

Financial Disclosures and Conflicts of Interest

General Notes: This document is intended to provide guidance for completion and review. It will not cover every situation. If additional guidance is necessary, vendors should contact their University Contact.

The Financial Disclosures and Conflicts of Interest form ("form") must be accurately completed and submitted by the vendor, parent entity(ies), and subcontractors. There are **nine** steps to this form and each must be completed as instructed in the step heading and within the step. A bid, offer, or proposal that does not include this form shall be considered non-responsive. The Agency/University will consider this form when evaluating the bid, offer, or proposal or awarding the contract.

The requirement of disclosure of financial interests and conflicts of interest is a continuing obligation. If circumstances change and the disclosure is no longer accurate, then disclosing entities must provide an updated form.

Separate forms are required for the vendor, any parent entity(ies) and any subcontractors.

This disclosure is submitted for (check one):

- ☐ Vendor
- ☐ Vendor's Parent Entity(ies) (show 100% ownership)
- ☐ Subcontractor(s) >\$50,000
- ☐ Subcontractor's Parent Entity(ies) > \$50,000

Project Name:

Procurement Bulletin Reference #:

Vendor Name:

Doing Business As (DBA):

Disclosing Entity Name:

Disclosing Entity's Parent Entity:

One of these check boxes must be selected and relate to the company name information provided in the next section.

Project Name can be found on the IPHEC Bulletin advertisement related to the project. This information is not always applicable.

Procurement Bulletin Number can be found on the IPHEC Bulletin advertisement related to the project. This information is not always applicable.

The Vendor Name must match the name registered with the Secretary of State (SOS). This should be the name of the vendor that is bidding/proposing.

Only required if the vendor uses a name other than the one registered with the SOS.

This form should be answered from the perspective of the disclosing entity. Include the name of the disclosing entity.

If the vendor company is owned by a parent entity, provide parent entity company name.

Instrument of Ownership or Beneficial Interest (check one):

- ☐ Sole Proprietorship
- ☐ Corporate Stock (C-Corporation, S-Corporation, Professional Corporation, Service Corporation)
- ☐ Limited Liability Company Membership Agreement (Series LLC, Low-Profit Limited Liability Partnership)
- ☐ Partnership Agreement (General Partnership, Limited Partnership, Limited Liability Partnership, Limited Liability Limited Partnership)
- ☐ Not-for-Profit
- ☐ Trust Agreement (Beneficiary)
- ☐ Other
- If you selected Other, please describe:

One of these check boxes must be selected and relate to the company name information provided in the previous section.

STEP 1

SUPPORTING DOCUMENTATION SUBMITTAL

(All vendors complete regardless of annual bid, offer, or contract value)
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

You must select one of the six options below and select the documentation you are submitting. You must provide the documentation the applicable section requires with this form.

- ☐ Option 1 – Publicly Traded Entities
- 1.A. ☐ Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.
- OR
- 1.B. ☐ Attach a copy of the Federal 10-K or provide a web address of an electronic copy of the Federal 10-K, and skip to Step 3.

- ☐ Option 2 – Privately Held Entities with more than 100 Shareholders
- 2.A. ☐ Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.
- OR
- 2.B. ☐ Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% and attach the information Federal 10-K report under 17 CFR 229.401.

- ☐ Option 3 – All other Privately Held Entities, not including Sole Proprietors
- 3.A. ☐ Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

- ☐ Option 4 – Foreign Entities
- 4.A. ☐ Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.
- OR
- 4.B. ☐ Attach a copy of the Securities Exchange Commission Form 20-F or 40-F and skip to Step 3.

- ☐ Option 5 – Not-for-Profit Entities
- ☐ Complete Step 2, Option B.

- ☐ Option 6 – Sole Proprietorships
- ☐ Skip to Step 3.

One of these options (1-6) must be selected.

– For each option selected, a secondary box must also be selected including those with one secondary box.

– Verify that the secondary box instructions corresponds to the steps (2 or 3) completed in the form.

For example, if Option 1 and 1.B. are selected (note that both check boxes should be marked), then a copy of the Federal 10-K must be attached (this can be a link to the 10-K on the SEC website) and Step 3 should be completed (Step 2 is not required).

STEP 2**DISCLOSURE OF FINANCIAL INTEREST OR BOARD OF DIRECTORS**

(All vendors, except sole proprietorships, must complete regardless of annual bid, offer, or contract value)
 (Subcontractors with subcontract annual value of more than \$50,000 must complete)

Complete **either** Option A (for all entities other than not-for-profits) or Option B (for not-for-profits). Additional rows may be inserted into the tables or an attachment may be provided if needed.

OPTION A – Ownership Share and Distributive Income

Ownership Share – If you selected Option 1.A., 2.A., 2.B., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of ownership if said percentage exceeds 5%, or the dollar value of their ownership if said dollar value exceeds \$106,447.20.

☐ Check here if including an attachment with requested information in a format substantially similar to the format below.

TABLE – X			
Name	Address	Percentage of Ownership	\$ Value of Ownership

Distributive Income – If you selected Option 1.A., 2.A., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of the disclosing vendor's total distributive income if said percentage exceeds 5%, or the dollar value of their distributive income if said dollar value exceeds \$106,447.20.

☐ Check here if including an attachment with requested information in a format substantially similar to the format below.

TABLE – Y			
Name	Address	% of Distributive Income	\$ Value of Distributive Income

Please certify that the following statements are true.

I have disclosed all individuals or entities that hold an ownership interest of greater than 5% or greater than \$106,447.20.

☐ Yes ☐ No

I have disclosed all individuals or entities that were entitled to receive distributive income in an amount of greater than 5% of the total distributive income of the disclosing entity. ☐ Yes ☐ No

A selection must be made for both statements.

OPTION B – Disclosure of Board of Directors (Not-for-Profits)

If you selected Option 5 in Step 1, list members of your board of directors. Please include an attachment if necessary.

TABLE – Z	
Name	Address

STEP 3

DISCLOSURE OF LOBBYIST OR AGENT

(Complete only if bid, offer, or contract has an annual value over \$50,000)
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

☐ Yes ☐ No. Is your company represented by or do you employ a lobbyist required to register under the Act (lobbyist must be registered pursuant to the Act with the Secretary of State) or other agent who is Step 2, Option A above and who has communicated, is communicating, or may communicate with any officer or employee concerning this solicitation? If yes, please identify each lobbyist and agent, including below.

If you have a lobbyist that does not meet the criteria, then you do not have to disclose the lobbyist's information.

Name	Address	Relationship to Disclosure

A response to Step 3 is required for all company types. A check box must be selected. Only check "Yes" if a lobbyist was involved in the selection for this contract according to the State of Illinois Financial Disclosures and Conflicts of Interest Vendor Manual.

Describe all costs/fees/compensation/reimbursements related to the assistance provided by each representative or other agent to obtain this Agency/University contract:

If Step 2 was completed or Step 1; Option 6 selected, Step 4 must also be completed for each individual identified. A name must be provided in this space and a separate copy made for each person identified. Note: Multiple names in the space are acceptable if the responses are the same for all.

STEP 4

PROHIBITED CONFLICTS OF INTEREST

(All vendors must complete regardless of annual bid, offer, or contract value)
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

Step 4 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified above. Please provide the name of the person for which responses are provided:

- Do you hold or are you the spouse or minor child who holds an elective office in the State of Illinois or hold a seat in the General Assembly? ☐ Yes ☐ No
- Have you, your spouse, or minor child been appointed to or employed in any offices or agencies of State government and receive compensation for such employment in excess of 60% (\$106,447.20) of the salary of the Governor? ☐ Yes ☐ No
- Are you or are you the spouse or minor child of an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority? ☐ Yes ☐ No
- Have you, your spouse, or an immediate family member who lives in your residence currently or who lived in your residence within the last 12 months been appointed as a member of a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor? ☐ Yes ☐ No
- If you answered yes to any question in 1-4 above, please answer the following: Do you, your spouse, or minor child receive from the vendor more than 7.5% of the vendor's total distributable income or an amount of distributable income in excess of the salary of the Governor (\$177,412.00)? ☐ Yes ☐ No
- If you answered yes to any question in 1-4 above, please answer the following: Is there a combined interest of self with spouse or minor child more than 15% in the aggregate of the vendor's distributable income or an amount of distributable income in excess of two times the salary of the Governor (\$354,824.00)? ☐ Yes ☐ No

Questions 1-4 must be completed with a "Yes" or "No" response. Questions 5 & 6 are required only if there is a "Yes" response to any of the previous questions.

A "Yes" response to Step 4 requires:

- Review and documentation per the Conflict of Interest Procedures.
- Explanation by the Vendor in Step 6 for each "Yes" response.

STEP 5

POTENTIAL CONFLICTS OF INTEREST RELATING TO PERSONAL RELATIONSHIPS

(Complete only if bid, offer, or contract has an annual value over \$50,000)

(Subcontractors with subcontract annual value of more than \$50,000 must complete)

If Step 2 was completed or Step 1; Option 6 selected, Step 4 must also be completed for each individual identified. A name must be provided in this space and a separate copy made for each person identified.

Note: Multiple names in the space are acceptable if the responses are the same for all.

Step 5 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified above.

Please provide the name of the person for which responses are provided:

1. Do you currently have, or in the previous 3 years have you had State employment, including contractual employment of services? ☐ Yes ☐ No
2. Has your spouse, father, mother, son, or daughter, had State employment, including contractual employment for services, in the previous 2 years? ☐ Yes ☐ No
3. Do you hold currently or have you held in the previous 3 years elective office of the State of Illinois, the government of the United States, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois? ☐ Yes ☐ No
4. Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding elective office currently or in the previous 2 years? ☐ Yes ☐ No
5. Do you hold or have you held in the previous 3 years any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office? ☐ Yes ☐ No
6. Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding appointive office currently or in the previous 2 years? ☐ Yes ☐ No
7. Do you currently have or in the previous 3 years had employment as or by any registered lobbyist of the State government? ☐ Yes ☐ No
8. Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) that is or was a registered lobbyist? ☐ Yes ☐ No
9. Do you currently have or in the previous 3 years had compensated employment by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections? ☐ Yes ☐ No
10. Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) who is or was a compensated employee of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee Federal Board of Elections? ☐ Yes ☐ No

Questions must be completed with a "Yes" or "No" response.

A "Yes" response to Step 5 requires:

- Review and documentation per the Conflict of Interest Procedures.
- Explanation by the Vendor in Step 6 for each "Yes" response.

STEP 6

EXPLANATION OF AFFIRMATIVE RESPONSES

(All vendors must complete regardless of annual bid, offer, or contract value)

(Subcontractors with subcontract annual value of more than \$50,000 must complete)

If you answered "Yes" in Step 4 or Step 5, please provide on an additional page a detailed explanation that includes, but is not limited to the name, salary, State agency or university, and position title of each person identified.

A "Yes" response in Step 4 or Step 5 for each affirmative response requires detailed explanation on a separate page. For clarity, the additional page(s) should be titled or refer to Step 6 and indicate the Person/Step/Question requiring explanation.

STEP 7**POTENTIAL CONFLICTS OF INTEREST RELATING TO DEBARMENT & LEGAL PROSECUTION**

(Complete only if bid, offer, or contract has an annual value over \$50,000)
 (Subcontractors with subcontract annual value of more than \$50,000 must complete)

This step must be completed for each person disclosed in Step 2, Option A, Step 3, and for each person disclosed in Step 1.

Please provide the name of the person or entity for which responses are provided:

1. Within the previous ten years, have you had debarment from contracting with any governmental entity? ☐ Yes ☐ No
2. Within the previous ten years, have you had any professional licensure discipline? ☐ Yes ☐ No
3. Within the previous ten years, have you had any bankruptcies? ☐ Yes ☐ No
4. Within the previous ten years, have you had any adverse civil judgments and administrative findings? ☐ Yes ☐ No
5. Within the previous ten years, have you had any criminal felony convictions? ☐ Yes ☐ No

If you answered "Yes", please provide a detailed explanation that includes, but is not limited to the name, State agency or university, and position title of each individual.

Questions must be completed with a "Yes" or "No" response.

Step 7 must be completed for each individual and entity identified in Step 2 (ownership) or Step 3 (lobbyist) was completed or Step 1; Option 6 (sole proprietor) selected. A name must be provided in this space and a separate copy provided for each person identified. Note: Multiple names on the line are acceptable if the responses are the same for all.

STEP 8**DISCLOSURE OF CURRENT AND PENDING CONTRACTS**

(Complete only if bid, offer, or contract has an annual value over \$50,000)
 (Subcontractors with subcontract annual value of more than \$50,000 must complete)

If you selected Option 1, 2, 3, 4, or 6 in Step 1, do you have any contracts, pending contracts, bids, proposals, subcontracts, leases or other ongoing procurement relationships with units of State of Illinois government? ☐ Yes ☐ No

If "Yes", please specify below. Attach an additional page in the same format as provided below, if desired.

Agency/University	Project Title	Status	Value	Contract Reference/P.O./Illinois Procurement Bulletin #
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Please explain the procurement relationship:

If "Yes" was selected, this table and the description must be completed. Procurement relationship should indicate prime or sub for each procurement. If a separate page is used, the additional page(s) should be titled or refer to Step 8. The procurement relationship can be added as another column in the table for each contract identified.

SIGN THE DISCLOSURE

(All vendors must complete regardless of annual bid, offer, or contract value)
 (Subcontractors with subcontract annual value of more than \$50,000 must complete)

This disclosure is signed, and made under penalty of perjury for all for-profit entities, by an authorized officer or employee on behalf of the bidder or offeror pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code. This disclosure information is submitted on behalf of:

Name of Disclosing Entity:

Signature:

Printed Name:

Title:

Phone Number:

Email Address:

Date:

The name of the disclosing entity must be provided in the space provided. The signature block must be completed and signed. The date should reasonably correspond to the bid or proposal date.