

State of Illinois

**Illinois Capital Development Board Construction Manager/Program Manager Prequalification Form**

Please email completed application to CDB.VendorReg@illinois.gov

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 five business days of ANY material changes to information contained in this application. Failure to do so may result in loss of bidding privileges.

***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.

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 five business 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** and/or certificates **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 17 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).

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance including cannabis is prohibited in the firm's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
2. Establishing a drug free awareness program to inform employees about:
	1. The dangers of drug abuse in the workplace;
	2. The firm'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.
3. Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph (a) and to post the statement in a prominent location in the workplace.
4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the contract, the employee will:
	1. Abide by the terms of the statement; and
	2. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such a conviction.
5. Notifying the agency within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction.
6. Taking one of the following actions within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
	1. Taking appropriate personnel action against such an employee, up to and including termination; or
	2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.
7. Assisting employees in selecting a course of action in the event drug counseling, treatment, and rehabilitation is required and indicating that a referral team is in place.
8. Making a good faith effort to continue to maintain a drug free workplace through the implementation of paragraph (a), (b), (c), (d), (e), (f) and (g).

***ILLINOIS CAPITAL DEVELOPMENT BOARD***

## Construction Manager/Program Manager Prequalification Form

**(Please complete by typing or printing IN INK)**

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

E-Mail Address

(List the person who can answer questions regarding information on this form.)

[ ]  Parent Company [ ]  Division [ ]  Branch Office

1. 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

E-Mail Address

1. Parent Company Name (If applicable)

Address

City, State, Zip

Parent Company Taxpayer Identification Number (TIN)

1. 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

1. 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**. Please provide the IDHR certificate or confirmation email.

1. Provide the firm’s **Taxpayer Identification Number.**

(If sole proprietorship, provide owner’s Social Security Number).

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-](http://www.irs.gov/pub/irs-pdf/fw9.pdf) [pdf/fw9.pdf.](http://www.irs.gov/pub/irs-pdf/fw9.pdf)

1. 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.

Firms certified under the Illinois Unified Certification Program, please visit the BEP Certification page: <https://cei.illinois.gov/vendor-resources/get-bep-certified.html>

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://supplierdiveritymanagementportal.illinois.gov**](https://supplierdiversitymanagementportal.illinois.gov)

Business Ownership:

|  |  |
| --- | --- |
| GenderMale Female | EthnicityCaucasian Asian AmericanAfrican American American Indian or Alaska NativeHispanic Other |
| Certification Programs: |  |
| Business Enterprise Program Certification:WBE – Women Business EnterpriseWMBE – Women/Minority Business EnterpriseMBE – Minority Business EnterprisePBE – Persons with Disability Business Enterprise | Expiration Date:  |
| 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

1. 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 annual total of bid/proposals on State contracts in a given calendar year exceed $50,000; 2) the company’s annual total of bid/proposals on State contracts, combined with the annual total of State contracts already awarded in a calendar year, exceed $50,000; or 3) the company’s annual total of State contracts already awarded in a calendar year exceed

$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>

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

$ FY

$ FY

1. Number of full-time, permanent employees. Include management, clerical, supervisory and technical people working for the firm.
2. How many years has the firm been in business?
3. How many years under present ownership?

Type of firm:

Individual Partnership

Corporation (C or S)

Trust Agreement (Beneficiary)

Sole Proprietorship Ltd Liability Company

Not-For-Profit 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.

1. 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.
2. 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.
3. List names and titles of all individuals authorized to sign proposals or contract documents.

|  |  |
| --- | --- |
| Name of Person | Position/Title |

1. Identify all other names the firm or its predecessors have used in the past five years. Provide the dates that name was in effect.
2. All newly prequalified firms must complete CDB’s contractor training seminar within the first year of prequalification (refer to page 1). 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.

#### FOR A YES ANSWER TO ANY QUESTION 18-27

**ATTACH EXPLANATION ON A SEPARATE SHEET**

1. 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

1. 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

1. 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

1. 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

1. 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

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

Yes No

1. As conditions of prequalification, the firm:
	1. Has read, understands and will comply with all instructions to this application.
	2. Will notify the Capital Development Board within five business days of any material changes to the information contained in this application.
	3. Will, upon request, provide the Capital Development Board with financial statements within ten business days.
	4. Will adhere to all provisions of the Illinois Procurement Code.
	5. Swears that all information provided by it, to the Capital Development Board, is true.
	6. Will adhere to all provisions of the Drug Free Workplace Act.
	7. 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.
2. 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

SUBSCRIBED AND SWORN BEFORE ME

THIS DAY OF , 20

Notary Public

My Commission expires:

1. Indicate the firm’s area of expertise. Mark all that apply.

Construction Manager at Agency Program Manager

LEED Project Management Scheduling

Cost Estimating

Outreach Coordination (workforce & contractor diversity) Permit Processing

Constructability Review Design Peer Review Construction Observation

### INSTRUCTIONS for Completing Item 27 (Table)

Make at least five copies of Item 27 List at least five projects in the table in Item 27 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 in Item 27 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 Item 27 below.

A minimum of five projects must be provided in the table in Item 27 which reflects 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 28 below. **BE ADVISED THAT** firms prequalified at Tier 2 may submit for any Construction Manager/Program Manager related project.

### INSTRUCTIONS for completing the 2-page reference questionnaires(required).

After thorough execution of the table in Item 27, 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 Item 27.

1. Make at least 15 copies of the blank 2-page reference questionnaire.
2. Complete three reference questionnaires for EACH project listed in Item 27: One for the owner representative, one for the A/E representative and one for the Trade Contractor representative. Five projects X three references for each project = 15 total reference questionnaires.
3. 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.
4. 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.
5. After completing the questionnaires, they are to be included with your application and returned to CDB (email: CDB.VendorReg@illinois.gov, OR mail). DO NOT send the questionnaires to the references yourself.
6. 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.

###### Item 27 (Table).

**REFERENCES**

**(Refer to Instructions on previous pages)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***List:***1. **Name of Project**
2. **Total Project Amount**
3. **Your Firm’s Contract Amount**
4. **Project Completion Date**
5. **Description of Project**
 | ***List:***1. **Your firm’s Role**
2. **Type of Project**
3. **Specific Project Involvement**
 | ***List:***1. **Name of Project Owner**
2. **COMPLETE MAILING ADDRESS**
3. **Name of Contact Person**
4. **Phone AND Fax Numbers**
 | ***List:***1. **Name of Architect/Engineer**
2. **COMPLETE MAILING ADDRESS**
3. **Name of Contact Person**
4. **Phone AND Fax Numbers**
 | ***List:***1. **Name of Trade Contractor**
2. **COMPLETE MAILING ADDRESS**
3. **Name of Contact Person**
4. **Phone AND Fax Numbers**
 |
| 1. Name of Project     2. Total Project Amount$     3. Your Firm’s Contract Amount$     4. Project Completion Date     5. Description of Project      | * 1. (Mark only one)

[ ]  CM at Agency[ ]  CM at Risk[ ]  Program Manager* 1. (Mark all that apply)

[ ]  LEED project[ ]  New Construction[ ]  Renovation[ ]  Commissioning3. [ ]  Full-serviceIf 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 \_\_\_\_\_% |                      |                      |                      |

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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. REFERENCE EMAIL ADDRESS
	5. REFERENCE PHONE NUMBER
	6. 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.

Your prompt completion of this questionnaire is requested and appreciated. **Please return both pages by email to the following:**

### FROM: CDB.VendorReg@illinois.gov

**PHONE NUMBER: (217)-782-2864**

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

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Page 2 of 2 - Reference Transmittal

*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 to CDB Contracts Prequalification Division email CDB.VendorReg@illinois.gov

###### THIS SECTION TO BE COMPLETED BY FIRM APPLYING FOR PREQUALIFICATION

**Name of Firm Applying for Prequalification: Description of Project for Which Reference is Requested:**

**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?*If “Yes”, please explain* | Yes | No |
| 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? (e.g., project management software) | Yes | No |
| 14. Would you recommend the applicant for similar projects in the future? | Yes | No |

Comments:

**Prepared by: Date: Phone:**

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