IPB Reference #: Click here to enter text. Procurement/Contract #: Click here to enter text.

This FORMS B Section may be used when responding to an Invitation for Bid (IFB) or a Request for Proposal (RFP) if the vendor is registered in the Illinois Procurement Gateway (IPG) and has a current IPG Registration Number.

If a vendor does not have a valid IPG registration number, then the vendor must complete and submit the FORMS A Section with their response. Failure to do so may render the submission non-responsive and result in disqualification.

Please read this entire section and provide the requested information as applicable. All parts in the FORMS B Section must be completed in full and submitted along with the vendor’s response.

1. **Certification of Illinois Procurement Gateway Registration**

My business has registered with the Illinois Procurement Gateway (IPG). The State of Illinois Chief Procurement Office approved the registration and provided the IPG registration number disclosed in this FORMS B Section.

IPG Registration #: Click here to enter text. IPG Expiration Date: Click here to enter text.

1. **Certification Timely to this Solicitation**

Vendor certifies it is not barred from having a contract with the State based upon violating the prohibitions related to either submitting/writing specifications or providing assistance to an employee of the State of Illinois by reviewing, drafting, directing, or preparing any invitation for bids, a request for proposal, or request of information, or similar assistance (except as part of a public request for such information).  30 ILCS 500/50-10.5(e), amended by Pub. Act No. 97-0895 (August 3, 2012).  Yes  No

1. **Disclosure of Lobbyist or Agent** (Complete only if bid, offer, or contract has an annual value over $25,000)

Is your company or parent entity(ies) represented by or do you or your parent entity(ies) employ a lobbyist required to register under the Lobbyist Registration Act (lobbyist must be registered pursuant to the Act with the Secretary of State) or an agent who has communicated, is communicating, or may communicate with any State/Public University officer or employee concerning the bid or offer? If yes, please identify each lobbyist and agent, including the name and address below.  Yes  No

If yes, please identify each lobbyist and agent, including the name and address 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 Disclosing Entity** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  |  |
|  |  |  |

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

Click here to enter text.

1. **Disclosure of Current and Pending Contracts**

Complete only if: (a) your business is for-profit and (b) the bid, offer, or contract has an annual value over $25,000. Do not complete if you are a not-for-profit entity.

Yes  No. Do you have any contracts, pending contracts, bids, proposals, subcontracts, leases or other ongoing procurement relationships with units of State of Illinois government?

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 #** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. **Signature**

As of the date signed below, I certify that:

* My business’ information and the certifications made in the Illinois Procurement Gateway are truthful and accurate.
* The certifications and disclosures made in this FORMS B Section are truthful and accurate.

This FORMS B Section is signed by an authorized officer or employee on behalf of the bidder, offeror, or vendor pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code, and the affirmation of the accuracy of the financial disclosures is made under penalty of perjury.

This disclosure information is submitted on behalf of:

Vendor Name: Click here to enter text. Phone: Click here to enter text.

Street Address: Click here to enter text. Email: Click here to enter text.

City, State, Zip: Click here to enter text. Vendor Contact: Click here to enter text.

Signature: Date: Click here to enter text.

Printed Name: Click here to enter text.

Title: Click here to enter text.

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: Click here to enter text.

Business Name: Click here to enter text.

Taxpayer Identification Number:

Social Security Number: Click here to enter text.

or

Employer Identification Number: Click here to enter text.

Legal Status (check one):

Individual  Governmental

Sole Proprietor  Nonresident alien

Partnership  Estate or trust

Legal Services Corporation  Pharmacy (Non-Corp.)

Tax-exempt  Pharmacy/Funeral Home/Cemetery (Corp.)

Corporation providing or billing  Limited Liability Company

medical and/or health care services (select applicable tax classification)

Corporation NOT providing or billing  D = disregarded entity

medical and/or health care services  C = corporation

P = partnership

Signature of Authorized Representative:

Date: Click here to enter a date.