State of Illinois
Department of Central Management Services

STATE USE APPLICATION FORM

State Use Program
401 South Spring Street
William G. Stratton Building/Room 801
Springfield, Illinois 62706-0002

The State Use Program facilitates the purchase of products and services of severely disabled persons. To participate, a not-for-profit agency must have indicated an interest in providing the supplies and services, must meet the specifications and needs of the using agency, and must set a fair market price.

Applicant must meet the statutory requirements set forth at 30 ILCS 500/45-35. Disclosure of information is REQUIRED. If you do not complete this form, you may not receive the benefits of the program. In compliance with the State and Federal Constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, and Section 504 of the Federal Rehabilitation Act, the State of Illinois does not discriminate in employment, contracts, or any other activity.

INSTRUCTIONS: Please type or print IN INK ONLY. Please respond to all questions and sign in the space provided on page 5. **If appropriate answer is "same," "not applicable," or "none," please write this to indicate no questions have been overlooked.** Return this form to the address shown above even if you normally deal with a State employee or division at another address.

1. List the Legal Name of your company as filed with Internal Revenue Service.

Applicant Name:

FEIN Number: (Attach W-9 Taxpayer Identification Form)

Address:
(No PO Box)

City: State: Zip Code:

Contact Person: Telephone Number:

Toll Free Number: Fax Number:

E-mail Address: County:

Web Address:

2. If Applicant is a division or subsidiary of another company, show name and address of parent company.

Parent Name:

Address:

City: State: Zip Code:

STATE USE APPLICATION FORM

3. If Applicant employs fifteen or more full-time employees, it must have a current Illinois Department of Human Rights (IDHR) Public Contract Number or have proof of having submitting a completed application. Please complete the appropriate sections below:

☐ (check if applicable) The number is not required as the Applicant employs fourteen or fewer full-time employees.

IDHR Public Contract Number: _____ Expiration Date: _____

If a number has not yet been issued, provide the date a completed application for the number was submitted to IDHR: _____

- If Applicant's organization holds an expired number, it must re-register with IDHR.
- If Applicant holds an expired IDHR Public Contracts Number, Applicant will not be eligible to be awarded contracts by the State of Illinois until the IDHR Public Contracts Number is renewed.
- Numbers issued by IDHR (or its predecessor agency, the Illinois Fair Employment Practices Commission) prior to July 1, 1998 are no longer valid. This affects numbers below 89999-00-0. Valid numbers begin with 900000-00-0.
- Applicant may obtain the required form by:
  - Telephone: Call the IDHR Public Contracts Unit at (312) 814-2431 between Monday and Friday, 8:30 AM - 5:00 PM, CST. (TDD (312) 263-1579).
  - Internet: Download the form from the Internet at:

    (http://www2.illinois.gov/dhr/PublicContracts/Pages/default.aspx).
  - Mail: Write to the Department of Human Rights, Public Contracts Unit, 100 West Randolph Street, Suite 10-100, Chicago, IL 60601.

STATE USE APPLICATION FORM

Pursuant to Section 45-35 of the Illinois Procurement Code, supplies and services may be procured without advertising or calling for bids from any qualified not-for-profit agency for persons with severe disabilities that meets the following criteria:

1. Complies with Illinois laws governing not-for-profit organizations, **AND**
2. Complies with the certification or accreditation requirements set forth by the State Use statute, **AND**
3. Meets the Illinois Department of Human Services just standards.

Certifications

NOTE: VENDOR HAS A CONTINUING DUTY TO UPDATE ITS CERTIFICATIONS

1. Applicant certifies it is compliant with Illinois laws governing not-for-profit organizations, including, but not limited to, the Charitable Trust Act (760 ILCS 55/1) and the General Not For Profit Corporations Act of 1986 (805 ILCS 105/).

Applicant must make the following certifications by checking the appropriate box under each subsection:

A. Charitable Trust registration

☐ Applicant certifies it is not required to register with the Illinois Attorney General pursuant to the Charitable Trust Act.

☐ Applicant certifies it has registered with the Illinois Attorney General pursuant to the Charitable Trust Act and has attached evidence of the registration to this Application.

B. Not-for-profit organization registration

☐ Applicant certifies it is a legal entity authorized to conduct affairs in Illinois as of the date of submitting this Application. Applicant has attached evidence of compliance with this certification.

☐ Applicant certifies it is a not-for-profit, properly registered in the jurisdiction in which it is organized, which has been duly authorized to conduct affairs in Illinois in accordance with the General Not For Profit Corporation Act of 1986. Applicant has attached evidence of authority to conduct affairs in Illinois to this Application.

For information on registering to conduct business 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 call (217) 782-6961 or TDD (866)322-7497

STATE USE APPLICATION FORM

2. Applicant certifies it is compliant with one of the following certification or accreditation requirements:

☐ Certification as a sheltered workshop by the Wage and Hour Division of the U.S. Department of Labor (USDOL).

Expiration Date _____ (Applicant must attach copy of certification)

OR

☐ Accreditation as a vocational program which meets the following criteria:

(1) Provides transition services to youth between the ages of 14 1/2 and 22 in accordance with individualized education plans under Section14-8.03 of the School Code **AND**

(2) Provides residential services at on the of the following:

- a child care institution, as defined under Section 2.06 of the Child Care Act of 1969, or
- at a group home, as defined under Section 2.16 of the Child Care Act of 1969

Expiration Date _____ (Applicant must attach evidence of accreditation)

3. Applicant certifies that it is compliant with the Illinois Department of Human Services just standards and has attached evidence of one of the following certifications:

☐ Illinois Department of Human Services Certification

Expiration Date _____

☐ Commission on Accreditation of Rehabilitation Facilities (CARF)

Expiration Date _____

☐ Other accrediting organization which satisfies the requirements provided at 89 Ill. Adm. Code 530.

Expiration Date _____

STATE USE APPLICATION FORM

4. From the list of supply/service classifications, located at **http://www.state.il.us/cms/download/pdfs/sel_clas.pdf**, list up to 20 classifications most applicable to your business. Provide the **full 7 character commodity or service code** and short description as listed (e.g. S210-260, Fencing). If more than 20 categories are needed, please submit on a separate page.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

5. Date Business Established: _____

Under penalty of perjury, the undersigned does swear and affirm that the information provided in this State Use 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 State Use Application Form. It is the responsibility of the Applicant to immediately notify the State Use Program of any and all changes in the content of this application. Applicant agrees and understands that submitting the Application does not entitle Applicant to an award or contract.

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

Signature: _____ Name: _____

Title: _____ Date: _____

This is a fillable/savable PDF form. Print and mail this form and any attachments to:

State Use Program
401 South Spring Street
William G. Stratton Building/Room 801
Springfield, IL 62706-0002