Capital Development Board
Building a Better Illinois

State of Illinois

Illinois Capital Development Board
Construction Manager/Program Manager
Prequalification Form

Please download and save this form before starting.

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

Prequalification must be approved by the close of business the day prior to proposal submittal or bid submittal of a CDB project.

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 ensure that prequalification has been approved. An incomplete or pending application will cause rejection of a proposal or bid submittal. Firms are required to notify CDB within ten days of ANY material changes to information contained in this application. Failure to do so may result in loss of bidding privileges.

Revised 08/2026

Illinois Capital Development Board
Construction Manager/Program Manager Prequalification Form

Application Submittal

The application should be completed by an individual able to answer questions regarding its content. **Retain a copy of the completed application for reference.** The application must be fully completed, as formatted. Applications that are incomplete or contain errors will be returned for corrections which will delay processing. If a question does not apply, insert "NA" for not applicable. Do not include attachments as replacements for our format. Do not attach supplemental information unless specifically requested on the application. Once approved, each firm will receive a ***Letter of Prequalification*** indicating effective dates. **Please retain the letter for reference. The Vendor Name will appear updated in the Vendor Search on the CDB webpage the following business day after receipt of the Letter of Prequalification.**

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 and 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 at the time of submittal could result in delay of rejection of a proposal.

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: _____

Responsibility of Firm

It is the responsibility of each firm to ensure that prequalification has been approved prior to submitting a proposal.

It is the responsibility of each firm to maintain prequalification. CDB will send a Notice of Expiration Letter to the most recent email contact approximately 60 days prior to expiration of prequalification; however, it is the ultimate responsibility of the firm to ensure that prequalification has not lapsed.

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. Failure to do so may result in suspension of prequalification status.

Licensing Requirement

Copies of current, valid licenses registered in the legal firm name of the entity applying for prequalification MUST be provided with this application.

CDB Training Requirement

New firms are highly encouraged to complete CDB Contractor Training during the first year of prequalification. CDB encourages firms to stay aware of current policies and procedures. Previously prequalified firms are highly encouraged to also maintain a staff member who has attended the training. Item 18 on the application requires firms to identify the individual on staff who has attended the training. Should the trained staff member leave the firm, it will be necessary for another staff member to attend the training within one year. Contact the CDB Contractor Training Coordinator at CDB.AEContTrn@illinois.gov or visit our website at https://cdb.illinois.gov click on Doing Business, Contractors and click on Contractor Training to view the schedule. Click on Register here to register for the scheduled training. Please provide the Contractor Training certificate with the prequalification application or send to CDB.VendorReg@illinois.gov after completion of training.

Prequalification Eligibility

Please be aware that less than satisfactory performance as a Contractor or Design Firm could impact the firm's prequalification status as a Construction Manager and/or Program Manager. Additionally, poor performance as a Construction Manager and/or Program Manager could impact the firm's prequalification as a Contractor or Design Firm.

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
Construction Manager/Program Manager Prequalification Form

1. **Legal** Firm Name _____
(Please insert name as it is registered exactly with Illinois Secretary of State)

Assumed Firm Name _____
(Please insert name as it is registered exactly with Illinois Secretary of State)

Street Address (No P.O. Box) _____

City, State, Zip _____

County _____

Contact Person _____

Business Phone _____

Fax Number _____

Email Address _____
(List the person who can answer questions regarding information on this form)

☐ Parent Company ☐ Division ☐ Branch Office

2. Please complete Item 2 if mailing address is **different** from above address.
If a mailing address is provided below, **all correspondence** will be sent to that address.

Mailing Address _____

City, State, Zip _____

Contact Person _____
(List the person who can best answer questions regarding the information on this form)

Business Phone _____

Fax Number _____

Email Address _____

3. Parent Company Name (If applicable) _____

Address _____

City, State, Zip _____

Parent Company Taxpayer Identification Number (TIN) _____

4. Identify **all** other names the firm or its predecessors have used. Provide the dates that name was in effect.

_____

_____

4a. Indicate below if a division or branch office, other than that listed in Item 1, is to be included with prequalification and may be submitting a proposal. Attach a separate Page 1 for each. Proposals will not be accepted from offices not included with this prequalification. All questions in this application apply to offices listed in Items 1 – 4.

☐ Attached ☐ Not Applicable

5. Provide the firm's **IL Dept of Human Rights** (IDHR) number. _____

5a. Expiration Date of **IL Dept. of Human Rights** (IDHR) 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. 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. All prospective Construction Management firms shall be registered with the IL Dept of Human Rights no matter the amount of employees. **Firms must notify CDB of the assigned IDHR number**. An IDHR certificate will need to be provided before prequalification review is finalized.

6. Provide the firm's **Taxpayer Identification Number** _____ and complete the Taxpayer Identification Number Disclosure below. (If sole proprietorship, provide owner's Social Security Number). Please provide a company W-9.

6a. 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/ Choose Vendors/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 the form at http://www.irs.gov/pub/irs-pdf/fw9.pdf.

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: _____

Revised 08/2026

7. 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. Please visit the BEP Certification Fast Track link.

   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 1-312-814-1054 or 1-800-356-9206 or email CEI.Equity.Inclusion@Illinois.gov for additional information regarding certification or visit the webpage at 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

7a. 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

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

   $_____FY_____

   $_____FY_____

   $_____FY_____

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

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

12. How many years under present ownership? _____

    Type of firm:

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

    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.

13. List affiliated persons and list any other occupation or businesses (including other construction companies) in which they are currently engaged. Please explain below or attach a separate sheet.

    _____

    _____

14. List all firms by which affiliated persons of this firm have been employed during the past five years and provide the dates of employment. Please explain below or attach a separate sheet.

    _____

    _____

15. List names and titles of all individuals authorized to sign proposals or contract documents.

Name of Person	**Position/Title**
_____	_____
_____	_____

16. Identify all other names the firm or its predecessors have used in the past five years. Provide the dates that name was in effect.

_____

_____

17. Indicate the firm's area of expertise. Mark all that apply.

☐ Construction Manager at Agency	☐ Outreach Coordination (workforce & contractor diversity)
☐ Program Manager	☐ Permit Processing
☐ LEED Project Management	☐ Constructability Review
☐ Scheduling	☐ Design Peer Review
☐ Cost Estimating	☐ Construction Observation

18. All newly prequalified firms must complete CDB's contractor training seminar within the first year of prequalification. Thereafter, at least one trained person must be on staff at all times. Provide the name(s) of trained employees currently on staff along with the Contractor Training certificate. CDB encourages firms to stay aware of current policies and procedures. Please visit the CDB Contractor Training page on the CDB website for more information CDB's Project Management Training for Contractors.

Name _____ Certificate Attached ☐ Yes ☐ No

Instructions for completing the Project Experience Form

List at least five projects on the Project Experience form which meet all three of the following requirements. Use one page per project. Provide all information requested for all projects and do not reformat. Use the information you list on the Project Experience Form to complete the reference questionnaires. **Reference Questionnaires** will be emailed by CDB to the Contact's email address provided on page 1 of the Reference Transmittal. It is the responsibility of the Vendor to notify the reference to ensure the timely response of the completed reference questionnaire.

1. Projects must have been completed within the past five years.
2. Do not provide references for projects which are not yet complete.
3. Projects must reflect experience meeting the project value criteria for Tier 1 or Tier 2 as described in the Project Experience Form below.

A minimum of five projects must be provided which reflect the firm's level of experience.

Construction Managers/Program Managers will be prequalified on a two-tiered level based on project experience. Indicate the level applicable to your firm. **Mark only one box.**

☐ **Tier 1:** Experience in **at least 5 projects over the past 5 years** valued at a minimum of $5 million, but less than $15 million. **Be advised that** firms prequalified at Tier 1 may **only** submit for Construction Manager/Program Manager related projects less than $15 million.

Should a Tier 1 firm acquire the required experience which could qualify as Tier 2, it will be necessary to submit a new application.

☐ **Tier 2:** Experience in **at least 5 projects over the past 5 years** valued at a minimum of $15 million. Firms applying for prequalification at Tier 2 may also submit **additional** references reflecting projects valued at less than $15 million to demonstrate experience in a specific area of expertise indicated in Item 17. **Be advised that** firms prequalified at Tier 2 may submit for any Construction Manager/Program Manager related project.

Project Experience

(Refer to Instructions on previous pages)

Name of Project _____

Total Project Amount $_____Your Firm's Contract Amount $_____Project Completion Date _____

Description of Project _____

_____

Your firm's Role: (Mark only one)

☐ CM at Agency ☐ CM at Risk ☐ Program Manager

Type of Project: (Mark all that apply)

☐ LEED project ☐ New Construction ☐ Renovation ☐ Commissioning

Specific Project Involvement: ☐ Full-service

If not full service, please mark all applicable boxes below and assign percentages reflecting the amount of time dedicated to that service. The sum of percentages should total 100%.

Pre-Design	_____ %	Design Review	_____ %	Bidding	_____ %
Construction	_____ %	Close-out	_____ %	Warranty	_____ %
Budget/Estimating	_____ %	Permit Process	_____ %	Outreach	_____ %
Scheduling	_____ %				

Name of Project Owner _____

Complete Mailing Address _____

Name of Contact Person _____

Phone AND Fax Numbers _____

Name of Architect/Engineer _____

Complete Mailing Address _____

Name of Contact Person _____

Phone AND Fax Numbers _____

Name of Trade Contractor _____

Complete Mailing Address _____

Name of Contact Person _____

Phone AND Fax Numbers _____

Project Experience

(Refer to Instructions on previous pages)

Name of Project _____

Total Project Amount $_____Your Firm's Contract Amount $_____Project Completion Date _____

Description of Project _____

_____

Your firm's Role: (Mark only one)

☐ CM at Agency ☐ CM at Risk ☐ Program Manager

Type of Project: (Mark all that apply)

☐ LEED project ☐ New Construction ☐ Renovation ☐ Commissioning

Specific Project Involvement: ☐ Full-service

If not full service, please mark all applicable boxes below and assign percentages reflecting the amount of time dedicated to that service. The sum of percentages should total 100%.

Pre-Design	_____ %	Design Review	_____ %	Bidding	_____ %
Construction	_____ %	Close-out	_____ %	Warranty	_____ %
Budget/Estimating	_____ %	Permit Process	_____ %	Outreach	_____ %
Scheduling	_____ %				

Name of Project Owner _____

Complete Mailing Address _____

Name of Contact Person _____

Phone AND Fax Numbers _____

Name of Architect/Engineer _____

Complete Mailing Address _____

Name of Contact Person _____

Phone AND Fax Numbers _____

Name of Trade Contractor _____

Complete Mailing Address _____

Name of Contact Person _____

Phone AND Fax Numbers

Project Experience

(Refer to Instructions on previous pages)

Name of Project _____

Total Project Amount $_____Your Firm's Contract Amount $_____Project Completion Date _____

Description of Project _____

_____

Your firm's Role: (Mark only one)

☐ CM at Agency ☐ CM at Risk ☐ Program Manager

Type of Project: (Mark all that apply)

☐ LEED project ☐ New Construction ☐ Renovation ☐ Commissioning

Specific Project Involvement: ☐ Full-service

If not full service, please mark all applicable boxes below and assign percentages reflecting the amount of time dedicated to that service. The sum of percentages should total 100%.

Pre-Design	_____ %	Design Review	_____ %	Bidding	_____ %
Construction	_____ %	Close-out	_____ %	Warranty	_____ %
Budget/Estimating	_____ %	Permit Process	_____ %	Outreach	_____ %
Scheduling	_____ %				

Name of Project Owner _____

Complete Mailing Address _____

Name of Contact Person _____

Phone AND Fax Numbers _____

Name of Architect/Engineer _____

Complete Mailing Address _____

Name of Contact Person _____

Phone AND Fax Numbers _____

Name of Trade Contractor _____

Complete Mailing Address _____

Name of Contact Person _____

Phone AND Fax Numbers _____

Project Experience

(Refer to Instructions on previous pages)

Name of Project _____

Total Project Amount $_____Your Firm's Contract Amount $_____Project Completion Date _____

Description of Project _____

_____

Your firm's Role: (Mark only one)

☐ CM at Agency ☐ CM at Risk ☐ Program Manager

Type of Project: (Mark all that apply)

☐ LEED project ☐ New Construction ☐ Renovation ☐ Commissioning

Specific Project Involvement: ☐ Full-service

If not full service, please mark all applicable boxes below and assign percentages reflecting the amount of time dedicated to that service. The sum of percentages should total 100%.

Pre-Design	_____ %	Design Review	_____ %	Bidding	_____ %
Construction	_____ %	Close-out	_____ %	Warranty	_____ %
Budget/Estimating	_____ %	Permit Process	_____ %	Outreach	_____ %
Scheduling	_____ %				

Name of Project Owner _____

Complete Mailing Address _____

Name of Contact Person _____

Phone AND Fax Numbers _____

Name of Architect/Engineer _____

Complete Mailing Address _____

Name of Contact Person _____

Phone AND Fax Numbers _____

Name of Trade Contractor _____

Complete Mailing Address _____

Name of Contact Person _____

Phone AND Fax Numbers _____

Project Experience

(Refer to Instructions on previous pages)

Name of Project _____

Total Project Amount $_____Your Firm's Contract Amount $_____Project Completion Date _____

Description of Project _____

_____

Your firm's Role: (Mark only one)

☐ CM at Agency ☐ CM at Risk ☐ Program Manager

Type of Project: (Mark all that apply)

☐ LEED project ☐ New Construction ☐ Renovation ☐ Commissioning

Specific Project Involvement: ☐ Full-service

If not full service, please mark all applicable boxes below and assign percentages reflecting the amount of time dedicated to that service. The sum of percentages should total 100%.

Pre-Design	_____ %	Design Review	_____ %	Bidding	_____ %
Construction	_____ %	Close-out	_____ %	Warranty	_____ %
Budget/Estimating	_____ %	Permit Process	_____ %	Outreach	_____ %
Scheduling	_____ %				

Name of Project Owner _____

Complete Mailing Address _____

Name of Contact Person _____

Phone AND Fax Numbers _____

Name of Architect/Engineer _____

Complete Mailing Address _____

Name of Contact Person _____

Phone AND Fax Numbers _____

Name of Trade Contractor _____

Complete Mailing Address _____

Name of Contact Person _____

Phone AND Fax Numbers _____

Instructions for completing the 2-page reference questionnaire (required).

After thorough execution of the Project Experience form, complete the sections on **both pages** of each questionnaire, as instructed below.

Do not complete the section marked "THIS SECTION TO BE COMPLETED BY REFERENCE ONLY".

The information you provide on the reference questionnaires must reflect the projects listed in the Project Experience Form.

1. Complete three reference questionnaires for EACH project listed on the Project Experience Form: One for the owner representative, one for the A/E representative and one for the Trade Contractor representative. **Five projects with three references for each project = 15 total reference questionnaires.**

2. On the REFERENCE QUESTIONNAIRE SUBMITTAL SHEET, complete Items 1 through 5**. Important: Be sure to confirm the email address for reference.** If your firm performed as the Prime contractor, you may list EITHER the Project Owner OR the Architect/Engineer. If your firm performed as a Subcontractor, in most cases, the Prime contractor should be listed as the reference.

3. On the second page of the questionnaire, complete ONLY the section marked THIS SECTION TO BE COMPLETED BY FIRM APPLYING FOR PREQUALIFICATION. Provide ALL requested information.

The completed reference questionnaire forms must be returned to the CDB Prequalification Contract Specialist sending the questionnaire. **DO NOT send the questionnaires to the references yourself.**

4. Firms should contact all references to alert them that they will be receiving a questionnaire by email and encourage them to respond at their earliest convenience.

Questionnaires will be sent by email from CDB offices to the references. The questionnaires will be returned by the reference directly to CDB. We encourage firms to alert references that they will be receiving a questionnaire, and to confirm the email address of the reference. A sufficient number of positive responses, a minimum of three, are required prior to proceeding with a prequalification review.

State of Illinois
Capital Development Board

Construction Manager/Program Manager
Prequalification Reference Questionnaire (2 Pages)
Submittal Transmittal Sheet

Transmit to:

1. **Reference** Company Name _____
2. **Reference** Contact Person_____
3. **Reference** Email Address _____
4. The Firm (_____), has named you as a reference on their **Construction Manager/Program Manager** Prequalification Application with the Illinois Capital Development Board (CDB). CDB is a State agency responsible for all vertical construction for the State of Illinois. The work performed, as indicated by the applicant, is described on the next page. Please revise any incorrect data or include additional comments.

Our prequalification process is responsibility based, and references are essential in confirming a trend of satisfactory construction performance. Information regarding the work performed, as indicated by the contractor, is described on the attached sheet. Feel free to include additional information which you may consider helpful. Please keep in mind that your response will be "on the record" and is available for the contractor's review.

Please return both pages by email to the CDB Prequalification Contract Specialist sending the questionnaire.

There are two pages, including this sheet, being transmitted.

Your timely completion of Questions 1-14 below will assist CDB in determining the responsibility of this contractor. Your response will be "on the record" and available for the contractor's review. The individual completing this questionnaire may be contacted to confirm their participation. Thank you for your assistance.

Please return both pages by email to the CDB Prequalification Contract Specialist sending the questionnaire.

This Section To Be Completed By Firm Applying For Prequalification

Name of Firm Applying for Prequalification: _____

Description of Project for Which Reference is Requested:

_____

_____

The following must be completed according to the Description of Project

☐ CM at Agency ☐ Program Manager Project Amount $_____ Completion Date: _____
(Dollar Value) (Month/Year)

This Section To Be Completed By Reference Only

1. Please provide the name of your company:_____
2. Did the applicant effectively manage the construction management process? ☐ Yes ☐ No
3. Was the project completed on time and within budget? ☐ Yes ☐ No
4. Were you pleased with the performance of the Project Manager/Construction Manager? ☐ Yes ☐ No
5. Was the applicant's quality control process acceptable? ☐ Yes ☐ No
6. Was the applicant involved in any claims or litigation surrounding the project? ☐ Yes ☐ No
   If "Yes", please explain _____
7. Was the applicant's project coordination satisfactory throughout the project? ☐ Yes ☐ No
8. Were you pleased with the applicant's overall performance on the project? ☐ Yes ☐ No
9. Did applicant complete the project close-out process within a reasonable time frame? ☐ Yes ☐ No
10. Did the applicant provide accurate cost estimates? ☐ Yes ☐ No
11. Were the applicant's scheduling methods satisfactory throughout the project? ☐ Yes ☐ No
12. Did the applicant provide timely responses to inquiries throughout the project? ☐ Yes ☐ No
13. Did the applicant utilize innovative management tools during the project? ☐ Yes ☐ No
    (e.g., project management software)
14. Would you recommend the applicant for similar projects in the future? ☐ Yes ☐ No

Comments: _____

_____

_____

Prepared by: _____ **Date:** _____ **Phone:** _____

State of Illinois
Capital Development Board

Construction Manager/Program Manager
Prequalification Reference Questionnaire (2 Pages)
Submittal Transmittal Sheet

Transmit to:

1. **Reference** Company Name _____
2. **Reference** Contact Person_____
3. **Reference** Email Address _____
4. The Firm (_____), has named you as a reference on their **Construction Manager/Program Manager** Prequalification Application with the Illinois Capital Development Board (CDB). CDB is a State agency responsible for all vertical construction for the State of Illinois. The work performed, as indicated by the applicant, is described on the next page. Please revise any incorrect data or include additional comments.

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State of Illinois
Capital Development Board

Construction Manager/Program Manager
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4. The Firm (_____), has named you as a reference on their **Construction Manager/Program Manager** Prequalification Application with the Illinois Capital Development Board (CDB). CDB is a State agency responsible for all vertical construction for the State of Illinois. The work performed, as indicated by the applicant, is described on the next page. Please revise any incorrect data or include additional comments.

Our prequalification process is responsibility based, and references are essential in confirming a trend of satisfactory construction performance. Information regarding the work performed, as indicated by the contractor, is described on the attached sheet. Feel free to include additional information which you may consider helpful. Please keep in mind that your response will be "on the record" and is available for the contractor's review.

Please return both pages by email to the CDB Prequalification Contract Specialist sending the questionnaire.

There are two pages, including this sheet, being transmitted.

Your timely completion of Questions 1-14 below will assist CDB in determining the responsibility of this contractor. Your response will be "on the record" and available for the contractor's review. The individual completing this questionnaire may be contacted to confirm their participation. Thank you for your assistance.

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This Section To Be Completed By Firm Applying For Prequalification

Name of Firm Applying for Prequalification: _____

Description of Project for Which Reference is Requested:

_____

_____

The following must be completed according to the Description of Project

☐ CM at Agency ☐ Program Manager Project Amount $_____ Completion Date: _____
(Dollar Value) (Month/Year)

This Section To Be Completed By Reference Only

1. Please provide the name of your company:_____
2. Did the applicant effectively manage the construction management process? ☐ Yes ☐ No
3. Was the project completed on time and within budget? ☐ Yes ☐ No
4. Were you pleased with the performance of the Project Manager/Construction Manager? ☐ Yes ☐ No
5. Was the applicant's quality control process acceptable? ☐ Yes ☐ No
6. Was the applicant involved in any claims or litigation surrounding the project? ☐ Yes ☐ No
   If "Yes", please explain _____
7. Was the applicant's project coordination satisfactory throughout the project? ☐ Yes ☐ No
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13. Did the applicant utilize innovative management tools during the project? ☐ Yes ☐ No
    (e.g., project management software)
14. Would you recommend the applicant for similar projects in the future? ☐ Yes ☐ No

Comments: _____

_____

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Prepared by: _____ **Date:** _____ **Phone:** _____

State of Illinois
Capital Development Board

Construction Manager/Program Manager
Prequalification Reference Questionnaire (2 Pages)
Submittal Transmittal Sheet

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Construction Manager/Program Manager
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Comments: _____

_____

_____

Prepared by: _____ **Date:** _____ **Phone:** _____

For a YES answer to any question 19-24 attach explanation on a separate sheet

19. In the past ten years, has the firm or its predecessor been cited for violating state or federal safety, sanitary or environmental laws which resulted in lawsuits filed against the firm, and/or were originally categorized as repeat or willful violations? If so, attach copies of citations issued and complaints filed in any lawsuits, and state whether the violations caused injuries.

    ☐ Yes ☐ No

20. Has the firm or its predecessor or any key person with the firm or its predecessor ever been formally charged with or convicted of any state or federal crime (excluding traffic violations), including but not limited to the Illinois Procurement Code, embezzlement, theft, forgery, bribery, falsification or destruction of records, receipt of stolen property, criminal anti-trust violations, bid-rigging or bid-rotating? If a conviction or plea of nolo contendere was entered, include in your explanation documentation (such as a Court Order) when the sentence ended.

    ☐ Yes ☐ No

21. Has the firm or its predecessor or any key person with the firm or its predecessor ever been charged with or convicted of a state or federal civil anti-trust violation or similar offense?

    ☐ Yes ☐ No

22. Has the firm or its predecessor, any key person of the firm or its predecessor or any firm with which a key person was affiliated filed for bankruptcy within the past ten years?

    ☐ Yes ☐ No

23. Has the firm or its predecessor or any key person of the firm or its predecessor ever been suspended or debarred by a state, federal, municipal, or local agency, including but not limited to, the Illinois Department of Labor?

    ☐ Yes ☐ No

24. Is any key person with the firm currently in default on a student loan?

    ☐ Yes ☐ No

Surety Bonding

25. Prequalification is contingent upon the applicant having a surety (performance) bond capacity authorized only by a surety company acceptable to CDB. Surety companies that are listed in A.M. Best's Key Rating Guide with a rating of A- or better and/or are listed in the Treasury Circular are considered acceptable. **Firms will forward this page to their local broker/agent for signature,** then include signed page with application. Original signature is not required. Builders Risk is required for the CM for any construction work or property it provides or installs and as otherwise required by CDB.

Name of Firm Applying for Prequalification _____

Specific Surety Company Name _____

Street Address _____

City, State, Zip _____

Telephone Number _____

Fax Number _____

Local Broker/Agent _____

Contact Person _____

Street Address _____

City, State, Zip _____

Telephone Number _____

Fax Number _____

Provide the current level of performance bonding (in dollar amount) authorized by the surety. The limits listed below will not prevent a firm from bidding on a larger project than the bond limit established at the time of prequalification, so long as the bid amount falls within the bidding limit range authorized by CDB.

Single Limit: _____ Aggregate Limit _____

By signing below, the Local Broker/Agent confirms the information provided above.

This page should be returned via email to CDB.VendorReg@illinois.gov.

_____	_____	_____
Printed Name of Local Broker/Agent	Signature of Local Broker/Agent	Date

26. As conditions of prequalification, the 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.
    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 if any responses are found to be materially untrue, the prequalification of the firm will be suspended.

27. This form must be signed by 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	_____
Printed Name	_____
Title	_____
Date	_____

Please complete this form and click the "Submit" button below to generate an email. Before sending, attach all required documents. If you are unable to submit using the button, email the completed form and the attachments directly to CDB.VendorReg@Illinois.gov.

CDB will notify the Contact listed above via email of the assigned CDB Prequalification Number. Please retain this number for your records.

Select to Submit Form