FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST

Financial Disclosures and Conflicts of Interest forms ("forms") must be accurately completed and submitted by the vendor, any parent entity(ies) and any subcontractors. There are **nine** steps to this form and each must be completed as instructed in the step heading, unless otherwise provided. A bid, offer, or proposal that does not include this form shall be considered not responsive. The State/Public 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 previously submitted form is no longer accurate, disclosing entities must provide an updated form.

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

Subcontractor forms must be provided with a copy of the subcontract, if required, within 15 days after execution of the State/Public University contract or after execution of the subcontract, whichever is later, for all subcontracts with an annual value of more than \$50,000.

| 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: | |
| 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 Lin Partnership) Not-for-Profit | nited |
| Trust Agreement (Beneficiary) Other | |
| If you selected Other, please describe: | |

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% (\$123,420) 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% (\$123,420) of the annual salary of the Governor. OR |
| 2.B. Complete Step 2, Option A for each qualifying individual or entity holding any ownership share in excess of 5% and attach the information Federal 10-K reporting companies are required to report under 17 CFR 229.401. |
| Option 3 – All other Privately Held Entities, not including Sole Proprietorships 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% (\$123,420) 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% (\$123,420) 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. |

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.

| value exceeds \$123 | • | ested information in a format substa | ntially similar to the format below. |
|--|---|---|--|
| TABLE – X | | | , |
| Name | Address | Percentage of Ownership | \$ Value of Ownership |
| | | | |
| entity and their pe | | | name and address of each individual or |
| Check here if in | of the disclosing entity, or the d | | d percentage exceeds 5% of the total e if said dollar value exceeds \$123,420. Initially similar to the format below. |
| Check here if in | of the disclosing entity, or the d | ollar value of their distributive incom ested information in a format substar | e if said dollar value exceeds \$123,420. Intially similar to the format below. |
| Check here if in | of the disclosing entity, or the d | ollar value of their distributive incom | e if said dollar value exceeds \$123,420. |
| Check here if in | of the disclosing entity, or the d | ollar value of their distributive incom ested information in a format substar % of Distributive | e if said dollar value exceeds \$123,420. Intially similar to the format below. |
| Check here if in | of the disclosing entity, or the d | ollar value of their distributive incom ested information in a format substar % of Distributive | e if said dollar value exceeds \$123,420. Intially similar to the format below. |
| Check here if in | of the disclosing entity, or the d | ollar value of their distributive incom ested information in a format substar % of Distributive | e if said dollar value exceeds \$123,420. Intially similar to the format below. |
| TABLE – Y Name Please certify that to I have disclo | Address Che following statements are true | ested information in a format substantion % of Distributive Income | stially similar to the format below. Stalue of Distributive Income |
| Check here if in TABLE – Y Name Please certify that to the series of t | Address Address The following statements are true sed all individuals or entities that No assed all individuals or entities that seed all individuals or entities that the sed all individuals or entities the sed all individuals or entitle the sed all individuals or entitle the sed all individuals or entitle the sed all the | % of Distributive Income State | \$ Value of Distributive Income That the format below. \$ Value of Distributive Income That the format below. |

| | | | <u></u> | | | |
|--|--|------------|--------------------------------|-----------------------------|-----------|--|
| Nan | ne | | Address | | | |
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| | | | CTED 3 | | | |
| | | חוצכו טצוו | STEP 3 RE OF LOBBYIST OR AGENT | | | |
| | | | | ue over \$25.000) | | |
| | (Complete only if bid, offer, or contract has an annual value over \$25,000) (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 Lobbyist Registration Act (lobbyist must be registered pursuant to the Act with the Secretary of State) or other agent who is not identified through Step 2, Option A above and who has communicated, is communicating, or may communicate with any State/Public University officer or employee concerning this solicitation? 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. | | | | | | |
| Nan | 10 | Address | | Relationship to Disclosing | Fntity | |
| Ivaii | ie | Addiess | | Relationship to Discloshing | 3 Littley | |
| | Describe all costs/fees/compensation/reimbursements related to the assistance provided by each representative lobbyist or other agent to obtain this Agency/University contract: | | | | | |
| 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 in Step 1, Option 6 above. Please provide the name of the person for which responses are provided: | | | | | | |
| 1. | Do you hold or are you the spouse of Illinois or hold a seat in the General | | | ce in the State of | Yes No | |
| 2. 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% (\$123,420) of the salary of the Governor? | | | | | | |
| 3. | 3. 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 | |
| 4. 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 | |
| 5. If you answered yes to any question in 1-4 above, please answered, or minor child receive from the vendor more than 7.5 income or an amount of distributable income in excess of the | | | r more than 7.5% of the vend | or's total distributable | Yes No | |
| 6. | If you answered yes to any question combined interest of self with spous | | • | = | Yes No | |

vendor's distributable income or an amount of distributable income in excess of two times the salary of the Governor (\$411,400)?

STEP 5

POTENTIAL CONFLICTS OF INTEREST RELATING TO PERSONAL RELATIONSHIPS

(Complete only if bid, offer, or contract has an annual value over \$25,000) (Subcontractors with subcontract annual value of more than \$50,000 must complete)

Step 5 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above.

Please provide the name of the person for which responses are provided: Yes No Do you currently have, or in the previous 3 years have you had State employment, including 1. 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 Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding elective 4. 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? 7. Do you currently have or in the previous 3 years had employment as or by any registered lobbyist Yes No 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 registered with either the Secretary of State or the Federal

Board of Elections?

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 individual.

STEP 7

POTENTIAL CONFLICTS OF INTEREST RELATING TO DEBARMENT & LEGAL PROCEEDINGS

(Complete only if bid, offer, or contract has an annual value over \$25,000) (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 entity and sole proprietor disclosed in Step 1.

in Step 1. Please provide the name of the person or entity for which responses are provided: Yes No 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? 3. Within the previous ten years, have you had any bankruptcies? Yes No 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? 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. STEP 8 **DISCLOSURE OF CURRENT AND PENDING CONTRACTS** (Complete only if bid, offer, or contract has an annual value over \$25,000) (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 #**

Please explain the procurement relationship:

STEP 9 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 IPA's requirements. This disclosure information is submitted on behalf of:

| Name of Disclosing Entity: | | |
|----------------------------|-------|--|
| Signature: | Date: | |
| Printed Name: | | |
| Title: | | |
| Phone Number: | | |
| Fmail Address: | | |