Capital Development Board
Building a Better Illinois

## State of Illinois

# Professional Design Firm Prequalification Application

The completed application will be sent to CDB.VendorReg@illinois.gov
by clicking the submit button at the end of this application

Original signatures are not required

CDB Website: https://cdb.illinois.gov

## RETAIN A COPY OF YOUR COMPLETED APPLICATION

The prequalification process must be complete PRIOR to submitting an Architect-Engineer Qualifications CDB 330 Form.

**Allow approximately 45 days for processing after a complete and accurate application is received in CDB offices.**

It is the responsibility of each firm to maintain current information regarding prequalification. Firms are required to notify CDB within ten days of ANY material changes to information contained in this application. If any of the conditions in the application are violated by the firm or any responses are found to be materially untrue, prequalification of the firm will be rescinded.

The Illinois 30 ILCS 500 Procurement Code and Capital Development Board (CDB) rules require that professional design firms be prequalified. Firms interested in obtaining prequalification must complete this application form including a summary of professional services, relevant project work/experience and personnel.

# Illinois Capital Development Board
# Professional Firm Prequalification Application

## General Instructions

### *Application Submittal*

Please retain a copy of the completed application for reference.

The application must be completed in its entirety, as formatted. Please do not reformat. Please do not attach supplemental information unless specifically requested.

Once approved, each firm will receive a **Letter of Prequalification** indicating the prequalified discipline and expiration date via email to the contact provided. Please retain the letter for reference. CDB will send a **Notice of Expiration Letter** to the most recent email contact approximately 60 days prior to expiration; however, it is the responsibility of each firm to maintain prequalification.

Please allow at least 45 days for processing upon CDB's receipt of a complete application. While the application will be processed as quickly as possible, the review procedure is detailed. To ensure adequate processing time, CDB encourages timely executed submittals. Applications that are incomplete or contain errors will be returned for corrections. If a question does not apply, insert "NA" for not applicable. The prequalification process must be completed prior to submitting an Architect-Engineer Qualifications CDB 330 Form for any project. This application requires information on your firm only. Do not submit information on consultants. Consultants who perform design service licensed by the Department of Financial Professional Regulations must be prequalified separately with CDB.

The name of the firm submitted for prequalification must match the legal name of the firm: 1) registered with the Secretary of State to do business in Illinois along with any registered Assumed Name with the Secretary of State; 2) registered with the Illinois Procurement Gateway; 3) registered with the State Board of Elections; 4) registered with the Department of Human Rights and any required State of Illinois licensing.

Failure to comply with this requirement could result in delay or rejection of the prequalification application. Failure to comply could result in the delay or rejection of an Architect-Engineer Qualifications CDB 330 Form.

### *Department of Professional Regulation Requirements*

Illinois law requires corporations, partnerships and sole proprietorships practicing architecture, professional engineering, structural engineering, or land surveying to be licensed with the Illinois Department of Financial and Professional Regulation ("IDFPR"). The licensing is required to be registered in the legal entity name registered with the Illinois Secretary of State matching the legal entity name applying for prequalification. Please visit the webpage Illinois Department of Financial & Professional Regulation for any helpful information. Please click on Contact Us on the webpage for further information. Please click on Access Online Services Portal for helpful information.

### *Illinois Department of Human Rights Number*

To obtain an IDHR number, visit the IL Dept. of Human Rights webpage at https://dhr.illinois.gov click on Public Contracts, Where to Start. All Illinois office locations must have an active IDHR number, no matter the amount of employees, prior to a CDB bid opening or proposal submission. Each IDHR registration must show physical office location. Any questions, please contact the Attorney of the Day Line at 312-814/6262 or visit the webpage at https://dhr.illinois.gov and click on Contact IDHR at the bottom of the page. Firms must notify CDB of the assigned IDHR number. Please provide the IDHR certificate.

## *Illinois Procurement Gateway Registration Requirement*

It is the responsibility of each firm to ensure registration in the Illinois Procurement Gateway ("IPG") is in process, completed or Active prior to submission of the Prequalification application. All firms must be registered as Prime or Prime and Subcontractor to fulfill the prequalification requirements. IPG registration is on an annual basis. It is the responsibility of each firm to ensure registration stays Active. Please visit the IPG webpage at https://ipg.illinois.gov. Please contact IPG at eec.ipg@illinois.gov or 217-782-1270 for any questions.

Provide the firm's IPG number & expiration date: _____

## *CDB Architects/Engineer Training*

New firms are encouraged to complete CDB AE Project Manager Training during the first year of prequalification along with previously prequalified firms to maintain a staff member who has attended the training. Should the trained staff member leave the firm, we encourage another staff member to attend the training within one year. Please contact the CDB AE Training Coordinator at CDB.AEContTrn@illinois.gov or visit our website at http://cdb.illinois.gov, click on Doing Business, Architects/Engineers and click on AE Project Manager Training to view the schedule. Click on Register Here to register for a scheduled training. Please provide the AE Training certificate with the application or send to CDB.VendorReg@illinois.gov after completion of the training. CDB encourages firms to stay aware of current policies and procedures.

Please visit the CDB webpage Project Management Training for Architect's and Engineers for more information CDB's Project Management Training for Architects and Engineers.

# DRUG FREE WORKPLACE ACT

**The Firm, by signing this application, agrees to comply with the provisions of the DRUG FREE WORKPLACE ACT (30 ILCS 580/1 et seq).** Certification must be completed by all applicants; however, the requirements specified in paragraphs (a) through (g), apply only when the firm performs a contract for $5,000.00 or more *and* when, at the time of entering said contract, the firm has 25 or more employees (full or part-time).

If the above applies, no grantee or contractor shall receive a grant or be considered for the purposes of being awarded a contract for the procurement of any property or services from the State unless that grantee or contractor has certified to the granting or contracting agency that it will provide a drug free workplace by:

(a) Publishing a statement:

- (1) Notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance including cannabis is prohibited in the grantee's or contractor's workplace
- (2) Specifying the actions that will be taken against employees for violation of such prohibition.
- (3) Notifying the employee that, as a condition of employment on such contract or grant, the employee will:
  - A. abide by the terms of the statement; and
  - B. notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than 5 days after such conviction.

(b) Establishing a drug free awareness program to inform employees about:

- (1) the dangers of drug abuse in the workplace;
- (2) the grantee's or contractor's policy of maintaining a drug free workplace;
- (3) any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

(c) Making it a requirement to give a copy of the statement required by subsection (a) to each employee engaged in the performance of the contract or grant and to post the statement in a prominent place in the workplace.

(d) Notifying the contracting or granting agency within 10 days after receiving notice under part (B) of paragraph (3) of subsection (a) from an employee or otherwise receiving actual notice of such conviction.

(e) Imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is convicted, as a required by Section 5.

(f) Assisting employees in selecting a course of action in the event drug counseling, treatment, and rehabilitation is required and indicating that a trained referral team is in place.

(g) Making good faith effort to continue to maintain a drug free workplace through implementation of this Section.

# Illinois Capital Development Board
# Professional Firm Prequalification Application

1. **Legal** Firm Name: _____
(Please use exact legal name registered with Illinois Secretary of State)

**Assumed** Firm Name: _____
(Please use exact assumed name – **MUST** be registered with Illinois Secretary of State)

Street Address: _____

City, State, Zip + 4: _____

County: _____

Business Phone: _____

Telefax: _____

Taxpayer ID No: _____
(If sole proprietorship, provide owner's social security number)

IDHR Number: _____ IDHR Expiration Date: _____

**(Must show exact physical address for firm location shown above)**

**Please complete item 1.a if the mailing address is different from the above address or N/A.**

1.a Mailing Address: _____

City, State, Zip + 4: _____

1.b Contact Person: _____
(List the person who can answer questions regarding this form)

Business Phone: _____

Email Address: _____

2. Parent Company Name: _____ Taxpayer ID No: _____

Address: _____

City, State, Zip + 4: _____

3. List any branch, division or subsidiary office location to be included for prequalification which will submit an Architect-Engineer Qualifications CDB 330 Form and contract directly with the CDB. Specify design profession managed at each location. Any division, branch or subsidiary office operating under an assumed name must be registered with the Illinois Secretary of State. Location must be an authentic staffed establishment for transacting business where business is conducted on a significant and regular basis.

   Name of firm doing business at this location:_____

   Street Address: _____

   City, State, Zip + 4: _____

   County:_____

   Business Phone: _____

   Telefax Number:_____

   Taxpayer ID Number: _____

   IDHR Number: _____ IDHR Expiration Date:_____

   In addition to the office that originally registered with IDHR, any other Illinois branch offices wanting to be prequalified must also register with IDHR and provide the certificate for each location. CDB requires registration regardless of the number of employees at each location. If the firm has filed but does not have its number yet, an IDHR certificate will need to be provided before prequalification review is finalized.

   Is this location licensed or registered with the Illinois Department of Professional Regulation to provide professional services?

   ☐ Yes ☐ No

   Number of licensed Illinois professionals at this location:

   ____ Architect

   ____ Civil Engineer

   ____ Electrical Engineer

   ____ Mechanical Engineer

   ____ Structural Engineer

   ____ Professional Land Surveyor

   ____ Asbestos Designer

   ____ Asbestos Inspector/Mgmt Planner

   ____ Asbestos Project Manager

4. Number of full-time, permanent employees. Include management, clerical, supervisory and technical personnel working for the firm. _____

5. Business Structure:

☐ Individual ☐ Corporation (C or S) ☐ Sole Proprietorship ☐ Not-For-Profit
☐ Partnership ☐ Trust Agreement (Beneficiary) ☐ LTD Liability Company ☐ Other

5.a Corporations, LLP and LLC shall be classified as being in "good standing" with the Illinois Secretary of State at the time of Prequalification. We encourage firms to maintain an active status with the Illinois Secretary of State to avoid delays in the event that a contract is awarded. Please visit the Secretary of State webpage at https://www.ilsos.gov to Search the Entity Database, purchase a Certificate of Good Standing or Reserve a Name. Please visit the webpage for additional contact information.

5.b Within this organization, are there any entities that are Professional Service Corporations? ☐ Yes ☐ No
If yes, list the names.

_____

_____

6. List the firm's Annual Sales & Receipts (dollar amount) for each of the last 3 fiscal years.

$_____FY_____

$_____FY_____

$_____FY_____ *(Do not include financial statement)*

7. List all other names the firm or its predecessor has used and indicate the month/day/year of change:

Name _____ (mm/dd/yyyy) _____

Name _____ (mm/dd/yyyy) _____

Name _____ (mm/dd/yyyy) _____

8. CDB will recognize firms certified in the Business Enterprise Program (BEP) and Veteran Business Enterprise Program (VBP) when a copy of a current certification letter from the Commission on Equity & Inclusion is attached.

CEI allows vendors to request recognition of their certification from one of the State's partners. Please visit the CEI website to find the different recognition certification programs that are available. The application process for these programs has been scaled down from the full BEP Certification process. BEP Certification

If the firm is a certified owned business enterprise, please indicate the appropriate response in each category as certified.

Please contact The Commission on Equity & Inclusion at 312/814-1054 or 1-800-356-9206 or email CEI.Equity.Inclusion@illinois.gov for additional information regarding certification or visit the webpage https://supplierdiversitymanagementportal.illinois.gov/

**Business Ownership:**

Gender

- ☐ Male
- ☐ Woman

Ethnicity

- ☐ Caucasian
- ☐ Black or African American
- ☐ Hispanic
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other

**Certification Programs:**

Business Enterprise Program Certification Expiration Date:_____

- ☐ WBE – Women Business Enterprise
- ☐ WMBE – Women/Minority Business Enterprise
- ☐ MBE – Minority Business Enterprise
- ☐ PBE – Persons with Disability Business Enterprise

Veteran Business Program Certification Expiration Date:_____

- ☐ SDVOSB – Service-Disabled Veteran Owned Small Business Enterprise
- ☐ VOSB – Veteran Owned Small Business Enterprise

CDB will only recognize BEP certification when a copy of the current certification letter from the Commission on Equity & Inclusion is attached. Please check the appropriate box below.

☐ CEI Certified (**letter attached**) ☐ Not Currently Certified

9. State Board of Elections Registration:

Section 20-160 of the Procurement Code (30 ILCS 500/20-160) requires that any bidder/vendor be registered with the Board of Elections if 1) the company's aggregate pending bids and proposals on State contracts total more than $50,000; 2) the company's aggregate pending bids and proposals on State contracts, combined with the company's aggregate total of State contracts exceed $50,000; or 3) the company's contracts with State agencies, in the aggregate, total more than $50,000. The Act also contains limitations on campaign contributions by State Vendors and their affiliated entities.

Registered with State Board of Elections

☐ Yes ☐ No

If yes, attach a copy of the Board of Elections Registration Certificate. Registration should be in the legal firm name. Please visit the webpage at https://www.elections.il.gov

9.a The firm's **Taxpayer Identification Number** is on file with the State Comptroller.

☐ Confirmed on file ☐ Attached

To obtain confirmation that your firm's Taxpayer Identification Number is on file, go to https://illinoiscomptroller.gov/vendors/ click Vendor Services, and click Vendor Payments. Once you are in Vendor Payments, enter your Tax Identification number. If you are listed on that site, you are confirmed your number is on file. If your firm is not on file, you can obtain a W-9 form at http://www.irs.gov/pub/irs-pdf/fw9.pdf. Please provide company W-9.

# State Of Illinois
# 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 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:_____

Social Security Number: _____

or

Employer Identification Number:_____

Legal Status (check one):

- ☐ Individual
- ☐ Sole Proprietor
- ☐ Partnership
- ☐ Legal Services Corporation
- ☐ Tax-exempt
- ☐ Corporation providing or billing medical and/or health care services
- ☐ Corporation NOT providing or billing medical and/or health care services
- ☐ Governmental
- ☐ Nonresident alien
- ☐ Estate or trust
- ☐ Pharmacy (Non-Corp.)
- ☐ Pharmacy/Funeral Home/Cemetery (Corp.)
- ☐ Limited Liability Company

  (Select applicable tax classification)
  - ☐ D = disregarded entity
  - ☐ C = corporation
  - ☐ P = partnership

Signature of Authorized Representative: _____Date: _____

10. For each design discipline, list one managing agent registered with the Department of Financial and Professional Regulation who is responsible for that discipline in Illinois. Provide a current copy of the individual's Illinois license and a copy of the firm's professional design firm license. List those individuals responsible for asbestos services and provide current Illinois licensing with the Illinois Department of Public Health. Training Course Certification must be up to date. All individuals are to be direct employees of the firm.

*Do not reformat; however, you may attach a separate sheet if necessary.*

| Name of Person | Design Profession | License No. | Exp. Date |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

11. Mark the appropriate profile codes (001 thru 034) for each prequalification category requested. Supporting work experience shall be denoted in item #12.

**Provide only the number of Illinois licensed staff supporting each discipline from the office indicated in question #1.**

**Architecture**

Number of Illinois licensed staff supporting this discipline: ☐

- ☐ New Construction (001)
- ☐ Rehabilitation (002)
- ☐ Correctional Institutions (003)
- ☐ Historic Preservation (004)
- ☐ Office Building, Housing (005)
- ☐ Parks, Recreational Facilities (006)
- ☐ Mental Health Facilities (007)
- ☐ Roofing (008)

**Civil Engineering**

Number of Illinois licensed staff supporting this discipline: ☐

- ☐ Streets, Parking (009)
- ☐ Sewage, Water Treatment Plants (010)
- ☐ Parks, Recreational Facilities (011)
- ☐ Site Storm, Sewer/Water Systems (012)
- ☐ Soils, Foundations (013)
- ☐ Testing (014)

**Electrical Engineering**

Number of Illinois licensed staff supporting this discipline: ☐

- ☐ Electrical Distribution (015)
- ☐ Computer Facilities (016)
- ☐ Communications, Phones (017)
- ☐ Security, Locking, Fire (018)
- ☐ Energy Management Systems (019)
- ☐ PCB Transformer Replacement (020)

**Mechanical Engineering**

Number of Illinois licensed staff supporting this discipline: ☐

- ☐ Energy Management Systems (021)
- ☐ HVAC Design (022)
- ☐ Plumbing & Piping (023)
- ☐ Fire Protection, Sprinklers (024)
- ☐ Power Plants (025)

**Structural Engineering**

Number of Illinois licensed staff supporting this discipline: ☐

- ☐ Soils, Foundations (026)
- ☐ Building Design (027)
- ☐ Bridges (028)
- ☐ Parking Structures (029)
- ☐ Dams, Levees (030)

**Land Surveying**

Number of Illinois licensed staff supporting this discipline: ☐

- ☐ Land Surveying (034)

**Asbestos Services**

Number of Illinois licensed staff supporting this discipline: ☐

- ☐ Asbestos Design (031)
- ☐ Asbestos Insp./Mgmt. Planning (032)
- ☐ Asbestos Project Manager (033)

To be prequalified for Asbestos Design, the firm must have a licensed Architect, Professional Engineer or CIH who is also an IDPH licensed Asbestos Designer on staff. Training course certification must be current.

12. Summary of specific project experience **completed through construction within the past 7 years**. All profile codes check-marked in question 11 above must be reported below. Use 1 profile code per line or multiple profile codes per line can be used if pertaining to the same project. **Residential experience will not be considered**.

New firms and firms previously prequalified, but not within the past 120 days, will be required to submit 5 completed reference questionnaires based on the work experience listed. Questionnaires will be emailed to the reference by CDB. If work was done as prime or individual, no more than one questionnaire can be sent to the same client. For work done as a consultant, no more than one questionnaire can be sent to the same prime firm.

**Contact Information:**

If prime, provide client name, contact person, mailing address and email address.

If consultant, provide the name of the firm for which the work was performed, contact person, mailing address and email address.

If individual, provide the name of the firm for which the work was performed. Provide the client's name, contact person, mailing address and email address.

*THIS PAGE MAY BE REPRODUCED AS NECESSARY. Do not reformat.*

| **Profile Code** | **P-Prime C-Consultant I-Individual** | **Project Name & Location** | **Contact Information** | **Cost of Construction** (No fees.) | **Completion Date** |
|---|---|---|---|---|---|
| | Select from list | | | | |
| | Select from list | | | | |
| | Select from list | | | | |

| **Profile Code** | **P-Prime C-Consultant I-Individual** | **Project Name & Location** | **Contact Information** | **Cost of Construction** (No fees.) | **Completion Date** |
|---|---|---|---|---|---|
| | Select from list | | | | |
| | Select from list | | | | |
| | Select from list | | | | |
| | Select from list | | | | |
| | Select from list | | | | |
| | Select from list | | | | |
| | Select from list | | | | |
| | Select from list | | | | |
| | Select from list | | | | |
| | Select from list | | | | |
| | Select from list | | | | |

**Reference Questionnaires will be sent by CDB to the Contact Email provided for New Firms and previously prequalified firms with CDB prequalification expiration past 120 days.**

Please find below a brief questionnaire concerning a professional firm who has applied for prequalification with the Illinois Capital Development Board (CDB). CDB is the State agency responsible for all vertical construction for the State of Illinois. The applicant has listed you as a reference on a project completed within the past seven years. The work performed, as indicated by the applicant, is described below. Please review for any incorrect data. Your timely completion of this questionnaire will assist CDB in determining the responsibility of this firm. Please be aware that your response will be on the record and is available for the applicant's review.

## This section to be completed by Professional Firm applying for Prequalification

Name of firm applying for prequalification: _____

If individual experience, provide the name of the individual: _____

If individual experience, provide name of firm by whom the individual was employed:_____

_____

Description of project and type of professional work performed: _____

_____

_____

Contact Name:_____ Contact email:_____

Indicate if the firm was:

☐ Prime OR ☐ Consultant Project Completion Date:_____ Contract Amount $: _____
(Month/Year) (Dollar Value)

## This section to be completed by Reference only

*On a scale of 1-5, with 5 being best, how would you rate the firm on the following questions:*

| | |
|---|---|
| What was your level of satisfaction with this firm in regard to this project? | ① ② ③ ④ ⑤ |
| Was the communication with this firm open and concise throughout the project? | ① ② ③ ④ ⑤ |
| Was the quality of the construction observed by this firm at all times? | ① ② ③ ④ ⑤ |

Name of Observer provided by the firm to observe this construction, if known: _____

| | |
|---|---|
| Were there any complications caused by this firm throughout the project? | ① ② ③ ④ ⑤ |
| Did this firm respond and complete their portion of work in a timely manner? | ① ② ③ ④ ⑤ |
| Was this firm responsive to your needs? | ① ② ③ ④ ⑤ |
| Were budget consideration kept within focus by this firm? | ① ② ③ ④ ⑤ |

The strongest asset of this firm is: _____

The weakest asset of this firm is: _____

Would you recommend this firm for future projects? ☐ Yes ☐ No

Prepared by: _____ Date: _____ Phone: _____

Affiliated with:_____

**Upon completion, please email to CDB Prequalification Contract Specialist sending the questionnaire.**

**Reference Questionnaires will be sent by CDB to the Contact Email provided for New Firms and previously prequalified firms with CDB prequalification expiration past 120 days.**

Please find below a brief questionnaire concerning a professional firm who has applied for prequalification with the Illinois Capital Development Board (CDB). CDB is the State agency responsible for all vertical construction for the State of Illinois. The applicant has listed you as a reference on a project completed within the past seven years. The work performed, as indicated by the applicant, is described below. Please review for any incorrect data. Your timely completion of this questionnaire will assist CDB in determining the responsibility of this firm. Please be aware that your response will be on the record and is available for the applicant's review.

## This section to be completed by Professional Firm applying for Prequalification

Name of firm applying for prequalification: _____

If individual experience, provide the name of the individual: _____

If individual experience, provide name of firm by whom the individual was employed:_____

_____

Description of project and type of professional work performed: _____

_____

_____

Contact Name:_____ Contact email:_____

Indicate if the firm was:

☐ Prime OR ☐ Consultant Project Completion Date:_____ (Month/Year) Contract Amount $: _____ (Dollar Value)

## This section to be completed by Reference only

*On a scale of 1-5, with 5 being best, how would you rate the firm on the following questions:*

| | |
|---|---|
| What was your level of satisfaction with this firm in regard to this project? | ① ② ③ ④ ⑤ |
| Was the communication with this firm open and concise throughout the project? | ① ② ③ ④ ⑤ |
| Was the quality of the construction observed by this firm at all times? | ① ② ③ ④ ⑤ |

Name of Observer provided by the firm to observe this construction, if known: _____

| | |
|---|---|
| Were there any complications caused by this firm throughout the project? | ① ② ③ ④ ⑤ |
| Did this firm respond and complete their portion of work in a timely manner? | ① ② ③ ④ ⑤ |
| Was this firm responsive to your needs? | ① ② ③ ④ ⑤ |
| Were budget consideration kept within focus by this firm? | ① ② ③ ④ ⑤ |

The strongest asset of this firm is: _____

The weakest asset of this firm is: _____

Would you recommend this firm for future projects? ☐ Yes ☐ No

Prepared by: _____ Date: _____ Phone: _____

Affiliated with:_____

**Upon completion, please email to CDB Prequalification Contract Specialist sending the questionnaire.**

**Reference Questionnaires will be sent by CDB to the Contact Email provided for New Firms and previously prequalified firms with CDB prequalification expiration past 120 days.**

Please find below a brief questionnaire concerning a professional firm who has applied for prequalification with the Illinois Capital Development Board (CDB). CDB is the State agency responsible for all vertical construction for the State of Illinois. The applicant has listed you as a reference on a project completed within the past seven years. The work performed, as indicated by the applicant, is described below. Please review for any incorrect data. Your timely completion of this questionnaire will assist CDB in determining the responsibility of this firm. Please be aware that your response will be on the record and is available for the applicant's review.

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Name of firm applying for prequalification: _____

If individual experience, provide the name of the individual: _____

If individual experience, provide name of firm by whom the individual was employed:_____

_____

Description of project and type of professional work performed: _____

_____

_____

Contact Name:_____ Contact email:_____

Indicate if the firm was:

☐ Prime OR ☐ Consultant Project Completion Date:_____ (Month/Year) Contract Amount $: _____ (Dollar Value)

## This section to be completed by Reference only

*On a scale of 1-5, with 5 being best, how would you rate the firm on the following questions:*

| | |
|---|---|
| What was your level of satisfaction with this firm in regard to this project? | ① ② ③ ④ ⑤ |
| Was the communication with this firm open and concise throughout the project? | ① ② ③ ④ ⑤ |
| Was the quality of the construction observed by this firm at all times? | ① ② ③ ④ ⑤ |

Name of Observer provided by the firm to observe this construction, if known: _____

| | |
|---|---|
| Were there any complications caused by this firm throughout the project? | ① ② ③ ④ ⑤ |
| Did this firm respond and complete their portion of work in a timely manner? | ① ② ③ ④ ⑤ |
| Was this firm responsive to your needs? | ① ② ③ ④ ⑤ |
| Were budget consideration kept within focus by this firm? | ① ② ③ ④ ⑤ |

The strongest asset of this firm is: _____

The weakest asset of this firm is: _____

Would you recommend this firm for future projects? ☐ Yes ☐ No

Prepared by: _____ Date: _____ Phone: _____

Affiliated with:_____

**Upon completion, please email to CDB Prequalification Contract Specialist sending the questionnaire.**

**Reference Questionnaires will be sent by CDB to the Contact Email provided for New Firms and previously prequalified firms with CDB prequalification expiration past 120 days.**

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## This section to be completed by Professional Firm applying for Prequalification

Name of firm applying for prequalification: _____

If individual experience, provide the name of the individual: _____

If individual experience, provide name of firm by whom the individual was employed:_____

_____

Description of project and type of professional work performed: _____

_____

_____

Contact Name:_____ Contact email:_____

Indicate if the firm was:

☐ Prime OR ☐ Consultant Project Completion Date:_____ (Month/Year) Contract Amount $: _____ (Dollar Value)

## This section to be completed by Reference only

*On a scale of 1-5, with 5 being best, how would you rate the firm on the following questions:*

| | |
|---|---|
| What was your level of satisfaction with this firm in regard to this project? | ① ② ③ ④ ⑤ |
| Was the communication with this firm open and concise throughout the project? | ① ② ③ ④ ⑤ |
| Was the quality of the construction observed by this firm at all times? | ① ② ③ ④ ⑤ |

Name of Observer provided by the firm to observe this construction, if known: _____

| | |
|---|---|
| Were there any complications caused by this firm throughout the project? | ① ② ③ ④ ⑤ |
| Did this firm respond and complete their portion of work in a timely manner? | ① ② ③ ④ ⑤ |
| Was this firm responsive to your needs? | ① ② ③ ④ ⑤ |
| Were budget consideration kept within focus by this firm? | ① ② ③ ④ ⑤ |

The strongest asset of this firm is: _____

The weakest asset of this firm is: _____

Would you recommend this firm for future projects? ☐ Yes ☐ No

Prepared by: _____ Date: _____ Phone: _____

Affiliated with:_____

**Upon completion, please email to CDB Prequalification Contract Specialist sending the questionnaire.**

**Reference Questionnaires will be sent by CDB to the Contact Email provided for New Firms and previously prequalified firms with CDB prequalification expiration past 120 days.**

Please find below a brief questionnaire concerning a professional firm who has applied for prequalification with the Illinois Capital Development Board (CDB). CDB is the State agency responsible for all vertical construction for the State of Illinois. The applicant has listed you as a reference on a project completed within the past seven years. The work performed, as indicated by the applicant, is described below. Please review for any incorrect data. Your timely completion of this questionnaire will assist CDB in determining the responsibility of this firm. Please be aware that your response will be on the record and is available for the applicant's review.

## This section to be completed by Professional Firm applying for Prequalification

Name of firm applying for prequalification: _____

If individual experience, provide the name of the individual: _____

If individual experience, provide name of firm by whom the individual was employed:_____

_____

Description of project and type of professional work performed: _____

_____

_____

Contact Name:_____ Contact email:_____

Indicate if the firm was:

☐ Prime OR ☐ Consultant Project Completion Date:_____ (Month/Year) Contract Amount $: _____ (Dollar Value)

## This section to be completed by Reference only

*On a scale of 1-5, with 5 being best, how would you rate the firm on the following questions:*

| | |
|---|---|
| What was your level of satisfaction with this firm in regard to this project? | ① ② ③ ④ ⑤ |
| Was the communication with this firm open and concise throughout the project? | ① ② ③ ④ ⑤ |
| Was the quality of the construction observed by this firm at all times? | ① ② ③ ④ ⑤ |

Name of Observer provided by the firm to observe this construction, if known: _____

| | |
|---|---|
| Were there any complications caused by this firm throughout the project? | ① ② ③ ④ ⑤ |
| Did this firm respond and complete their portion of work in a timely manner? | ① ② ③ ④ ⑤ |
| Was this firm responsive to your needs? | ① ② ③ ④ ⑤ |
| Were budget consideration kept within focus by this firm? | ① ② ③ ④ ⑤ |

The strongest asset of this firm is: _____

The weakest asset of this firm is: _____

Would you recommend this firm for future projects? ☐ Yes ☐ No

Prepared by: _____ Date: _____ Phone: _____

Affiliated with:_____

**Upon completion, please email to CDB Prequalification Contract Specialist sending the questionnaire.**

**For a YES answer to questions 13 through 15, please attach a detailed explanation.**

13. Is any owner or affiliated person currently engaged in any other occupation or business?

☐ Yes ☐ No

14. Is any owner or affiliated person with the firm currently in default on a student loan?

☐ Yes ☐ No

15. In the past five years, has IDFPR taken any disciplinary action on the firm's registration, or the license of any person affiliated with the firm?

☐ Yes ☐ No

16. How many years has the firm been in business? _____

17. How many years under present ownership? _____

18. As conditions of prequalification, the Architect/Engineer firm:

a. Has read, understands and will comply with all instructions to this application.

b. Will notify the Capital Development Board within ten days of any material changes to the information contained in this application.

c. Will, upon request, provide the Capital Development Board with financial statements within ten business days.

d. Will adhere to all provisions of the Illinois Procurement Code (30 ILCS 500/50-13).

e. Swears that all information provided by it, to the Capital Development Board, is true.

f. Will adhere to all provisions of the Drug Free Workplace Act.

g. Agrees that if any of the above conditions are violated by the firm or any responses are found to be materially untrue, the prequalification of the firm will be rescinded.

19. The form must be signed by the firm's President, Vice-President, or CEO (if corporation or limited liability company), Partner (if partnership) or Sole Owner (if sole proprietorship).

*Under penalties of perjury and the applicable statutes of the State of Illinois, I hereby swear, warrant and represent that the questions on this form have been personally answered by me, and that I have authority to execute this document on behalf of this firm.*

Signed _____

Name _____

Title _____

Date _____

**By clicking the submit button, this application will be sent to CDB.VendorReg@illinois.gov**
**Or email the completed application to CDB.VendorReg@illinois.gov**

**Select to Submit Form**

Revised 08/2026