**CONSULTANT’S DISCLOSURE STATEMENT**

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| **PTB #:** |  |
| **Firm Name:** |  |

**RETURN WITH STATEMENT OF INTEREST**

**DISCLOSURES**

**A.** The disclosures hereinafter made by the firm are each a material representation of fact upon which reliance is placed should the Department enter into the contract with the firm. The firm further certifies that the Department has received the disclosure forms for each statement of interest.

The IDOT Chief Procurement Officer (CPO) may void the offer or contract if it is later determined that the firm of subconsultant rendered a false or erroneous disclosure. A consultant or subconsultant ma be suspended or debarred for violations or the Procurement Code. If a false certification is made by the subconsultant, then the consultant’s submitted offer and the executed contract may not be declared void, unless the consultant refuses to terminate the subcontract upon the State’s request after a finding that the subconsultant’s certification was false.

**B. Financial Interests and Conflicts of Interest**

1. Section 50-35 of the Illinois Procurement Code provides that all offers of more than $50,000 and all subconsultant agreements with an annual value of more than 50,000 shall be accompanied by disclosure of the financial interests of the firm. This disclosed information for the successful firm will be maintained as public information, subject to release by request pursuant to the Freedom of Information Act, filed with the Procurement Policy Board, and shall be incorporated as a material term of the contract. Furthermore, pursuant to Section 5-5, the Procurement Policy Board may review a proposal, bid, or contract and issue a recommendation to void a contract or reject a proposal or bid based on any violation of the Procurement Code or the existence of a conflict of interest as provided in subsections (b) and (d) of Section 50-35.

The financial interests to be disclosed shall include any ownership or distributive income share that is in excess of 5%, or an amount greater than 60% of the annual salary of the Governor, of the offering entity or its parent entity, whichever is less, unless the firm is a publicly traded entity subject to Federal 10K reporting, in which case it may submit its 10K disclosure in place of the prescribed disclosure. If a firm is a privately held entity that is exempt from Federal 10K reporting, but has more than 100 shareholders, it may submit the information that Federal 10K companies are required to report, and list the names of any person or entity holding any ownership share that is in excess of 5%. The disclosure shall include the names, addresses, and dollar or proportionate share of ownership of each person making the disclosure, their instrument of ownership or beneficial relationship, and notice of any potential conflict of interest resulting from the current ownership or beneficial interest of each person making the disclosure having any of the relationships identified in Section 50-35 and on the disclosure form. **The current annual salary of the Governor is $177,412.00.**

In addition, all disclosures shall indicate any other current or pending contracts, proposals, leases, or other ongoing procurement relationships the offering entity has with any other unit of state government and shall clearly identify the unit and the contract, proposal, lease, or other relationship.

1. Disclosure Forms. Disclosure Form A is attached for use concerning the individuals meeting the above ownership or distributive share requirements. Subject individuals should be covered each by one form. In addition, a second form (Disclosure Form B) provides for the disclosure of current or pending procurement relationships with other (non-IDOT) state agencies and a total ownership certification. **The forms must be included** **with each statement of interest.**

**C. Disclosure Form Instructions**

**Form A: Instructions for Financial Information & Potential Conflicts of Interest**

If the firm is a publicly traded entity subject to Federal 10K reporting, the 10K Report may be submitted to meet the requirements of Form A. If a firm is a privately held entity that is exempt from Federal 10K reporting, but has more than 100 shareholders, it may submit the information that Federal 10K companies are required to report, and list the names of any person or entity holding any ownership share that is in excess of 5%. If a firm is not subject to Federal 10K reporting, the firm must determine if any individuals are required by law to complete a financial disclosure form. To do this, the firm should answer each of the following questions. A “Yes” answer indicates Form A must be completed. If the answer to each of the following questions is “No”, then the NOT APPLICABLE STATEMENT on Form A must be signed and dated by a person that is authorized to execute contracts for the offering firm. Note: These questions are for assistance only and are not required to be completed.

1. Does anyone in your organization have a direct or beneficial ownership share of greater than 5% of the offering entity or parent entity?

YES  NO

2. Does anyone in your organization have a direct or beneficial ownership share of less than 5%, but which has a value greater than 60% of the annual salary of the Governor? YES  NO

1. Does anyone in your organization receive more than 60% of the annual salary of the Governor of the offering entity’s or parent entity’s distributive income? YES  NO

(Note: Distributive income is, for these purposes, any type of distribution of profits. An annual salary is not distributive income.)

4. Does anyone in your organization receive greater than 5% of the offering entity’s or parent entity’s total distributive income, but which is less than 60% of the annual salary of the Governor? YES  NO

(Note: Only one set of forms needs to be completed per person per statement of interest even if a specific individual would require a “Yes” answer to more than one question.)

A “Yes” answer to any of these questions requires the completion of Form A. The firm must determine each individual in the offering entity or the offering entity’s parent company that would cause the questions to be answered “Yes”. Each form must be signed and dated by a person that is authorized to execute contracts for your organization. **Photocopied or stamped signatures are not acceptable**. The person signing can be, but does not have to be, the person for which the form is being completed. The firm is responsible for the accuracy of any information provided.

If the answer to each of the above questions is “No”, then the NOT APPLICABLE STATEMENT of Form A must be signed and dated by a person that is authorized to execute contracts for your company.

**RETURN WITH STATEMENT OF INTEREST**

**Form B:** **Instructions** **for Identifying Other Contracts & Procurement Related Information**

Disclosure Form B must be completed for each statement of interest submitted by the offering entity. *Note: Checking the NOT APPLICABLE STATEMENT on Form A does not allow the firm to ignore Form B. Form B must be completed, checked, and dated or the firm may be considered nonresponsive and the statement of interest will not be accepted.*

The firm shall identify, by checking “Yes” or “No” on Form B, whether it has any pending contracts (including leases), statements of interest, bids, proposals, or other ongoing procurement relationship with any other (non-IDOT) state of Illinois agency. If “No” is checked, the firm only needs to complete the check box on the bottom of Form B. If “Yes” is checked, the firm must identify each such relationship by listing the state of Illinois agency name and other descriptive information such as project number, title, contract, etc.

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| **RETURN WITH STATEMENT OF INTEREST** | | | | |
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| **ILLINOIS DEPARTMENT**  **OF TRANSPORTATION** | | | **Form A**  **Financial Information &**  **Potential Conflicts of Interest**  **Disclosure** | |
| Contractor Name | | | | |
| Legal Address | | | | |
| City, State, Zip | | | | |
| Telephone Number | | Email Address | | Fax Number (if available) |
|  | | | | | |
| Disclosure of the information contained in this form is required by Section 50-35 of the Illinois Procurement Code (30 ILCS 500). Vendors desiring to enter into a contract with the state of Illinois must disclose the financial information and potential conflict of interest information as specified in this Disclosure Form. This information shall become part of the publicly available contract file. This Form A must be completed for statements of interest in excess of $50,000, and for all open-ended contracts. This Form A must also be completed for subconsultant agreements with an annual value of more than $50,000 from subconsultants identified in Section 20-120 of the Illinois Procurement Code and all open-ended subconsultant agreements. **A publicly traded company may submit a 10K disclosure (or equivalent if applicable) in satisfaction of the requirements set forth in Form A. See Disclosure Form Instructions.** | | | | | |
| ***The current salary of the Governor is $177,412.00.*** | | | | | |
|  | | | | | |
| **DISCLOSURE OF FINANCIAL INFORMATION** | | | | | |
|  | | | | | |
| 1. | **Disclosure of Financial Information.** The individual named below has an interest in the FIRM (or its parent) in terms of ownership or distributive income share in excess of 5%, or an interest which has a value of more than 60% of the annual salary of the Governor. **(Make copies of this form as necessary and attach a separate Disclosure Form A for each individual meeting these requirements.)** | | | | |
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| **FOR INDIVIDUAL (type or print information)** | | | | | | | | | | | | | | |
|  | **NAME:** | | |  | | | | | | | | | | |
|  | **ADDRESS:** | | |  | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | **Type of ownership/distributable income share:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | Stock |  |  | | Sole Proprietorship |  |  | Partnership | |  |  | Other |  | (explain on separate sheet): |
|  | % or $ value of ownership/distributable income share: | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | |

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| 2. | **Disclosure of Potential Conflicts of Interest.** Check “Yes” or “No” to indicate which, if any, of the following potential conflict of interest relationships apply. If the answer to any question is “Yes”, please attach additional pages and describe. | | | | |
|  | | | | | |
|  | (a) | State employment, currently or in the previous three years, including contractual employment of services. | | | |
|  | | | | | Yes  No |
|  | | If your answer is yes, please answer each of the following questions. | | | |
|  | | | | | |
|  | | 1) | Are you currently an officer or employee of either the Capitol Development Board or the Illinois State | | |
|  | | | Toll Highway Authority? | | Yes  No |
|  | | | | | |
|  | | 2) | Are you currently appointed to or employed by any agency of the state of Illinois? If you are currently appointed to or employed by any agency of the state of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, provide the name of the state agency for which you are employed | | |
|  | | | and your annual salary: |  | |
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| **RETURN WITH STATEMENT OF INTEREST** | | | | | |
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|  | | | 3) | If you are currently appointed to or employed by any agency of the state of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7-1/2% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in | | |
|  | | | | excess of the salary of the Governor? | | Yes  No | |
|  | | | | | | |
|  | | | 4) | If you are currently appointed to or employed by any agency of the state of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the | | |
|  | | | | Governor? | | Yes  No | |
|  | | | | | | |
|  | | (b) | State employment of spouse, father, mother, son, or daughter, including contractual employment services in the previous two years? | | | |
|  | | | | | | Yes  No | |
|  | | | If your answer is yes, please answer each of the following questions. | | | | |
|  | | | | | | |
|  | | | 1) | Is your spouse or any minor children currently an officer or employee of the Capitol Development Board | | |
|  | | | | or the Illinois State Toll Highway Authority? | | Yes  No | |
|  | | | | | | | |
|  | | | 2) | Is your spouse or any minor children currently appointed to or employed by any agency of the state of Illinois? If your spouse or minor children is/are currently appointed to or employed by any agency of the state of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, provide the name of your spouse and/or minor children, the name of the state agency for which he/she is employed | | | |
|  | | | | and his/her annual salary. |  | | |
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|  | | | | | | | |
|  | | | 3) | If your spouse or any minor children is/are currently appointed to or employed by any agency of the state of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7-1/2% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of 100% of the annual salary of the Governor? | | | |
|  | | | | | | Yes  No | |
|  | | | | | | | |
|  | | | 4) | If your spouse or any minor children are currently appointed to or employed by any agency of the state of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the | | | |
|  | | | | salary of the Governor? | | Yes  No | |
|  | | | | | | | |
|  | | (c) | Elective status; the holding of elective office of the state of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the state of Illinois or the statutes of the state of | | | | |
|  | | | Illinois currently or in the previous three years? | | | Yes  No | |
|  | | | | | | | |
|  | | (d) | Relationship to anyone holding elective office currently or in the previous two years; spouse, father, mother, | | | | |
|  | | | son or daughter? | | | Yes  No | |
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|  | | (e) | Appointive office; the holding of 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 the expenses incurred in the | | | | |
|  | | | discharge of that office currently or in the previous three years? | | | Yes  No | |
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|  | | (f) | Relationship to anyone holding appointive office currently or in the previous two years; spouse, father, mother, | | | | |
|  | | | son or daughter? | | | Yes  No | |
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|  | | (g) | Employment, currently or in the previous three years, as or by any registered lobbyist of the state | | | | |
|  | | | government? | | | Yes  No | |
|  | | | | | | | |
|  | | (h) | Relationship to anyone who is or was a registered lobbyist in the previous two years; spouse, father, mother, | | | | |
|  | | | son, or daughter? | | | Yes  No | |
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| **RETURN WITH STATEMENT OF INTEREST** | | | | | |
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|  | (i) | Compensated employment, currently or in the previous three years, by any registered election or re-election committee registered with the Secretary of State or any county clerk of the state of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections? | | | |
|  | | | | | Yes  No |
|  | | | | | |
|  | (j) | Relationship to anyone; spouse, father, mother, son, or daughter; who was a compensated employee in the last two years by any registered election or re-election committee registered with the Secretary of State or any county clerk of the state of Illinois, or any political action committee registered with either the Secretary of | | | |
|  | | State or the Federal Board of Elections? | | | Yes  No |
|  |  | | | | |
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| 3. | **Communication Disclosure.** Disclose the name and address of each lobbyist and other agent of the firm or offeror who is not identified in Section 2 of this form, who has communicated, is communicating, or may communicate, with any state officer or employee concerning the statement of interest, bid or offer. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the process and throughout the term of the contract. If no person is identified, enter “None” on the line below: | | | | |
|  | | | | | |
|  | Name and address of person(s): | | |  | |
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| 4. | **Suspension or Debarment Disclosure.** For each of the persons identified under Sections 2 and 3 of this form, disclose whether any of the following has occurred within the previous 10 years: suspension or debarment from contracting with any governmental entity; professional licensure discipline; bankruptcies; adverse civil judgments and administrative findings; and criminal felony convictions. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the procurement process and term of the contract, if the bid or offer is successful. If no person is identified, enter “None” on the line below: | | | | |
|  | | | | | |
|  | Name of person(s): | |  | | |
|  | | | | | |
|  | Nature of disclosure: | |  | | |
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| **APPLICABLE STATEMENT** | | | | | |

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| **This Disclosure Form A is submitted on behalf of the INDIVIDUAL named on previous page. Under penalty of perjury, I certify the contents of this disclosure to be true and accurate to the best of my knowledge.** | | | | |
| Completed by: |  |  |  |  |
|  | Signature of Individual or Authorized Officer | Date | | |

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|  |
| **NOT APPLICABLE STATEMENT** |

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| **Under penalty of perjury, I have determined that no individuals associated with this organization meet the criteria that would require the completion of this Form A.**  **This Disclosure Form A is submitted on behalf of the FIRM listed on the previous page.** | | | | |
|  |  |  |  |  |
|  | Signature of Authorized Officer | Date | | |

**The firm has a continuing obligation to supplement these disclosures under Sec. 50-35 of the Procurement Code.**

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| **RETURN WITH STATEMENT OF INTEREST** | | | | | |
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| **ILLINOIS DEPARTMENT**  **OF TRANSPORTATION** | | | **Form B**  **Other Contracts &**  **Procurement Related Information**  **Disclosure** | | |
| Contractor Name | | | | | |
| Legal Address | | | | | |
| City, State, Zip | | | | | |
| Telephone Number | | Email Address | | Fax Number (if available) | |
|  | | | | | | |
|  | | | | | | |
| Disclosure of the information contained in this form is required by Section 50-35 of the Illinois Procurement Code (30 ILCS 500). This information shall become part of the publicly available contract file. This Form B must be completed for statements of interest in excess of $50,000, and for all open-ended contracts. This Form B must also be completed for subconsultant agreements with an annual value of more than $50,000 from subconsultants identified in Section 20-120 in the Illinois Procurement Code and for all open-ended subconsultant agreements. | | | | | | |
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| **DISCLOSURE OF OTHER CONTRACTS AND PROCUREMENT RELATED INFORMATION** | | | | | | |
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| 1. | **Identifying Other Contracts & Procurement Related Information.** The firm shall identify whether it has any pending contracts (including leases), statements of interest, bids, proposals, or other ongoing procurement | | | | | |
|  | relationship with any other state of Illinois agency: | | | | Yes  No | |
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|  | | | | | | |
|  | **If “No” is checked**, the firm only needs to complete the signature box on the bottom of this page. | | | | | |
|  | | | | | | |
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| 2. | **If “Yes” is checked,** identify each such relationship by showing state of Illinois agency name and other descriptive information such as PTB or project number (attach additional pages as necessary). SEE DISCLOSURE FORM INSTRUCTIONS. | | | | | |
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| **THE FOLLOWING STATEMENT MUST BE CHECKED** | | | | | | |

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|  |  |  |  |  |
|  | Signature of Authorized Representative | Date | | |
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**OWNERSHIP CERTIFICATION**

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| --- | --- | --- | --- |
| Please certify that the following statement is true if the individuals for all submitted Form A disclosures do not total 100%  of ownership. | | | |
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|  | Any remaining ownership interest is held by individuals receiving less than $106,447.20 of the bidding entity’s  or parent entity’s distributive income or holding less than a 5% ownership interest. | | |
|  | | | |
|  | Yes | No | N/A (Form A disclosure(s) established 100% ownership) |