

# STATE OF ILLINOIS

## SMALL AND DIVERSE BUSINESS APPLICATION

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State of Illinois  
Chief Procurement Office General  
Services  
401 South Spring Street  
Suite 512 Stratton Office Building  
Springfield, Illinois 62706

The information requested is necessary to accomplish the statutory purpose found in 30 ILCS 500/1 et seq. Disclosure of this information is REQUIRED. If you do not complete this form, you may not receive the benefits of all programs. In compliance with the state and federal constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, Americans with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, the Chief Procurement Office does not unlawfully discriminate in employment, contracts, or any other activity.

**INSTRUCTIONS:** Please type or print all information. If appropriate, indicate "same," "not applicable," or "none," so that all questions are answered. To be approved for the Small Business Set- Aside Program, Business Enterprise Program and/or State Use Program please respond to all questions and sign in the space provided.

**NOTE:** These are **separate** programs and each will require additional information and documentation. **Return this completed form to the address shown above.**

### 1. PROGRAM APPLYING FOR:

#### 1.1 Small Business Set-Aside Program (SBSP)

30 ILCS 500/45-45 establishes that a representative number of State of Illinois procurements be designated as Small Business Set-Asides for competition by small businesses **based** in Illinois. Out of state vendors are not eligible for this program. "Small Business" means a business that is independently owned and operated, that is not dominant in its field of operation, and meets the required size status limitations. A business is considered "not dominant in its field of operation" if it does not exercise a controlling or major influence in a kind of activity in which a number of business concerns are primarily engaged.

When computing the size status of a bidder, annual sales and receipts of the bidder and all of its affiliates shall be included. Limitations: (1) No wholesale business is a small business if its annual sales for its most recently completed fiscal year exceed \$10,000,000. (2) No retail business or business selling services is a small business if its annual sales and receipts exceed \$6,000,000. (3) No construction business is a small business if its annual sales and receipts exceed \$10,000,000. (4) No manufacturing business is a small business if it employs more than 250 persons and exceeds the annual sales requirement of \$10,000,000.

##### 1.1.1. Please check all that apply:

- ☐ Wholesale
- ☐ Retail / Service
- ☐ Construction Business
- ☐ Manufacturing Business

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**1.1.2.** Submit a copy of the latest year Federal and State income tax return page(s) showing total annual gross sales for the company and an Illinois address. In addition, manufacturers are required to submit the latest year's form IL-W-3 (Illinois Annual Withholding Income Tax Return) showing the number of Forms W-2, W-2G and 1099-R issued. Businesses desiring to qualify under any combined categories must also submit a notarized statement detailing the dollar component of each category. For example, if you are both a wholesaler and retailer, the combined wholesale and retail annual sales for the latest year of tax filing shall not exceed \$16 million. The retail component shall not exceed \$6 million and the wholesale component shall not exceed \$10 million.

**1.1.3.** If your business is **new** and has not filed Federal or State income taxes previously, a notarized statement is required and shall include the following information: Name of business, date business was established and/or date of incorporation, confirmation that your company is based in Illinois and total gross sales to date. Even if total gross sales to date are zero, it must be mentioned in the statement. Manufacturers must also include the number of employees in this statement. Questions regarding the Small Business Set-Aside Program (administered by the Chief Procurement Office General Services) can be answered by calling 217-558-3723.

#### **1.2. Business Enterprise Program (BEP)**

30 ILCS 575 codifies the Business Enterprise for Minorities, Females, and Persons with Disabilities Act. To qualify, businesses must be at least 51 percent owned and controlled by one or more individuals who are minority, female, or a person with disabilities.

**1.2.1.** If applying for the BEP program, check one of the following ownership categories:

- |   |   |
|---|---|
| <input type="checkbox"/> African American   | <input type="checkbox"/> Native American / Alaskan Native |
| <input type="checkbox"/> Asian American   | <input type="checkbox"/> Hispanic                         |
| <input type="checkbox"/> Female   |   |
| <input type="checkbox"/> Person with Disability (disabilities must be severe, mental, or physical which substantially limits major life activities) |   |

If you checked one of the boxes above, then please **go to step 3** on the registration page of the **Sell2.Illinois.gov** website at:

([http://www.sell2.illinois.gov/Registration\\_Certification.cfm](http://www.sell2.illinois.gov/Registration_Certification.cfm)) for instructions on completing the Business Enterprise Program application. Questions regarding the Business Enterprise Program can be answered by calling (312) 814-4190.

#### **1.3. State Use Program**

30 ILCS 500/45-35 codifies the Sheltered Workshops for the Severely Handicapped procurement preference, also known as the "State Use Program." To participate, a Not-

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For-Profit Agency for the Severely Handicapped must meet the requirements of U.S. Department of Labor and the Illinois Department of Rehabilitation Services.

For more information about the State Use Program please visit:  
([http://www.cms.il.gov/cms/1\\_servicesa/stuse\\_crfreq.htm](http://www.cms.il.gov/cms/1_servicesa/stuse_crfreq.htm)) or call (217) 782-6143.

**2. COMPANY LEGAL NAME AS FILED WITH THE INTERNAL REVENUE SERVICE**

Business Name: \_\_\_\_\_

Address (Do not use PO Box): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Company Website Address: \_\_\_\_\_

**3. IF A DIVISION OF A CORPORATION, PROVIDE NAME AND ADDRESS OF PARENT COMPANY**

Business Name: \_\_\_\_\_

Address (Do not use PO Box): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**4. ILLINOIS DEPARTMENT OF HUMAN RIGHTS EMPLOYER REPORT FORM**

The "Illinois Department of Human Rights (IDHR)" Form PC-1 is required if you have 15 or more employees. Please return the form to the address specified on the form. The form may be found at ([http://www.sell2.illinois.gov/Registration\\_Certification.cfm](http://www.sell2.illinois.gov/Registration_Certification.cfm)).

- 4.1.** Do you employ 15 or more employees?
- ☐ Yes (If yes, then do not return this application without providing your IDHR Registration #)
- ☐ No

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**4.2.** IDHR Contractor Registration Number: \_\_\_\_\_

**4.3.** Expiration Date: \_\_\_\_\_

**5. AUTHORITY TO TRANSACT BUSINESS IN ILLINOIS FOR OUT OF STATE VENDORS**

The "Certificate of Authority for Out of State Vendors" Form BCA 13.15 may be required if you are an out of state vendor. Please return the form to the address specified on the form. The form may be found at ([http://www.sell2.illinois.gov/Registration\\_Certification.cfm](http://www.sell2.illinois.gov/Registration_Certification.cfm)).

**5.1.** Are you an out of state vendor?

- ☐ Yes (If yes, then you are not eligible for the Small Business Set-Aside Program)
- ☐ No

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**6. CERTIFICATION: TAXPAYER IDENTIFICATION**

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):

- |   |   |
|---|---|
| <input type="checkbox"/> Individual   | <input type="checkbox"/> Governmental   |
| <input type="checkbox"/> Sole Proprietor  | <input type="checkbox"/> Nonresident alien  |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Estate or trust  |
| <input type="checkbox"/> Legal Services Corporation   | <input type="checkbox"/> Pharmacy (Non-Corp.)   |
| <input type="checkbox"/> Tax-exempt   | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.)                           |
| <input type="checkbox"/> Corporation providing or billing medical and/or health care services     | <input type="checkbox"/> Limited Liability Company (select applicable tax classification) |
| <input type="checkbox"/> Corporation NOT providing or billing medical and/or health care services | <input type="checkbox"/> D = disregarded entity   |
|   | <input type="checkbox"/> C = corporation  |
|   | <input type="checkbox"/> P = partnership  |

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**7. PRODUCT OR SERVICE CATEGORIZATION**

From the list of supply and service classifications located at ([http://www.sell2.illinois.gov/Registration\\_Certification.cfm](http://www.sell2.illinois.gov/Registration_Certification.cfm)), list up to 10 classifications most applicable to your business. Provide the full 7 character commodity number and short description as listed. For example, Fencing S210-260. If more than 10 categories are needed, submit on a separate page. Once your application is approved in SBSP, BEP, or State Use, you must contact each Program individually to add/delete classifications.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

**8. DATE OF BUSINESS ESTABLISHMENT:** \_\_\_\_\_

**9. NET WORTH OF BUSINESS:** \_\_\_\_\_

**10. ANNUAL SALES**

**10.1.** Total sales and receipts for most recent fiscal year, including amounts for all affiliated businesses:

\$ \_\_\_\_\_

**11. CONFLICTS OF INTEREST**

30 ILCS 500/50-13 describes conflicts of interest that prohibit certain persons from acquiring a state contract. To view Section 50-13, go to:

(<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=532&ChapterID=7>).

To determine whether these prohibitions apply, answer the six yes/no questions in Step 4 of the Financial Disclosures and Conflicts of Interest form found at:

(<http://www2.illinois.gov/cpo/general/Pages/PublicationsReports.aspx>).

**11.1.** Do you have a Section 50-13 conflict of interest?

- ☐ Yes (if yes, then please attach a detailed explanation)  
☐ No

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**12. STANDARD CERTIFICATIONS**

You must read, acknowledge understanding and be in compliance with the State's Standard Certifications for Vendors found at:

(<http://www2.illinois.gov/cpo/general/Pages/PublicationsReports.aspx>).

**12.1.** Have you read, do you understand, and are you in compliance with the Standard Certifications?

☐

Yes

☐

No (If no, then please attach a detailed explanation)

**13. SUSPENSION OR DEBARMENT**

**13.1.** Has applicant been suspended or barred from bidding by any governmental entity for any length of time during the last five years?

☐

Yes (if yes, then please attach a detailed explanation)

☐

No

**14. STATE BOARD OF ELECTIONS**

You may be subject to the rules of Public Act 095-0971 regarding vendor registration with the State Board of Elections. Go to the Illinois Procurement Bulletin (IPB) website at (<http://www.purchase.state.il.us>) and follow the links on the IPB Homepage for information. For questions regarding Public Act 095-0971 go to the State Board of Elections website at ([www.elections.il.gov](http://www.elections.il.gov)). Under the "What's New" section on the left, click "4. Registration Process (BEREP)" or call (312) 814-6440 or (217) 782-4141.

**15. SIGNATURE**

Under penalty of perjury, the undersigned does swear or affirm that the information provided in this Bidder's Application Form is true and correct as of the time of signing. Applicant understands and agrees that failure to provide true and accurate information on this or any other document submitted to the state may, in accordance with Illinois statutes and rules, result in suspension from doing business with the state, termination of contracts, loss of profits in appropriate cases, and other sanctions.

Applicant agrees to provide additional information upon request to support the information provided herein, and further agrees that the state may audit any of applicant's records pertaining to this Bidder's Application. It is the responsibility of the applicant to immediately notify the Chief Procurement Office of any and all changes in the content of this application.

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The undersigned is authorized to sign this form on behalf of the applicant.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

This application may be emailed and additional documents (i.e. income tax forms) may be scanned and emailed to [scott.mckinnery@illinois.gov](mailto:scott.mckinnery@illinois.gov).

This form and additional documents may also be mailed to:

**Chief Procurement Office**  
**401 South Spring Street**  
**Suite 512 Stratton Office Building**  
**Springfield, IL 62706**

Note: Once ***qualified*** in any of the Small & Diverse Business Programs, all products/services/contact information on this application will be available for government and public view via the vendor search directories on the Sell2 Illinois website at: [Sell2 Vendor Directories](#). It is the responsibility of the applicant to notify **each** of the individual Programs in writing of any and all changes.