



# Illinois Department of Transportation

2300 South Dirksen Parkway / Springfield, Illinois / 62764

June 7, 2005

SUBJECT: FAI Route 80  
Section (32, 47-4)RA-1  
Grundy County  
Item No. 24, June 17, 2005 Letting  
Contract 66539  
Addendum A

## NOTICE TO PROSPECTIVE BIDDERS:

Attached is an addendum to the plans or proposal. This addendum involves revised and/or added material.

1. Revised Pages 9A-9H of the proposal package that must be returned with the Bid.

Prime contractors must utilize the enclosed material when preparing their bid and must include any Schedule of Prices changes in their bidding proposal.

Bidders using computer-generated bids are cautioned to reflect any and all Schedule of Prices changes, if involved, into their computer programs.

Very truly yours,

Michael L. Hine  
Engineer of Design  
and Environment

A handwritten signature in black ink, appearing to read 'Ted B. Walschleger P.E.'.

By: Ted B. Walschleger, P. E.  
Engineer of Project Management

cc: Gregg Mounts  
Roger Driskell  
Jim White; Design & Environment File

MS:vp

# Illinois Department of Transportation Qualification and Equipment Inventory Certification Form

The undersigned authorized representative of Bidder certifies that the attached qualification information provided to the Department is true and correct, and that it is submitted with the understanding that the Department will use and rely upon the accuracy and currency of the information in the evaluation of Bidder's responsibility for award of this public contract.

Bidding Organization

---

---

---

Signature

Date

---

Printed Name

Title

---

Address

---

City/State

Zip Code

---

Telephone

Facsimile

---

E-mail

**Bidders that are currently prequalified by the Department are cautioned that they must complete these forms.**

**PART I**  
**Business and Directory Information**

- (a) Name of business (official name and assumed names): \_\_\_\_\_
- (b) Business headquarters: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_
- (c) Billing address: \_\_\_\_\_
- (d) Type of organization (Sole Proprietor, Corporation, Partnership, etc. – should be the same as on the Taxpayer ID form Part V): \_\_\_\_\_
- (e) State of incorporation, State of formation or State of organization: \_\_\_\_\_
- (f) If a division or subsidiary of another organization provide the name and address of the parent: \_\_\_\_\_
- (g) Businesses are affiliates when either one directly or indirectly controls or has the power to control the other, or, when a third party or parties controls or has the power to control both. In determining whether concerns are independently owned and operated and whether affiliation exists, consideration will be given to all appropriate factors, including the use of common facilities, common ownership and management and contractual arrangements. Identify all affiliated businesses and companies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (h) Description of business: \_\_\_\_\_
- (i) Length of time in business: \_\_\_\_\_
- (j) Number of full-time employees (average from most recent Fiscal Year): \_\_\_\_\_
- (k) Total annual sales and receipts for the most recently completed Fiscal Year including any parent and all related and affiliated organizations (tax returns for the relevant year may be required for verification): \_\_\_\_\_
- (l) Name and title of all officers/managers: \_\_\_\_\_  
\_\_\_\_\_
- (m) Identify and specify the location(s) and telephone numbers of the major offices and other facilities that would relate to performance under the terms of the contract if awarded: \_\_\_\_\_  
\_\_\_\_\_
- (n) Identify accounting firm: \_\_\_\_\_

- (o) The successful business will be required to register to do business in Illinois. If already registered, provide the date of the registration to do business in Illinois and the name of the registered agent in the State: \_\_\_\_\_  
\_\_\_\_\_
- (p) Business web site: \_\_\_\_\_
- (q) Is this business currently prequalified by the Department of Transportation? If yes, list all work ratings issued: \_\_\_\_\_  
\_\_\_\_\_
- (r) Has this business performed contracts awarded by the Department as prime contractor? If yes, list the three most recent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (s) Has this business participated as a subcontractor under contracts awarded by the Department? If yes, list the three most recent identifying the prime contractor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PART II References

Provide references from established firms or government agencies, (four preferred; two of each type preferred) other than the Department, that can attest to your experience and ability to perform the work of the contract for which this bid is submitted. **Bidders that have current work ratings issued by the Prequalification Section need only list references for this contract if more than 50% of the work as determined by the advertised quantities is not covered by an issued work rating.**

(1) Government Agency (Name): \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Types of services provided and dates provided: \_\_\_\_\_  
\_\_\_\_\_

(2) Governmental Agency (Name): \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Types of services provided and dates provided: \_\_\_\_\_  
\_\_\_\_\_

(3) Private Firm (Name): \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Types of services provided and dates provided: \_\_\_\_\_  
\_\_\_\_\_

(4) Private Firm (Name): \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Types of services provided and dates provided: \_\_\_\_\_  
\_\_\_\_\_



**PART IV**  
**Department of Human Rights (DHR)**  
**Public Contract Number**

If the bidder has employed fifteen (15) or more full-time employees at any time during the 365-day period immediately preceding the publication of this invitation for bids, the bidder must have a current Public Contract Number or have proof of having submitted a completed application for one prior to the letting date. If the Department cannot confirm compliance, it will not be able to consider the bid or offer. Please complete the appropriate sections below.

Name of Company (and D/B/A): \_\_\_\_\_  
\_\_\_\_\_

DHR Public Contracts Number: \_\_\_\_\_

(Check if applicable) The number is not required because the company has employed 14 or less full-time employees during the 365-day period immediately preceding the publication of this invitation.

IF NUMBER HAS NOT YET BEEN ISSUED:

Date completed application was submitted to DHR: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

**PART V**  
**Taxpayer Identification Number**

I certify that:

1. 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**
2. 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**
3. I am a U.S. person (including a U.S. resident alien).

**Name (Printed):** \_\_\_\_\_

**Taxpayer Identification Number:**

Social Security Number \_\_\_\_\_

or

Employer Identification Number \_\_\_\_\_

Legal Status (check one):

Individual

Governmental

Sole Proprietorship

Estate or Trust

Partnership/Legal Corporation

Other \_\_\_\_\_

Tax-exempt

**PART VI**  
**Information Regarding Terminations,  
Litigation, Suspension and Debarment**

1. During the last five (5) years, has the Bidder had a contract for services terminated for any reason? \_\_\_\_\_ If so, provide full details related to the termination. \_\_\_\_\_

---

---

---

2. During the last (5) years, describe any damages or penalties or anything of value traded or given up by the Bidder under any of its existing or past contracts as it relates to services performed that are similar to the services contemplated by this invitation and the contemplated Contract. If so, indicate the reason for the penalty or exchange of property or services and the estimated amount of the cost of that incident to the Bidder. \_\_\_\_\_

---

---

---

3. During the last five (5) years, describe any order, judgment or decree of any Federal or State authority barring, suspending or otherwise limiting the right of the Bidder to engage in any business, practice or activity. \_\_\_\_\_

---

---

---

4. During the last five (5) years, list and summarize pending or threatened litigation, administrative or regulatory proceedings, or similar matters that could affect the ability of the Bidder to perform the required services. The Bidder must also state whether it or any owners, officers, or primary partners have ever been convicted of a felony. Failure to disclose these matters may result in rejection of the bid or in termination of any subsequent contract. This is a continuing disclosure requirement. Any such matter commencing after submission of a bid, and with respect to the successful Bidder after the execution of a contract, must be disclosed in a timely manner in a written statement to the Department. \_\_\_\_\_

---

---

---

5. During the last five (5) years, have any irregularities been discovered in any of the accounts maintained by the Bidder on behalf of others? \_\_\_\_\_  
If so, describe the circumstances of irregularities or variances and disposition of resolving the irregularities or variances. \_\_\_\_\_

---

---

---