by IFA staff;
* Provide technical support to the Executive Director and/or his/her designees, board members and other IFA vendors on matters which come before the Illinois General Assembly affecting the IFA;
* As assigned, undertake quantitative analysis and prepare financial models relating to proposed IFA transactions;
* Assist the IFA in developing and enhancing relationships with credit enhancement providers and rating agencies;
* Coordinate all requests for financing transactions of the IFA involving a pledge of the moral obligation of the State of Illinois and assist the IFA in working with the Governor's Office of Management and Budget to structure financing transaction relating to these requests;
* Be available to attend board meetings or committee meetings on an as-needed basis to provide comments and guidance to the Executive Director, IFA staff, and IFA board members on transaction matters under development or under consideration by the IFA;
* Assist IFA in developing and reviewing surveys to evaluate existing products as well as new or proposed financing products and to assist IFA in reviewing the results of such surveys and in developing and refining financial products;
* Coordinate roundtable discussions with various market sector participants to discuss and review IFA financing programs, to assess the needs of clients in IFA’s various market sectors, and to how to structure and implement new or updated programs; and related assignments;
* On an as-needed basis, Vendor, or any Vendor affiliate, may be engaged to prepare estimates of fair market prices for any outstanding IFA Bond issues or termination values for any guaranteed investment contracts executed in connection with IFA bond issues, and, if assigned, to assist IFA in negotiating satisfactory termination of such contracts
* On an as-needed basis, a Vendor, or any Vendor affiliate, may be engaged to prepare estimates of fair market prices, for all or any portion of any IFA loan portfolio, in connection with the proposed sale of any IFA-funded loans.
* Develop an evaluation methodology for assessing process for the review of underwriters, financial advisors and other service providers serving on IFA financing transactions; assist the IFA in implementing and completing the review process, and identifying areas of pertinent interest to the IFA; and
* Provide other services, guidance and advice as is reasonably requested, from time to time, by members of the IFA Board, the Executive Director and IFA staff.

Please provide the capabilities of the Vendor, and any wholly- or partially-owned affiliates, or subcontractors, if applicable, that would be assigned to provide any services provided under this proposed engagement. For any affiliate, please disclose ownership information and note

For a specific description of IFAs market sectors and programs, visit IFAs website at [www.il-fa.com](http://www.il-fa.com) and/or review the Illinois Finance Authority Act (20 ILCS 3501), the Illinois Environmental Facilities Financing Act (20 ILCS 3515), and the Higher Education Loan Act (110 ILCS 945).

**3.3 MILESTONES AND DELIVERABLES**

To be determined by IFA. Milestones and Deliverables will be based on the needs of the assignment.

**3.4 REPORTING, STATUS AND MONITORING**

3.4.1 Each Vendor is responsible for the faithful performance of the contract and shall have internal monitoring procedures and processes to ensure compliance. IFA reserves the right to monitor and track Vendor performance over the course of the contract. Information gathered may be used in administration of the contract and may be used in evaluating the Vendor for future procurements. In appropriate circumstances, IFA and Vendor will work together to develop a performance scorecard with conditions, milestones, requirements, or timetables that must be met before additional steps may be taken or payment is due. Vendor shall cooperate with IFA in this monitoring, which may require that the Vendor report progress, identify pertinent problems or challenges, provide records of its performance, partake in scheduled meetings, and to prepare written reports as requested by IFA. IFA expects to have quality Vendors that are willing to work with IFA during the term of the contract to provide IFA with better quality at the same price, or to provide the same quality at a lower price. We may consider, in future procurement evaluations, a Vendor that successfully provides better quality or price.

**3.5 VENDOR AND STAFF REQUIREMENTS**

**3.5.1 PROFESSIONAL QUALIFICATIONS**: Vendors must have and show the qualifications (including as appropriate, education, experience and technical ability) necessary to perform this contract. In a cover letter on Vendor’s letterhead, Vendor shall clearly explain how it complies with each of the factors required for that position as set forth in Section 3.2, Services Required, above; a commitment to perform these services in compliance with this RFP; and a brief statement why Vendor believes that it is best qualified to perform the work. Vendor may respond to one, some or all of the Services Required as requested in this RFP.

**3.5.1.1** Briefly describe your firm’s qualifications, including but not limited to its organizational structure, business operations, total number of employees, and employees in Illinois, to serve as Financial Advisor to IFA.

**3.5.1.2** Identify and describe the qualifications of key personnel, including but not limited to their proposed role, capabilities and relevant experience. Describe how you would use your firm’s capital and human resources to serve IFA. Please include resumes of all key personnel in an appendix to your proposal.

**3.5.1.3** Indicate where your firm is registered as a Financial Advisor.

**3.5.1.4** Identify the location of your firm’s headquarters and the principal place(s) of business related to financial advisory services (if different from headquarters). Discuss your firm’s presence in Illinois including any offices maintained in the State, the number of staff employed in the State, and the number of staff assigned to IFA who are employed in the State. Also provide similar information regarding any affiliates that you would reasonably expect to be engaged to complete assignments specified herein. In your narrative, please describe accessibility to firm resources, and any affiliates, and to staff who will be assigned to serve IFA under this engagement.

**3.5.1.5** Identify, describe, and provide evidence of Vendor’s (and affiliates, as applicable), current professional liability insurance.

**3.5.1.6** Identify and briefly detail any litigation or criminal investigations against Vendor or Vendor’s Staff (including any affiliates, if pertinent) including but not limited to debtor in bankruptcy; defendant in a lawsuit alleging deficient performance on a contract; respondent in an administrative action alleging deficient performance; any professional malpractice claims; defendant in a criminal action; respondent in any action, investigation or proceeding.

3.5.1.7 Identify any potential conflicts of interest that may arise if Vendor is selected under this RFP.

**3.5.2 EXPERIENCE**: Vendor shall describe its experience in providing the services described under Section 3.2, Services Required, herein and shall include a description of the following:

**3.5.2.1** Briefly describe your firm’s experience on bond transactions on which your firm served as Financial Advisor, including a list of transactions that you deem as representative of the financial advisory services requested in this RFP and the names of personnel responsible for the work product in each pertinent product sector identified herein. Please limit your response to the past three (3) years.

**3.5.2.2** Provide a list of your firm’s tax exempt issuer clients within the past three (3) years, noting the financial advisory services provided to them. Additionally, please list your firm’s transaction engagements serving as financial advisor to conduit borrowers.

**3.5.2.3** Outline your firm’s experience during the past three (3) years with major rating agencies. Discuss this experience and its potential applicability to IFA.

**3.5.2.4** Discuss your firm’s experience in providing technical and advisory services in connection with State Revolving Fund (“SRF”) Loan Programs and the issuance of SRF bonds. Identify personnel at your firm who have been assigned to prior engagements within the past 3 years. For each transaction that you report, please report the scope of advisory services provided.

**3.5.3 TECHNICAL/STRATEGIC APPROACH**:

**3.5.3.1** Discuss your firm’s experience in developing and refining financial products and programs to meet market demand as contemplated herein.

**3.5.3.2** Describe any innovations your firm has developed or worked on for tax-exempt issuers. For each case, briefly outline the problem, your firm’s solution, and the results.

**3.5.3.3** Provide a detailed description of how your firm would approach providing the services listed in Section 3.2, including recommendations that demonstrate your firm’s expertise in pertinent market sectors, and an explanation of how this experience would be applicable and pertinent to IFA.

**3.5.3.4** Estimate likely turnaround/delivery times for various assignments identified herein.

**3.6 M/W/DBE SPECIFICATIONS:**

Entity is BEP certified or in process of becoming BEP certified (with application and proof of receipt) by the State of Illinois as an Minority Business Enterprise (MBE), Female Business Enterprise (FBE), Female and Minority Business Enterprise (FMB), or Persons with Disability Business Enterprise (PBE).

Entity may be certified as a diverse business under BEP (Business Enterprise Program) by the State of Illinois if you meet the following criteria:

* At least 51 percent owned and controlled by persons who are minority, women or designated as disabled
* Must be a United States citizen or resident alien
* Annual gross sales of less than $75 million

**3.7 REFERENCES:**

Provide three (3) examples of engagements where similar activities have been undertaken for clients (including municipal issuers or conduit borrowers, as appropriate), including the name, contact information, and a description of the financial advisory services provided.

**3.8 PRICING:**

Provide your hourly, daily, or monthly rate for the following advisory professionals (or for equivalent positions within your firm).

1. President
2. Managing Director
3. Director
4. Vice President
5. Assistant Vice President
6. Analyst
7. Associate

IFA will consider other pricing structures.

**NOTICE: RESPONDENTS ARE REQUIRED TO SUBMIT PRICING INFORMATION IN A SEPARATE SEALED ENVELOPE IN THE OFFER CONTAINER.** This contract does not allow for reimbursement of any expense incurred by vendor, including but not limited to telephone or other communications device, postage, copying, travel, transportation, lodging, food and per diem unless agreed to in writing by IFA prior to Vendor incurring such an expense.

**3.9 TERM OF CONTRACT**

IFA anticipates that the contracts will have an initial term of two years. Thereafter, IFA reserves the right to renew the contract for an additional one year term on the same terms and conditions. The contract may not renew automatically, nor may the contract renew solely at the Vendor’s option. IFA reserves the right to terminate the contract without cause and without penalty upon thirty [30] days prior notice.

**SECTION 4 – RESPONSIBILITY FORMS**

**FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST**

The Financial Disclosures and Conflicts of Interest Form (“Form”) must be accurately completed and submitted by the Vendor, parent entity(ies), and subcontractors. There are **nine** steps to this form and each must be completed as instructed in the step heading and within the step. A bid, offer, or proposal that does not include this form shall be considered non-responsive. We will consider this form when evaluating the bid, offer, or proposal or awarding the contract.

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

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

**This disclosure is submitted for:**

Vendor

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

Subcontractor(s) >$50,000

Subcontractor’s Parent Entity(ies) (100% ownership) > $50,000

|  |  |
| --- | --- |
| Project Name |  |
| Illinois Procurement Bulletin Number |  |
| Contract Number |  |
| Vendor Name |  |
| Doing Business As (DBA) |  |
| Disclosing Entity |  |
| Disclosing Entity’s Parent Entity |  |
| Subcontractor |  |
| Instrument of Ownership or Beneficial Interest | If you selected Other, please describe: |

**EP 1**

**STEP 1**

**SUPPORTING DOCUMENTATION SUBMITTAL**

(All Vendors complete regardless of annual bid, offer, or contract value)

(Subcontractors with subcontract annual value of more than $50,000 must complete)

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

Option 1 – Publicly Traded Entities

1.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% ($106,447.20) of the annual salary of the Governor.

OR

1.B.  Attach a copy of the Federal 10-K, and skip to Step 3.

Option 2 – Privately Held Entities with more than 200 Shareholders

2.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% ($106,447.20) of the annual salary of the Governor.

OR

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

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

3.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% ($106,447.20) of the annual salary of the Governor.

Option 4 – Foreign Entities

4.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% ($106,447.20) of the annual salary of the Governor.

OR

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

Option 5 – Not-for-Profit Entities

Complete Step 2, Option B.

Option 6 – Sole Proprietorships

Skip to Step 3.

**STEP 2**

**DISCLOSURE OF FINANCIAL INTEREST OR BOARD OF DIRECTORS**

(All Vendors, except sole proprietorships, must complete regardless of annual bid, offer, or contract value)

(Subcontractors with subcontract annual value of more than $50,000 must complete)

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

**OPTION A – Ownership Share and Distributive Income**

**Ownership Share –** If you selected Option 1.A., 2.A., 2.B., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of ownership if said percentage exceeds 5%, or the dollar value of their ownership if said dollar value exceeds $106,447.20.

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

|  |
| --- |
| **TABLE – X** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Percentage of Ownership** | **$ Value of Ownership** |
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**Distributive Income –** If you selected Option 1.A., 2.A., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of the disclosing Proposer’s total distributive income if said percentage exceeds 5% of the total distributive income of the disclosing entity, or the dollar value of their distributive income if said dollar value exceeds $106,447.20.

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

|  |
| --- |
| **TABLE – Y** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **% of Distributive Income** | **$ Value of Distributive Income** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

Please certify that the following statements are true.

I have disclosed all individuals or entities that hold an ownership interest of greater than 5% or greater than $106,447.20.

Yes  No

I have disclosed all individuals or entities that were entitled to receive distributive income in an amount greater than $106,447.20 or greater than 5% of the total distributive income of the disclosing entity.

Yes  No

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

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

|  |
| --- |
| **TABLE – Z** |

|  |  |
| --- | --- |
| **Name** | **Address** |
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**STEP 3**

**DISCLOSURE OF LOBBYIST OR AGENT**

(Complete only if bid, offer, or contract has an annual value over $25,000)

(Subcontractors with subcontract annual value of more than $50,000 must complete)

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

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

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Relationship to Disclosing Entity** |
|  |  |  |

Describe all costs/fees/compensation/reimbursements related to the assistance provided by each representative lobbyist or other agent to obtain this contract:

**STEP 4**

**PROHIBITED CONFLICTS OF INTEREST**

(All Proposers must complete regardless of annual bid, offer, or contract value)

(Subcontractors with subcontract annual value of more than $50,000 must complete)

Step 4 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above. Please provide the name of the person for which responses are provided:

|  |  |
| --- | --- |
| 1. Do you hold or are you the spouse or minor child who holds an elective office in the State of Illinois or hold a seat in the General Assembly? | Yes  No |
| 1. Have you, your spouse, or minor child been appointed to or employed in any offices or agencies of State government and receive compensation for such employment in excess of 60% ($106,447.20) of the salary of the Governor? | Yes  No |
| 1. Are you the spouse or minor child of an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority? | Yes  No |
| 1. Have you, your spouse, or an immediate family member who lives in your residence currently or who lived in your residence within the last 12 months been appointed as a member of a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor? | Yes  No |
| 1. If you answered yes to any question in 1-4 above, please answer the following: Do you, your spouse, or minor child receive from the Proposer more than 7.5% of the Proposer’s total distributable income or an amount of distributable income in excess of the salary of the Governor ($177,412.00)? | Yes  No |
| 1. If you answered yes to any question in 1-4 above, please answer the following: Is there a combined interest of self with spouse or minor child more than 15% ($354,824.00) in the aggregate of the Proposer’s distributable income or an amount of distributable income in excess of two times the salary of the Governor? | Yes  No |

**STEP 5**

**POTENTIAL CONFLICTS OF INTEREST RELATING TO PERSONAL RELATIONSHIPS**

(Complete only if bid, offer, or contract has an annual value over $25,000)

(Subcontractors with subcontract annual value of more than $50,000 must complete)

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

Please provide the name of the person for which responses are provided:

|  |  |
| --- | --- |
| 1. Do you currently have, or in the previous 3 years have you had State employment, including contractual employment of services? | Yes  No |
| 1. Has your spouse, father, mother, son, or daughter, had State employment, including contractual employment for services, in the previous 2 years? | Yes  No |
| 1. Do you hold currently or have you held in the previous 3 years elective office of the State of Illinois, the government of the United States, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois? | Yes  No |
| 1. Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding elective office currently or in the previous 2 years? | Yes  No |
| 1. Do you hold or have you held in the previous 3 years any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that? | Yes  No |
| 1. Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding appointive office currently or in the previous 2 years? | Yes  No |
| 1. Do you currently have or in the previous 3 years had employment as or by any registered lobbyist of the State government? | Yes  No |
| 1. Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) that is or was a registered lobbyist? | Yes  No |
| 1. Do you currently have or in the previous 3 years had compensated employment by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections? | Yes  No |
| 1. Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) who is or was a compensated employee of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections? | Yes  No |

**STEP 6**

**EXPLANATION OF AFFIRMATIVE RESPONSES**

(All Vendors must complete regardless of annual bid, offer, or contract value)

(Subcontractors with subcontract annual value of more than $50,000 must complete)

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

**STEP 7**

**POTENTIAL CONFLICTS OF INTEREST**

**RELATING TO DEBARMENT & LEGAL PROCEEDINGS**

(Complete only if bid, offer, or contract has an annual value over $25,000)

(Subcontractors with subcontract annual value of more than $50,000 must complete)

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

Please provide the name of the person or entity for which responses are provided:

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

If you answered “Yes”, please provide a detailed explanation that includes, but is not limited to the name, State agency or university, and position title of each individual. **ST**STEP 8

**STEP 8**

**DISCLOSURE OF CURRENT AND PENDING CONTRACTS**

(Complete only if bid, offer, or contract has an annual value over $25,000)

(Subcontractors with subcontract annual value of more than $50,000 must complete)

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

Yes  No.

If “Yes”, please specify below. Attach an additional page in the same format as provided below, if desired.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency/University** | **Project Title** | **Status** | **Value** | **Contract Reference/P.O./Illinois Procurement Bulletin #** |
|  |  |  |  |  |

Please explain the procurement relationship:

**STEP 9**

**SIGN THE DISCLOSURE**

(All Proposers must complete regardless of annual bid, offer, or contract value)

(Subcontractors with subcontract annual value of more than $50,000 must complete)

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

Name of Disclosing Entity:

Signature: Date:

Printed Name:

Title:

Phone Number:

Email Address:

**State Board of Elections Registration**

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

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

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

**IS THE CERTIFICATE OF REGISTRATION**



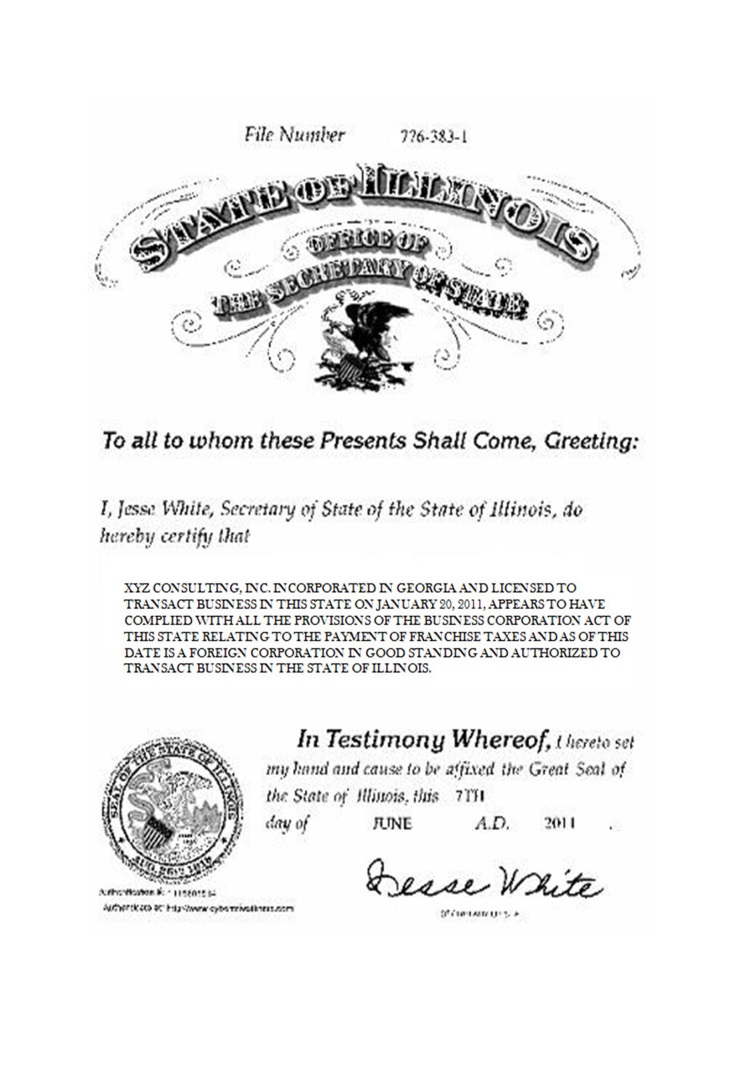
**AUTHORIZED TO DO BUSINESS IN ILLINOIS**

A person, other than an individual acting as a sole proprietor, must be a duly constituted legal entity and authorized to do business in Illinois prior to submitting an offer.

For information on registering to conduct business in Illinois, please visit the Illinois Secretary of State’s Department of Business Services at their website at (<http://cyberdriveillinois.com/departments/business_services/home.html>) or your home county clerk.

**EVIDENCE OF BEING AUTHORIZED TO DO BUSINESS IS THE SECRETARY**

**OF STATE’S CERTIFICATE OF GOOD STANDING**



**Illinois Finance Authority**

**Taxpayer Identification Number**

I certify that:

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

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

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

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

and the EIN.

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

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

Taxpayer Identification Number:

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or

Employer Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Status (check one):

Individual  Governmental

Sole Proprietor  Nonresident alien

Partnership  Estate or trust

Legal Services Corporation  Pharmacy (Non-Corp.)

Tax-exempt  Pharmacy/Funeral Home/Cemetery (Corp.)

Corporation providing or billing  Limited Liability Company

medical and/or health care services (select applicable tax classification)

Corporation NOT providing or billing  D = disregarded entity

medical and/or health care services  C = corporation

P = partnership

Signature of Authorized Representative \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_