

ILLINOIS FINANCE AUTHORITY
PROFESSIONAL AND ARTISTIC REQUEST FOR PROPOSAL

Internal Auditing Services/Designation as Chief Internal Auditor (CIA)
Request for Proposal #14-0006

The Illinois Finance Authority (“IFA” or the “Authority”) is requesting proposals (“Offers”) from licensed Certified Public Accounting firms (“Vendors”) with the experience, capability and expertise in providing internal auditing services as set forth in this document. The selected vendor will be designated, by the Executive Director and/or Board of Directors, as the Authority’s Chief Internal Auditor and will perform internal audits per the approved annual internal audit plan. Audits will be performed in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. In addition, professional standards issued by the American Institute of Certified Public Accountants (AICPA) also apply. The audits of the Authority’s balances, transactions, policies, procedures, programs and internal controls will be performed as needed, on at least a quarterly basis. Also, the selected vendor will respond to inquiries from the Office of the Auditor General, in cooperation with IFAs annual financial statement and compliance audits, as needed. Please read the entire solicitation package and submit your Offer for evaluation in accordance with all instructions.

Since our creation in January 2004, the IFA has provided access to low-cost capital to public and private institutions that are aligned with our mission of fostering economic development, creating and retaining jobs, and improving quality of life for Illinois residents. To date, our conduit financing programs have spanned every county and helped capitalize thousands of projects, assisting farmers and agribusinesses, business and industry, school districts and higher education institutions, healthcare facilities, cultural and social entities, and local governments develop, upgrade, expand, and sustain their operations and services. IFA is a body politic and corporate of the State of Illinois created through the consolidation and elimination of seven State authorities and entities. We are authorized by the Illinois Finance Authority Act to issue tax-exempt and taxable bonds and to make and guarantee non-conventional loans. We do not receive appropriated funding from the State and operate at no cost to the taxpayer.

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

Invitation for Bids Request for Proposals (Professional and Artistic Services)

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.

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
Illinois Finance Authority
180 North Stetson Ave., Suite 2555
Chicago, IL 60601

Phone: 312-651-1312
Fax: 312-651-1350
TDD: 800-526-0844
E-mail: 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: TBD Location: IFA's Chicago Office

In-person presentations may be requested by IFA solely at the discretion of the Authority.

1.2 OFFER DUE DATE, TIME AND SUBMISSION LOCATION: Due Date: **May 2, 2014** Time: **5:00 PM CST**

DELIVER OFFERS TO:

Illinois Finance Authority
180 N Stetson Ave, Ste 2555
Chicago, IL 60601 -6776
Attn: Terrell Gholston

LABEL OUTSIDE OF ENVELOPE / CONTAINER:

Internal Auditing Services & Ref. #14-0006
[Due Date: May 2, 2014 & Time: 5:00 PM CST]
[Vendor Name & Address]

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 five (5) 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
Attn: General Counsel
180 North Stetson Ave., Suite 2555
Chicago, IL 60601-6776

Phone: 312-651-1300
Fax: 312-651-1350
TDD: 800-526-0844

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:

The Vendor 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 award. The selected Vendor, pursuant to this RFP, will serve as the Chief Internal Auditor for IFA.

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 REFERENCES. See detailed specifications in Section 3.7. [10 points]

2.3.5 M/W/DBE. Points will be awarded to entities certified or in process of becoming certified (with application and proof of receipt) as an M/W/DBE by the State of Illinois only. See detailed specifications in Section 3.6. [15 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:

The Authority is seeking internal auditing services from a licensed Certified Public Accounting firm to perform internal audits of the Authority's balances, transactions, policies, procedures, programs and internal controls. The selected firm will be designated as the Chief Internal Auditor for IFA for the duration of the contract term. Services will be requested as needed, but at a minimum of a quarterly basis.

IFA's goal is to obtain competent, efficient and cost-effective internal auditing 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.

3.2 SERVICES REQUIRED:

NOTE: The Vendor selected pursuant to this RFP will possess the experience, capability and expertise in providing internal auditing services as set forth in this document. The selected vendor will be designated, by the Executive Director and/or Board of Directors, as the Authority's Chief Internal Auditor and will perform internal audits per the approved annual internal audit plan. Audits will be

performed in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. In addition, professional standards issued by the American Institute of Certified Public Accountants (AICPA) also apply. Also, the selected vendor will respond to inquiries from the Office of the Auditor General, in cooperation with IFAs annual financial statement and compliance audits, as needed. 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. ***In accordance with the Fiscal Control and Internal Auditing Act (30 ILCS 10/2002), the Chief Internal Auditor will be precluded from performing duties of an operational nature for IFA. Therefore, the selected vendor will not be allowed to participate in specific accounting/auditing related engagements which may be offered by the Authority during their term.***

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

- 3.2.1** Work with the Board of Directors, specifically the Audit Committee, (and/or Executive Director) to develop an annual internal audit plan which serves to advise IFA management in key control areas such as, but not limited to: Control Environment, Business Planning; Management Reporting, Financial Reporting, Records Retention, Business Continuity and Physical Security.
- 3.2.2** Assist IFA in achieving the goal of strengthening its commitment to compliance with all Federal, State, Local laws, rules and regulations, in addition to all applicable accounting and financial reporting standards.
- 3.2.3** Perform internal audits in compliance with Government Auditing Standards and AICPA professional standards.
- 3.2.4** Evaluate the Authority's operations, agreements, policies and current projects, as well as prior transactions which have current compliance requirements.
- 3.2.5** Meet from time-to-time as requested by the Executive Director, Chief Financial Officer and/or Office of the Auditor General, to gain an understanding of the Authority's operations and/or to review internal audit reports and findings with staff.
- 3.2.6** 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 audit results, findings, and progress.
- 3.2.7** 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.
- 3.2.8** Supply IFA with timely reports at the conclusion of each audit and quarterly progress reports on findings, recommendations and resolutions.

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 and/or review the Illinois Finance Authority Act (20 ILCS 3501).

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 and in accordance with the Fiscal Control and Internal Auditing Act (30 ILCS 10/2002). 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.

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 collectively serve as the Chief Internal Auditor 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 personnel in an appendix to your proposal.

3.5.1.3 Indicate where your firm is licensed as a Licensed Certified Public Accounting firm.

3.5.1.4 Identify the location of your firm's headquarters and the principal place(s) of business related to internal auditing 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 documentation of Vendor's (and affiliates, as applicable) current professional liability insurance and most recent peer review, if applicable. If your firm is not required to undergo a peer review, please indicate the reason and provide documentation which supports the assertion.

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 with performing audits under Government Auditing Standards and according to AICPA professional standards. Internal audit experience in government settings is desired, specifically with government financial transactions, debt issuances, reporting requirements and state compliance regulations.

3.5.2.2 Provide a list of your firm's internal audit and/or municipal clients within the past three (3) years, noting the internal auditing services provided to them. Additionally, please list your firm's internal auditing engagements serving multi-agency/government transactions, financial arrangements and/or intergovernmental agreements.

3.5.2.3 Outline your firm's experience during the past three (3) years with municipal clients within the State of Illinois. Discuss this experience and its potential applicability to IFA.

3.5.2.4 Estimated turnaround/delivery times for various assignments such as internal audit plan development, audit timeline(s) and report delivery.

3.5.3 TECHNICAL/STRATEGIC APPROACH:

3.5.3.1 Discuss your firm's experience in developing and refining internal audit plans, reports and programs to meet organizational, systemic, and compliance demands as such which are common in government environments.

3.5.3.2 Describe any innovations your firm has developed or advanced for government clients. 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 executing an internal audit program.

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 government clients including the name, contact information, and a description of the internal auditing services provided.

3.8 PRICING:

Provide your hourly, daily, or monthly rate for each professional who will be assigned to and/or will be responsible for managing the internal audit program at IFA. Examples of pertinent staff include, but are not limited to:

- A. Partner
- B. Audit Manager
- C. Senior
- D. Staff

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 contract will have an initial 5-year term beginning on the date of the appointment. IFA reserves the right to terminate the contract in accordance with the Fiscal Control and Internal Auditing Act (30 ILCS 10/2002).

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	<input type="checkbox"/> If you selected Other, please describe:

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

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

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

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
2. 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
3. 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
4. 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, Yes No

commission, authority, or task force authorized or created by State law or by executive order of the Governor?

5. 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
6. 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
2. Has your spouse, father, mother, son, or daughter, had State employment, including contractual employment for services, in the previous 2 years? Yes No
3. 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
4. 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
5. 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
6. 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
7. Do you currently have or in the previous 3 years had employment as or by any registered lobbyist of the State government? Yes No
8. 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
9. 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
10. 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
2. Within the previous ten years, have you had any professional licensure discipline? Yes No
3. Within the previous ten years, have you had any bankruptcies? Yes No
4. Within the previous ten years, have you had any adverse civil judgments and administrative findings? Yes No
5. 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.

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



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):

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Nonresident alien |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Estate or trust |
| <input type="checkbox"/> Legal Services Corporation | <input type="checkbox"/> Pharmacy (Non-Corp.) |
| <input type="checkbox"/> Tax-exempt | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.) |
| <input type="checkbox"/> Corporation providing or billing
medical and/or health care services | <input type="checkbox"/> Limited Liability Company
(select applicable tax classification) |
| <input type="checkbox"/> Corporation NOT providing or billing
medical and/or health care services | <input type="checkbox"/> D = disregarded entity |
| <input type="checkbox"/> P = partnership | <input type="checkbox"/> C = corporation |

Signature of Authorized Representative _____ Date: _____