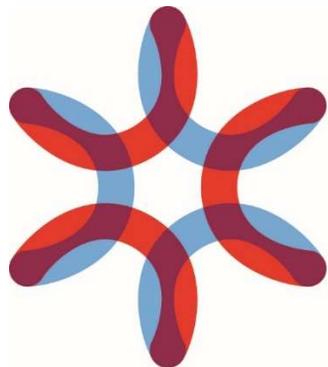


# ILLINOIS MEDICAL DISTRICT COMMISSION

## REQUEST FOR PROPOSALS *for* *Auditing Services*



**ILLINOIS  
MEDICAL  
DISTRICT**

**IMD 23-002**

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## SECTION 1 GENERAL INVITATION AND INFORMATION

*In this document, the IMD may be referred to as “District”, “we,” or “us”. The person submitting an Offer may be referred to as “Proposer,” “Proposing Party,” “Proposing Entity,” “Respondent,” “Contractor,” “Vendor”, “Firm” or “You”. “Offer” shall also refer to a Respondent’s “Proposal” and/or “Response” in connection with this solicitation.*

*Interested Respondents are responsible for periodically visiting the IMD website for any and all notifications, updates, and addenda (<https://medicaldistrict.org/commission/#rfps>).*

### 1.1 PURPOSE OF THE REQUEST FOR PROPOSALS (“RFP”)

The Illinois Medical District Commission (“IMD”) is requesting proposals (“Proposals”) from qualified, responsible Certified Public Accounting firms to provide Auditing Services for the fiscal year beginning July 1, 2022 and ending June 30, 2023.

The IMD desires to retain expert, professional services to conduct an examination of, and to render an opinion on the year-end financial statements of the IMD within the State of Illinois’ allowed timeframe for audited financial statement submittals.

### 1.2 KEY DATES

The IMD anticipates the timely completion of the RFP process with the selection of a qualified Respondent. An executed agreement for Auditing Services, if any, will have an estimated commencement date of June 1, 2023. The IMD reserves the right to adjust this schedule throughout the process.

RFP Issuance	January 13, 2023
Question Submission Cut-Off	February 8, 2023
Responses to Questions Posted	February 15, 2023
RFP Response Due Date	March 9, 2023
Shortlist Selection, if needed	March 16, 2023 (estimate)
Final Selection	March 31, 2023 (estimate)

#### Project Contact:

Tom Strachan  
Illinois Medical District Commission  
2100 W Harrison St., Chicago, IL 60612  
[tstrachan@medicaldistrict.org](mailto:tstrachan@medicaldistrict.org)  
Phone: 312-738-5831

### 1.3 SUBMISSION OF QUESTIONS / CLARIFICATIONS

Questions regarding the Services must be sent in writing via email to the Project Contact on or before February 1, 2023. Submitted questions and related IMD responses will be posted on the IMD website (<https://medicaldistrict.org/commission/#rfps>).

Suspected errors in the RFP should be directed to the attention of the Project Contact via email.

### 1.4 PROPOSAL SUBMITTAL, DUE DATE, TIME, AND SUBMISSION LOCATION

Proposals must be submitted via email as a PDF attachment.

Respondents may request confidential treatment of any portion of their Proposal. Any such request must be included in the cover letter, must be indicated on the enclosed forms, and a PDF copy of the Proposal with confidential information redacted must be included.

Requests for confidential treatment will not supersede the IMD's legal obligations under the Illinois Freedom of Information Act ("FOIA") (5 ILCS 140) or other applicable law.

Due Date and Time: **Proposals must be received by 3:00 p.m. CST on March 9, 2023.** IMD is not obligated to consider Proposals or modifications received after the Due Date and Time.

**DELIVER OFFERS VIA EMAIL TO:**

Tom Strachan  
[tstrachan@medicaldistrict.org](mailto:tstrachan@medicaldistrict.org)  
Illinois Medical District Commission  
2100 W. Harrison St.  
Chicago, IL 60612

**SUBJECT LINE:**

Auditing Services RFP Response

**BODY OF EMAIL:**

[Respondent Name, Address, and Phone Number]

IMD will open Proposals at the Due Date, Time, and Delivery Location. Prior to the Due Date and Time, Respondents may email Proposals, modifications, and withdrawals. IMD will not accept fax or any other hard copy submissions.

All Proposals must remain firm for 180 days from opening ("Proposal Firm Time").

**1.5 REVIEW AND EVALUATION OF PROPOSALS**

The IMD will review and evaluate all proposals pursuant to the criteria established in Section 4. The IMD may request clarifications, additional information, or interviews from Respondents at its sole discretion in order to assess the Proposals.

**1.6 NOTICE OF SELECTED RESPONDENTS**

IMD will post a notice to the IMD website identifying the apparent selected Respondent. The notice extends the Proposal Firm Time until the IMD and the selected Respondent sign a contract or determine not to sign a contract. IMD may accept or reject any Proposal as submitted or may request contract negotiations. If negotiations do not result in an acceptable agreement, IMD may reject the selected Proposal that is the subject of such negotiations. IMD reserves the right to reject any or all Proposals received in response to this solicitation.

**1.7 PUBLIC RECORDS AND REQUESTS FOR CONFIDENTIAL TREATMENT**

Proposals become the property of the IMD and will not be returned to Respondents. Proposals may be available to the public under FOIA (5 ILCS 140) and other applicable laws and rules. Respondents may request that certain information be treated as exempt. The IMD reserves the right to review such requests on a case-by-case basis. A request for confidential treatment will not supersede the IMD's legal obligations. IMD will not honor requests to exempt entire Proposals. Respondents must identify the specific grounds in FOIA or other law or rule that support exempt treatment. Regardless, IMD may disclose the successful Respondent's name, substance of the Proposal, and pricing. If you request exempt treatment, you must submit an additional copy of the Proposal with exempt information redacted. This copy must disclose the general nature of the material removed and shall retain as much of the Proposal as possible. Respondents will be responsible for any costs or damages associated with our defending your request for exempt treatment. Respondents agree the IMD may copy the Proposal to facilitate evaluation, or to respond to requests for public records. By submitting a Proposal, all Respondents warrant that such copying will not violate the rights of any third party.

## **1.8 DIVERSITY**

The IMD encourages Respondents to use best efforts to use a diverse team, including but not limited to the participation of minority- and women-owned businesses and diverse individual team members at all tiers of this engagement. The IMD has set a goal of twenty percent (20%) participation by certified minority business enterprises (MBE) and five percent (5%) by certified women-owned business enterprises (WBE). Only certifications by the State of Illinois (Business Enterprise Program), Cook County or the City of Chicago (MBE/WBE Programs) will be accepted for these purposes. Respondents may achieve the MBE/WBE participation goal by the Respondent's own status as a certified MBE or WBE or Respondent's subcontracting portions of the Services to certified MBE or WBE entities (but only to the extent of any actual, meaningful and substantive work performed by the subcontractor). Utilization of local West Side businesses or businesses owned by West Side residents will also be considered in evaluation of proposals.

## **1.9 RESERVATIONS**

IMD reserves the right to reject any or all Proposals or portions of Proposals, and to award by item, group of items, or grand total. The IMD may request clarifications; interview staff; request a presentation; or otherwise verify the contents of the Proposal. IMD may request best and final offers. IMD will make all decisions on compliance, evaluation, terms and conditions, and shall make decisions solely in the best interests of the IMD.

### **Cancellation**

The IMD reserves the right, at any time and in its sole and absolute discretion, to reject any or all submittals, or to withdraw the RFP without notice. In no event shall the IMD be liable to any Respondent for any cost or damages or other costs incurred in connection with this RFP and any response thereto.

### **Clarifications and Addenda**

The IMD reserves the right to clarify or change this RFP at any time. Respondents must acknowledge receipt of clarifications or addenda in its submittal with the signature of an individual legally authorized to bind the Respondent.

### **Nonmaterial Variances**

The IMD reserves the right to waive or permit cure of nonmaterial variances in a Response. "Nonmaterial variances" include minor informalities that do not affect responsiveness; that are merely a matter of form or format; that do not prejudice other Respondents; that do not change the meaning or scope of the RFP; or that do not reflect a material change in the RFP. In the event the IMD waives or permits cure of nonmaterial variances, such waiver or cure will not modify the RFP requirements or excuse the Respondent from full compliance with Request for Proposal specifications or other contract requirements if the Respondent is awarded a contract. The determination of materiality is in the sole discretion of the IMD.

### **SUBMITTAL DOES NOT GUARANTEE A CONTRACT**

The RFP process will enable the IMD to evaluate competitive Proposals for professional services. Respondents do not develop a right to an award by submitting a Proposal, nor do Respondents have right to a contract based on our posting any Respondent's name on any IMD website notice. IMD is not responsible for and will not pay any costs associated with the preparation and submission of a Respondent's Proposal. Any Respondent that may be selected must not commence work prior to the date all parties execute the contract unless approved in writing in advance by the IMD.

## **1.10 GOVERNING LAW, POLICIES, AND FORUM**

*This RFP was prepared in accordance with the IMD Procurement Policy, available at <https://medicaldistrict.org/commission/#procurement-policy>.*

Illinois laws and rules govern any contract resulting from this solicitation. Respondents must bring any action relating to this RFP or any resulting contract in the appropriate court in Illinois. IMD will not consent to binding arbitration.

***NON-DISCRIMINATION POLICY:*** *In compliance with the State and Federal Constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, and Section 504 of the Federal Rehabilitation Act, the IMD will not discriminate on the basis of any protected class when making selection decisions for employment, contracts, or any other IMD activity.*

## SECTION 2: IMD OVERVIEW, VISION, AND SCOPE OF WORK

### 2.1 IMD OVERVIEW

The IMD is a political subdivision, unit of local government, and body politic and corporate that was formed by an act of the Illinois State Legislature in 1941 (70 ILCS 915/0.01, *et seq.*), as amended from time to time (the “Act”) for the purpose of:

- **Administering, developing, and zoning property within the District to attract and retain academic centers of excellence, viable health care facilities, medical research facilities, and emerging high technology enterprises;**
- **Attracting and facilitating medically-related commerce and research and new business ventures for the economic vitality and general welfare of the District, the State of Illinois, Cook County, and the City of Chicago; and**
- **Serving as the leader in patient care and medical research by utilizing its diversity and unique assets to drive economic growth.**

The IMD is governed by a seven-member Board of Commissioners who work in concert with the IMD’s CEO & Executive Director to govern the District’s growth, development, and mission.

### 2.2 SCOPE OF WORK

The IMD is required by state law to have an audit of its financial statements performed by an independent Certified Public Accounting firm in accordance with Generally Accepted Auditing Standards (GAAS) and Government Auditing Standards issued by the Comptroller General of the United States.

The IMD is seeking proposals from qualified and interested Certified Public Accounting Firms to provide annual audit services for the fiscal year beginning July 1, 2022 and ending June 30, 2023. Fieldwork (in-person or remote) should begin no later than August 21, 2023.

It is essential that the Firm selected has extensive experience in governmental auditing and reporting standards as promulgated by the Governmental Accounting Standards Board and must be licensed to do business in the State of Illinois.

Experience with GASB 87 – Accounting for Leases is essential.

To gauge the amount of effort required, you may wish to review our audited financial statements; they are available at <https://medicaldistrict.org/leadership/#reports>.

The IMD also requires access to the selected Firm on an as-needed basis for routine consultation and questions on accounting, compliance or internal control issues that may arise throughout the year.

The Auditing Services shall include all of the services described herein.

1. A municipal audit subject to GAO with Single Audit related to the District’s consolidated financial statements and all supplemental information accounting for all funds in accordance with Generally Accepted Government Auditing Standards (GAGAS).

2. The audit report should include an opinion on the financial statements, notes, and supplementary information.
3. Preparation of a Management Letter including suggestions for improvement of accounting procedures, compliance requirements, and internal controls for IMD consideration, if deemed necessary.
4. Meetings (remote and/or in-person) to answer questions regarding the proposal, completed audit and/or Management Letter, if requested. This will include a presentation to the IMD board.
5. Furnishing a copy of your firm's most recent Audit Firm Peer Review Letter.
6. In order to comply with state deadlines, all reports are to be submitted first in draft form, then in final form due no later than October 31, 2023 or as otherwise agreed to in writing with the IMD.

## **SECTION 3 OFFER REQUIREMENTS**

### **3.1 RESPONDENT CONTACT**

Respondents must identify the Respondent Contact for the project and complete the form included in Exhibit A1 of the Responsibility Forms.

### **3.2 FORMAT**

Proposals shall be prepared to fit on standard 8 ½" x 11" letter size paper. Proposal contents must be organized into separate sections according to the Proposal Contents Sections below. Proposal sections must be clearly identified.

### **3.3 RFP RESPONSE CONTENTS**

Respondents must submit only one proposal package. Each proposal must include the items listed below in the order they are listed. Portions of the proposal containing proprietary information may be designated as confidential information. Any confidential information must be clearly marked as CONFIDENTIAL. Please see Section 1.7 for additional information related to confidential materials.

#### **Title Page**

A page with a title and the name of the firm submitting the proposal should be evident. The title should be "Response to the Request for Proposals for Auditing Services" and should be located on the top half of the page. The Respondent name should be located on the bottom half of the page.

#### **Section 1: Table of Contents**

A table of contents identifying, at minimum, all sections below and page numbers.

#### **Section 2: Cover Letter**

A cover letter, not to exceed two pages in length, signed by an authorized representative of the Respondent that confirms the Respondent's understanding of the scope, opportunities, approach, and the Respondent team's experience and unique expertise to perform and complete the engagement.

#### **Section 3: Respondent Team, Experience, and Qualifications**

Provide a narrative of the Respondent team, including, but not limited to, the following:

- Descriptions of the key individuals of the Respondent team, identification of the individuals that will have primary responsibility, their years of experience, their experience with similar engagements and their pertinent qualifications. Please make firm and team member's relevant experience abundantly conspicuous. Include current resumes for the team members that will have project responsibility. Identify Respondent's key contact personnel for communicating with IMD on all engagement-related matters. Respondent should list the ownership structure, its principal owners, and its officers and executive management.
- A description of at least three engagements completed by Respondent that demonstrate the Respondent's experience in providing Services to organizations similar to the IMD. Note any specific engagements involving substantial lease accounting activities.

#### **Section 4: Financial, Bonding and Insurance Capacity**

Respondents must submit evidence of their financial capacity and insurance coverage to perform the Services. Respondents shall provide certificates of insurance evidencing Respondent's coverage for commercial, general, and professional liability.

### **Section 5: Legal Actions, Inquiries, and Investigations**

List case numbers for and provide a brief description of all legal actions, and final disposition if applicable, of any matters within the past ten (10) years wherein any of the following entities or people were involved:

- the Respondent
- any officer or director of the Respondent
- any entity that owns more than 7.5% of the Respondent
- any senior manager who the Respondent has designated to work on the project
- any person that can be attributed with an ownership interest of more than 7.5% of the Respondent (including any person holding a beneficial interest in an entity that holds an ownership interest in the Respondent) is or has been within the past ten (10) years:
  - in default on any loan or financing agreement at any time
  - debtor in bankruptcy at any time
  - defendant in any foreclosure action at any time
  - defendant in any lawsuit or administrative action, including, specifically any action for deficient performance under a contract
  - defendant in any criminal action at any time
  - defendant in any action at any time relating to financial matters or deficient contractual performance
  - the subject of any government agency inquiry, investigation, or legal enforcement action or are currently subject to:
    - any liens
    - any unpaid judgments
    - payments under any order, decree or agreement with any federal, state or local entity.

By submitting a Response, if selected, you agree to permit the IMD to perform such background checks as the IMD deems reasonable at your sole cost and expense.

### **Section 6: Pricing/Fee Proposal**

The Pricing Proposal shall include Respondent's proposed fees associated with the provision of the relevant Services as listed below.

1. Cost of the annual Audit.
2. Hourly rates for any additional services, broken down by type of individual involved in the services (e.g., partner, senior, associate).
3. Other contemplated fee structures in addition to those listed above.

The IMD reserves the right to negotiate pricing with any Respondent at any point during the RFP review and selection process and to obtain from Respondents revised and best and final offers.

### **Section 7: Special Considerations**

This section is for the Respondent to describe any special situations, conditions and/ or circumstances that would be relevant to the proposed engagement, or to the financial condition of the Respondent or the Respondent's management team or leadership but has not otherwise been included in the Proposal because it did not fall under any category or respond to any language above under the Proposal Contents section of this RFP.

### **Section 8: Responsibility Forms**

The IMD has identified information required to determine Respondents' eligibility to contract with the IMD and be considered a responsible vendor. Review each of the Responsibility forms in Exhibit A, fill in all relevant blanks and provide any requested information. Respondents must include all completed forms as part of their Proposal, including signatures where requested, or risk disqualification:

- A1: Respondent Contact
- A2: Business and Directory Information
- A3: Disclosures and Conflicts of Interest
- A4: Taxpayer Identification Form

## SECTION 4 EVALUATION OF OFFERS

### 4.1 EVALUATION COMMITTEE

An Evaluation Committee (“EC”) of no fewer than three (3) persons will review and evaluate the Proposals. The IMD reserves the right to engage independent consultants or other third parties to assist with the evaluation of all or any portion of a Proposal. The EC will first assess the Respondent’s compliance with and adherence to the requirements of the solicitation. Any Proposal that is incomplete, missing key components necessary to fully evaluate the response, or fails to meet the stated requirements, may be rejected from further consideration as non-responsive. The IMD reserves the right to seek clarification of any information that is submitted by any Respondent in any portion of its Proposal or to request additional information at any time during the evaluation process. Any material misrepresentation made by a Respondent may void the Proposal and eliminate the Respondent from further consideration.

### 4.2 RFP RESPONSE EVALUATION CRITERIA

The IMD will consider the following in evaluating Proposals:

Category	Weight
<b>Team and Experience:</b> <ul style="list-style-type: none"> <li>• Respondent team and firm composition, depth and qualifications of individual team members and firm as a whole</li> <li>• Key personnel to be assigned to this engagement, their experience related to the Services and the related roles and responsibilities to be assumed for the engagement</li> <li>• A demonstrated understanding of the IMD’s organizational structure, related particularities, organizational objectives, mission, and vision</li> <li>• Respondent team’s overall diversity and MBE/WBE status or participation</li> <li>• Respondent’s firm or team experience representing IMD or similarly-situated clients, particularly in the municipal sector.</li> <li>• Quality of references from prior engagements</li> </ul>	<b>40%</b>
<b>Approach and Strategy:</b> <ul style="list-style-type: none"> <li>• Suggested approach to the audit engagement, including timelines and milestones</li> <li>• Feasibility of implementation</li> </ul>	<b>35%</b>
<b>Pricing:</b> <ul style="list-style-type: none"> <li>• Rates, structure, and competitiveness of pricing proposal</li> </ul>	<b>25%</b>
<b>Total</b>	<b>100%</b>

Deficient Proposals will be scored accordingly or may be rejected in their entirety.

### 4.3 SHORTLIST PROCESS AND PRESENTATIONS

The EC, after completing its review of the RFP responses, may develop a “shortlist” of Respondents who may be invited to deliver live presentations to the EC. The shortlisted Respondents will be advised of the content and format of the presentations and framework for evaluation at the appropriate time.

### 4.4 FINAL APPROVAL

The IMD, in its sole and absolute discretion, may select a Respondent with whom to commence negotiations. The IMD will attempt to negotiate a fair and reasonable agreement with the selected Respondent. If the IMD is unable to negotiate such agreement to its conclusion with the selected Respondent, the IMD may either issue a new request for proposals, enter into discussions with other Respondents, or take any other action deemed fair and reasonable by the IMD. The IMD also reserves the right to make no selection as a result of

this solicitation. IMD will determine the award by considering the Offer, the Respondent's qualifications, and other relevant factors in the sole discretion of the IMD.

#### **4.5 SELECTION SCHEDULE**

Time is of the essence and the IMD will work diligently to ensure a timely selection process. The IMD reserves the right to adjust the timeframes and selection schedule while ensuring a comprehensive and fair process.

**EXHIBIT A**

**A1: Respondent Contact**

Auditing Services: IMD 23-002

The undersigned authorized representative of the identified Respondent does hereby submit this Proposal to perform in full compliance with the subject solicitation. By completing and signing this Form, Respondent is making an offer to the IMD that the IMD may accept. Respondent also certifies compliance with the various requirements of the solicitation and the documents contained in the solicitation.

Respondent hereby certifies that no person or entity representing its Proposal has retained a person or entity to attempt to influence the outcome of a procurement decision made by the IMD for compensation contingent in whole or in part upon the decision or procurement.

**Respondent Contact:** The contact person for purposes of responding to any questions the IMD may have is:

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
(Respondent name)

\_\_\_\_\_  
(Signature of party authorized to bind the named Respondent)

\_\_\_\_\_  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**A2: Business and Directory Information**

- (a) Name of Business (Official Name and D/B/A) \_\_\_\_\_
  
- (b) Business Headquarters (include Address and Telephone) \_\_\_\_\_  
\_\_\_\_\_
  
- (c) If a Division or Subsidiary of another organization provide the name and address of the parent \_\_\_\_\_  
\_\_\_\_\_
  
- (d) Billing Address \_\_\_\_\_
  
- (e) Name of Chief Executive Officer \_\_\_\_\_
  
- (f) Company website \_\_\_\_\_
  
- (g) Organization Type (e.g., Sole Proprietor, Corporation, Partnership, etc. -- should be the same as on the Taxpayer ID form below) \_\_\_\_\_
  
- (h) Length of Time in Business \_\_\_\_\_
  
- (i) Annual Sales (for most recently completed Fiscal Year) \_\_\_\_\_
  
- (j) Number of Full-Time Employees (average from most recent Fiscal Year) \_\_\_\_\_
  
- (k) Type of and description of business \_\_\_\_\_
  
- (l) State of incorporation, state of formation or state of organization \_\_\_\_\_
  
- (m) Identify and specify the location(s) and telephone numbers of the major offices and other facilities that relate to the Respondent's performance under the terms of this solicitation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### A3: DISCLOSURES AND CONFLICTS OF INTEREST

**Instructions:** Respondent shall disclose financial interests, potential conflicts of interest and contract information identified in Sections 1, 2, and 3 below as a condition of receiving an award or contract (30 ILCS 500/50-13 and 50-35). Failure to fully disclose shall render the contract, bid, proposal, subcontract, or relationship voidable by the IMD if deemed in the best interest of the IMD and may be cause for barring from future contracts, bids, proposals, subcontracts, or relationships with the IMD.

A publicly traded entity may submit its 10K disclosure in satisfaction of the disclosure requirements set forth in Section 1 below. HOWEVER, if a Respondent submits a 10K, they still must complete Sections 2, 3, 4, 5, and 6 and submit the disclosure form.

If the Respondent is a wholly-owned subsidiary of a parent organization, separate disclosures must be made by the Respondent and the parent. For purposes of this form, a parent organization is any entity that owns 100% of the Respondent.

This disclosure information is submitted on behalf of (show official name of Respondent, and if applicable, D/B/A and parent):

Name of Respondent: \_\_\_\_\_

D/B/A (if used): \_\_\_\_\_

Name of Parent Organization: \_\_\_\_\_

**Section 1: Section 50-35 Disclosure of Financial Interest in the Respondent.** *(All Respondents must complete this section)*

*Respondent must complete subsection (a), (b) or (c) below. Please read the following subsections and provide the information requested.*

a. If Respondent is a Publicly traded corporation subject to SEC reporting requirements:

i. Respondent shall submit their 10K disclosure (include proxy if referenced in 10k) in satisfaction of the financial and conflict of interest disclosure requirements set forth in subsections 50-35 (a) and (b) of the Procurement Code. The SEC 20f or 40f, supplemented with the names of those owning in excess of 5% and up to the ownership percentages disclosed in those submissions, may be accepted as being substantially equivalent to 10K.

Check here if submitting a 10k , 20f , or 40f .

**OR**

b. If Respondent is a privately held corporation with more than 400 shareholders:

i. Respondent may submit the information identified in 17 CFR 229.401 and list the names of any person or entity holding any ownership share in excess of 5% in satisfaction of the financial and conflict of interest disclosure requirements set forth in subsections 50-35 a and b of the Illinois Procurement Code.

OR

c. If Respondent is an individual, sole proprietorship, partnership or any other entity that does not fall within subsections (a) or (b), above, complete (i) and (ii) below as appropriate.

i. For **each individual** having any of the following financial interests in the Respondent (or its parent), please mark each that apply and show the applicable name and address. Use a separate form for each individual.

1. Do you have an ownership share of greater than 5% of the offering entity or parent entity?  
 Yes  No

2. Do you have an ownership share of less than 5%, but which has a value greater than \$106,447.20?  
 Yes  No

3. If you responded yes to any of questions 1 – 2 above, please provide either the percentage or dollar amount of your ownership or distributive share of income: \_\_\_\_\_.

For partnerships with more than 50 partners, the percentage share of ownership of each individual identified above may be shown in the following ranges (dollar values must also be provided):

0.5% or less \_\_\_\_\_ >0.5 to 1.0% \_\_\_\_\_ >1.0 to 2.0% \_\_\_\_\_ >2.0 to 3.0 % \_\_\_\_\_ > 3.0 to 4.0% \_\_\_\_\_ %>4.0 to 5.0% \_\_\_\_\_ and in additional 1% increments as appropriate \_\_\_\_\_ %

Check the appropriate type of ownership/distributable income share:

Sole Proprietorship  Stock  Partnership  Other (explain) \_\_\_\_\_

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

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

**Section 2: Debarment/Legal Proceeding Disclosure** (All Respondents must complete this section).

Respondent and each of the persons identified in Section 1 must identify any of the following that occurred within the previous 10 years:

Debarment from contracting with any governmental entity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Professional licensure discipline	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bankruptcies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adverse civil judgments and administrative findings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Criminal felony convictions	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If any of the above is checked yes, please describe the nature of the debarment or legal proceeding. The IMD reserves the right to request additional information.

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**Section 3: Current and Pending Contracts** *(All Respondents must complete this section).*

Does the Respondent have any contracts, pending contracts, bids, proposals, or other ongoing procurement relationships with units of State of Illinois government? Yes  No

If yes, please identify each contract, pending contract, bid, proposal, and other ongoing procurement relationship it has with units of State of Illinois government by showing the agency name and other descriptive information such as bid number, project title, purchase order number, or contract reference number.

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**Section 4: Representative Lobbyist/Other Agent** *(All Respondents must complete this section).*

Is the Respondent represented by or employing a lobbyist required to register under the Lobbyist Registration Act or other agent who is not identified under Sections 1 and 2 and who has communicated, is communicating, or may communicate with any State officer or employee concerning the bid, offer or contract?

Yes  No

If yes, please identify each agent / lobbyist, including name and address.

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Costs/Fees/Compensation/Reimbursements related to assistance to obtain contract (describe):

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Respondent certifies that none of these costs will be billed to the IMD in the event of contract award.

This Disclosure is submitted on behalf of:

\_\_\_\_\_  
(Respondent Name)

Name of Authorized Representative:

\_\_\_\_\_

Title of Authorized Representative:

\_\_\_\_\_

Signature of Authorized Representative:

\_\_\_\_\_

Date:

\_\_\_\_\_

**A4: TAXPAYER IDENTIFICATION NUMBER**

I certify that:

1. 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
2. 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
3. I am a U.S. person (including a U.S. resident alien).
  - If you are an individual, enter your name and 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:** \_\_\_\_\_

**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 healthcare services     | <input type="checkbox"/> Limited Liability Company (select applicable tax classification) |
| <input type="checkbox"/> Corporation NOT providing or billing medical and/or healthcare services | <input type="checkbox"/> D = disregarded entity   |
|  | <input type="checkbox"/> C = corporation  |
|  | <input type="checkbox"/> P = partnership  |

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