



Illinois Department of
Innovation & Technology

Vendor Disclosures, SOS, BOE and IDHR Registrations

Chris Brinkmeyer, IL Department of Innovation and Technology
September 17th, 2025

Disclosure Types

- Active IPG Register Vendor Disclosures
 - Requires an active registration with the Illinois Procurement Gateway(IPG) at the time of submission and bid opening.
 - Vendors may register here: <https://ipg.illinois.gov/InitialRegistration.aspx>
 - 3-page document.
- Vendor Disclosures
 - This form is required if you do not have an IPG registration or if it is expired.
 - 22-page document

Vendor Disclosures

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.

Page 1 is utilized for the vendors basic info and should be completed in its entirety.

Vendor Disclosures

1.1. Name of Business (official name and DBA)

[Click here to enter text.](#)

1.2. Business Headquarters (address, phone and fax)

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

1.3. If a Division or Subsidiary of another organization provide the name and address of the parent

[Click here to enter text.](#)

1.4. Billing Address

[Click here to enter text.](#)

[Click here to enter text.](#)

1.5. Name of Chief Executive Officer

[Click here to enter text.](#)

Section 1.1- This should match info on page 1.

Section 1.2- This should match info on page 1.

Section 1.3- Disclose if you have a parent entity.

Section 1.4- Fill in the section as if you were going to receive paper checks.

Section 1.5- Enter you Chief Executive Officer or Equivalent's name. This is utilized for the State Board of Elections verification.

- Board of Elections registration is required by 30 ILCS 500/20-160
- Definitions are provided under 30 ILCS 500/50-37

Vendor Disclosures

1.6. Company Web Site Address

[Click here to enter text.](#)

1.7. Type of Organization (sole proprietor, corporation, etc.--should be same as on Taxpayer ID form below)

[Click here to enter text.](#)

1.8. Length of time in business

[Click here to enter text.](#)

1.9. Annual Sales for Offeror's most recently completed fiscal year

[Click here to enter text.](#)

1.10. Show number of full-time employees, on average, during the most recent fiscal year

[Click here to enter text.](#)

Section 1.6- Companies public facing website if applicable

Section 1.7- This should match what you later fill out in the financial disclosures and the Taxpayer Identification Page and your W-9.

Section 1.8- Complete

Section 1.9- Information required for tracking purposes.

Section 1.10- Information required to see if vendor must meet IDHR registration requirements.

- 44 Ill. Adm. Code § 750.210(a) requires employers with 15 or more employees in the 365 days before filing to register with the Illinois Department of Human Rights (IDHR) to be eligible for State public contracts.

Vendor Disclosures

1.11. Is your company at least 51% owned and controlled by individuals in one of the following categories? If "Yes," please check the category that applies:

1.11.1. Minority (30 ILCS 575/2(A)(1) & (3)) ☐ Yes

1.11.2. Women (30 ILCS 575/2(A)(2) & (4)) ☐ Yes

1.11.3. Person with Disability (30 ILCS 575/2(A)(2.05) & (2.1)) ☐ Yes

1.11.4. Disadvantaged (49 CFR 26) ☐ Yes

1.11.5. Veteran (30 ILCS 500/45-57) ☐ Yes

Section 1.11- Companies public facing website if applicable

- This section is used for tracking purposes.

Vendor Disclosures

3. A person, other than an individual acting as a sole proprietor, must be a duly constituted legal entity prior to submitting a bid, offer, or response. The legal entity must be authorized to transact business or conduct affairs in Illinois prior to execution of the contract. 30 ILCS 500/20-43.

These requirements do not apply to construction contracts that are subject to the requirements of 30 ILCS 500/30-20 and 30 ILCS 500/33-10. The prequalification requirements of Sections 30-20 and 33-10 shall include the requirement that the bidder be registered with the Illinois Secretary of State.

Prior to execution of the contract, the State may request evidence from a vendor that certifies it is authorized to transact business or conduct affairs in Illinois. Failure to produce evidence in a timely manner may be considered grounds for determining the Vendor non-responsive or not responsible. For information on registering to transact business or conduct affairs in Illinois, please visit the Illinois Secretary of State's Department of Business Services at their website at (http://cyberdriveillinois.com/departments/business_services/home.html) or your home county clerk.

Section 3- This section cover the requirement to register with the Secretary of State in order to be authorized to conduct business in Illinois prior to contract execution.

- This does not apply to Sole Proprietorships.
- Vendors can register here:
https://www.ilsos.gov/departments/business_services.html

Vendor Disclosures

4.30. Vendor certifies that it has read, understands, and is in compliance with the registration requirements of the Elections Code (10 ILCS 5/9-35) and the restrictions on making political contributions and related requirements of the Illinois Procurement Code. 30 ILCS 500/20-160 and 50-37. Vendor will not make a political contribution that will violate these requirements.

In accordance with section 20-160 of the Illinois Procurement Code, Vendor certifies as applicable:

☐ Vendor is not required to register as a business entity with the State Board of Elections.

or

☐ Vendor has registered with the State Board of Elections. As a registered business entity, Vendor acknowledges a continuing duty to update the registration as required by the Act.

Section 4.30- This section cover the requirement to register with the State Board of Elections prior to submitting a bid or proposal.

- Board of Elections registration is required by 30 ILCS 500/20-160
- Definitions are provided under 30 ILCS 500/50-37
- Vendors can find registration info here:
<https://www.elections.il.gov/NewDocDisplay.aspx?%2fM0cs48zOKVZyk9eAbpEoxjoGz9b5YaG2pWCtGWIhZLLDJ8HyFpmSfybPSompjha8ZXYhS8h3cM9zR9F0Cs2hMFhBfCLnfaj1Wr3DSoEFh%2bqn1mxXNG3aqfAWfo1PVQcNaUF%2fJYwAF%2bS7LiCyZY3%2fQYr%2bl%2fSPuj3>

Vendor Disclosures

6. In accordance with 30 ILCS 500/50-36, each bid, offer, or proposal submitted for a State contract, other than a small purchase defined in Section 20-20 of the Illinois Procurement Code, will include a disclosure of whether or not the bidder, offeror, or proposing entity, or any of its corporate parents or subsidiaries, within the 24 months before submission of the bid, offer, or proposal had business operations that involved contracts with or provision of supplies or services to the Government of Iran, companies in which the Government of Iran has any direct or indirect equity share, consortiums or projects commissioned by the Government of Iran and:

- more than 10% of the company's revenues produced in or assets located in Iran involve oil-related activities or mineral-extraction activities; less than 75% of the company's revenues produced in or assets located in Iran involve contracts with or provision of oil-related or mineral – extraction products or services to the Government of Iran or a project or consortium created exclusively by that Government; and the company has failed to take substantial action; or
- the company has, on or after August 5, 1996, made an investment of \$20 million or more, or any combination of investments of at least \$10 million each that in the aggregate equals or exceeds \$20 million in any 12- month period that directly or significantly contributes to the enhancement of Iran's ability to develop petroleum resources of Iran.

A bid or offer that does not include this disclosure may be given a period after the bid or offer is submitted to cure non-disclosure. A chief procurement officer may consider the disclosure when evaluating the bid or offer or awarding the contract.

☐ There are no business operations that must be disclosed to comply with the above cited law.

☐ The following business operations are disclosed to comply with the above cited law:

[Click here to enter text.](#)

Section 6- Attestation that you have no business with Iran applicable to 30 ILCS 500/50-36

- If no, check the appropriate box.
- If yes, check the box and disclose any operations as needed.

Financial Disclosures

This disclosure is submitted for:

- ☐ Vendor
- ☐ Vendor's Parent Entity(ies) (100% ownership)
- ☐ Subcontractor(s)
- ☐ Subcontractor's Parent Entity(ies) (100% ownership)

Project Name	Click here to enter text.
Illinois Procurement Bulletin Number	Click here to enter text.
Contract Number	Click here to enter text.
Vendor Name	Click here to enter text.
Doing Business As (DBA)	Click here to enter text.
Disclosing Entity	Click here to enter text.
Disclosing Entity's Parent Entity	Click here to enter text.
Subcontractor	Click here to enter text.
Instrument of Ownership or Beneficial Interest	Choose an item. ☐ If you selected Other, please describe: Click here to enter text.

Financial Disclosures are part of Vendor Disclosures. If you are a IPG registered vendor these are kept within the IPG file.

- Disclose whom this set of disclosures is for.
- Project Name should match the solicitation title.
- Illinois Procurement Bulletin Number is the Bid number from Bid Buy
- Contract number can be blank
- Vendor name is the disclosing vendor
- Enter DBA if applicable.

Financial Disclosures

This disclosure is submitted for:

- ☐ Vendor
- ☐ Vendor's Parent Entity(ies) (100% ownership)
- ☐ Subcontractor(s)
- ☐ Subcontractor's Parent Entity(ies) (100% ownership)

Project Name	Click here to enter text.
Illinois Procurement Bulletin Number	Click here to enter text.
Contract Number	Click here to enter text.
Vendor Name	Click here to enter text.
Doing Business As (DBA)	Click here to enter text.
Disclosing Entity	Click here to enter text.
Disclosing Entity's Parent Entity	Click here to enter text.
Subcontractor	Click here to enter text.
Instrument of Ownership or Beneficial Interest	Choose an item. ☐ If you selected Other, please describe: Click here to enter text.

Financial Disclosures are part of Vendor Disclosures. If you are a IPG registered vendor these are kept within the IPG file.

- Disclosing Entity: Who is submitting this disclosure?
- Disclosing Entity's Parent: This should only be filled in if there is 100% direct ownership and should match Step 2, Table X.
- Subcontractor: This is only filled in if this disclosure is for a subcontractor.
- Instrument of Ownership: Fill out your corporation status. This should match what you fill in on Step 1 and on the Taxpayer Identification Page.

Financial Disclosures

You must select one of the six options below and select the documentation you are submitting. You must provide the documentation that 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% (\$142,740) 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% (\$142,740) 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% (\$142,740) 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% (\$142,740) 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 1- Check the appropriate box

- Option 1 Public traded entity- Either attach a list of all share holders in excess of 5% or attach your federal 10k. You can also insert a website link to your 10k
- Option 2- Same as option 1
- Option 3- Must disclose all owners exceeding 5% in Step 2, Table X
- Option 4- 4.A Complete Step 2 Table X or attach SEC 20-4 or 40-F
- Option 5- Complete Step 2, Option B

Financial Disclosures

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 \$142,740.

☐ 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
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.	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.

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% of the total distributive income of the disclosing entity, or the dollar value of their distributive income if said dollar value exceeds \$142,740.

☐ 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
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.	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.

Step 2 Option A-

- Table X- Enter all persons or entities that exceed 5% ownership of the value exceeds \$142,740. Note this should be direct ownership. If there is 100% ownership by another entity a set of disclosure will be required for that entity.
- Table Y usually matches Table X unless there is a different compensation formula.

Financial Disclosures

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 \$142,740.

☐ Yes ☐ No

I have disclosed all individuals or entities that were entitled to receive distributive income in an amount greater than \$142,740 or greater than 5% of the total distributive income of the disclosing entity.

☐ Yes ☐ No

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
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.

Step 2 continued

- Both questions must be answered as Yes.
- Option B- This is for Not-for-Profits only. If Option 5 was checked in Step 1 this must be completed.

Financial Disclosures

STEP 3

DISCLOSURE OF LOBBYIST OR AGENT

☐ 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 officer or employee concerning the bid or offer? 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 contract: [Click here to enter text.](#)

Step 3 Disclosure of a Lobbyist or Agent

- Only fill this in if you had a lobbyist or agent working on something in relation to the solicitation you are submitting these disclosures for.

Financial Disclosures

STEP 4

PROHIBITED CONFLICTS OF INTEREST

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: [Click here to enter text.](#)

1. 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
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% (\$142,740) of the salary of the Governor? ☐ Yes ☐ No
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 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 (\$237,900)? ☐ Yes ☐ No
6. 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 (\$475,800)? ☐ Yes ☐ No

Step 4 Prohibited Conflicts of Interest

- This should be filled in for sole proprietors and any people disclosed in Step 2 Option A. This does not include entities disclosed in Step 2 Option A.

Financial Disclosures

STEP 5

POTENTIAL CONFLICTS OF INTEREST RELATING TO PERSONAL RELATIONSHIPS

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: [Click here to enter text.](#)

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 registered with either the Secretary of State or the

Step 5 Potential Conflicts of Interest Relating to Personal Relationships

- This should be filled in for sole proprietors and any people disclosed in Step 2 Option A. This does not include entities disclosed in Step 2 Option A.

Financial Disclosures

STEP 7

POTENTIAL CONFLICTS OF INTEREST RELATING TO DEBARMENT & LEGAL PROCEEDINGS

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

Please provide the name of the person or entity for which responses are provided: [Click here to enter text.](#)

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, and position title of each individual. [Click here to enter text.](#)

Step 6- This section is only filled in if you answered yes in Steps 4 or 5. Answering yes in those steps does not stop you from winning a contract but does require an additional check on the State's side.

Step 7- This should be answered for all people and entities disclosed in Step 2 Option A, Sole Proprietors and anyone disclosed in Step 3.

Financial Disclosures

STEP 8

DISCLOSURE OF CURRENT AND PENDING CONTRACTS

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. Additional rows may be inserted into the table or an attachment may be provided if needed.

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.

STEP 9

SIGN THE DISCLOSURE

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: [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.](#)

Phone Number: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Step 8 Disclosure of Current and Pending Contracts.

- Disclose any current Contracts, Pending Contract, Bids or Proposals.
- Also disclose any subcontracts or lease agreements.

Step 9- Sign the Disclosure and fill in all fields.

Taxpayer Identification Number

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
medical and/or health care services | ☐ Limited Liability Company
(select applicable tax classification) |
| ☐ Corporation NOT providing or billing
medical and/or health care services | ☐ C = corporation |
| | ☐ P = partnership |

Signature of Authorized Representative: _____

Date: [Click here to enter a date.](#)

- Name: Enter Entity or Sole Proprietors Name.
- Taxpayer Identification Number: Enter a Social Security Number if a Sole Proprietor or Enter a Federal Employer Identification Number of the entity filling out the disclosures. Do not enter a parent entities information unless this disclosure is specifically for them.
- Legal Status: This should be the status represented on your W-9.
- Sign and date the document.

IPG Active Registered Vendor Disclosure

BidBuy Reference #: [Click here to enter text.](#)

Procurement/Contract #: [Click here to enter text.](#)

**** STOP and READ THIS **** *You may only submit this form if you have an **ACTIVE (unexpired and approved)** registration in the Illinois Procurement Gateway.*

This IPG Active Registered Vendor Disclosure 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 an active State of Illinois Vendor Registration Number. The IPG assigns each vendor a unique State of Illinois Vendor Registration Number and expiration date upon the Chief Procurement Office's acceptance of the vendor's IPG application.

If a vendor does not have an active State of Illinois Vendor Registration Number, then the vendor must complete and submit Vendor Disclosure (formerly named Forms A) 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 IPG Active Registered Vendor Disclosure must be completed in full and submitted along with the vendor's bid, offer, or response.

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

My business has an active State of Illinois Vendor Registration Number.

To ensure that you have an active registration in the IPG, search for your business name in the IPG Registered Vendor Directory. If your company does not appear in the search results, then you do not have an active IPG registration.

State of Illinois Vendor Registration Number: [Click here to enter text.](#)

IPG Expiration Date: [Click here to enter text.](#)

This document can only be utilized if you have an active IPG Registration.

- BidBuy Reference Number: Enter the Bid Number from BidBuy
- Procurement/Contract Number: This can be left blank.
- Certification of Illinois Procurement Gateway Registration: Enter you IPG # and IPG Expiration date.

IPG

Overview Section

SUPPLIER NAME	Joe's Car Wash LLC
IPG NUMBER	IPG-0666266
SUBMIT DATE	05/21/2025
REVIEW DATE	05/21/2025
EXPIRATION DATE	05/22/2026
STATUS	Active (Accepted)
FLAGS	No Add Flag
DBA COMPANY NAME	Joe's Car Wash
ADDRESS	100 South Main Street, Boston, Massachusetts, United States, 61234
REGISTERING AS A	Subcontractor
SMALL BUSINESS SET-ASIDE PROGRAM (SBSP) REGISTERED	No

General Information

Overview

BUSINESS NAME	Joe's Car Wash LLC	DBA NAME	Joe's Car Wash
FEDERAL EMPLOYER ID NUMBER	98-7456321		

Corporate Headquarters

COMPANY ADDRESS LINE 1	100 South Main Street	CITY	Boston
COUNTY	Patriot	STATE	Massachusetts
ZIP/POSTAL CODE	61234	COMPANY PHONE	(217) 555-5555

IPG

General Information | Home - General Information

 All questions marked with * are mandatory for submission

Overview

Business Name *  Joe's Car Wash LLC

DBA Name  Joe's Car Wash

Tax ID Type *  Federal Employer ID Number 

Federal Employer ID Number *  98-7456321

Corporate Headquarters

Country *  United States 

Company Address 1 *  100 South Main Street

Address 2 

City *  Boston

County  Patriot

State *  Massachusetts 

Zip/Postal Code *  61234 Zip +4 

Company Website 

Company Phone *  (217) 555-5555 Ext 

Company Email *  name@illinois.gov

Confirm Email *  name@illinois.gov

Company Fax  (217) 555-5555

IPG Active Registered Vendor Disclosure

2. Certification Timely to this Solicitation or Contract

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).

☐ Yes ☐ No

3. Disclosure of Lobbyist or Agent (Complete only if bid, offer, or contract has an annual value over \$100,000)

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 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. Additional rows may be inserted into the [table](#) or an attachment may be provided if needed.

Question 2- Certifies you did not help the State write the solicitation. This should be marked Yes. If marked no the vendor is ineligible for an award.

Question 3- Similar to the Vendor Disclosure, Yes should only be marked if you had a lobbyist or agent working on the solicitation in which this disclosure is for. If yes was marked an explanation is required below.

IPG Active Registered Vendor Disclosure

4. 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 \$100,000. 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. Additional rows may be inserted into the table or an attachment in the same format may be provided if needed.

Agency	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.

5. Vendor certifies that no procurement or laundering of apparel provided to the State under the contract has been or will be provided through the use of forced labor exploitation. 30 ILCS 500/25-210.

Question 4- Disclosure of any Contracts, Pending Contracts, Bids, Proposals or Subcontracts similar to section 8 of the Vendor Disclosures.

Question 5- No Response required however vendor is certifying forced labor was not used for apparel contracts if applicable.

IPG Active Registered Vendor Disclosure

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Question 5- No Response required however vendor is certifying forced labor was not used for apparel contracts if applicable.

Question 6- Sign and Date the Disclosure. Fill in all fields.



Illinois Department of
Innovation & Technology

QUESTIONS?

THANK YOU!