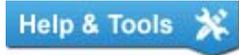


Vendor Registration: Edit Form



Complete the form below. Fields marked with a red asterisk are required and must be answered to submit this form.

*** required entry**

Vendor Registration ?	
Form Name	I. Financial Disclosure & Conflicts of Interest
Description	Complete the Financial Disclosure & Conflicts of Interest form

I. Financial Disclosure & Conflicts of Interest - Instructions

Financial Disclosures and Conflicts of Interest information must be accurately completed and submitted by the prime contractor, any parent entity(ies) and any subcontractors. State agencies and universities will consider this information when evaluating individual solicitations or awarding contracts.

The requirement of disclosure of financial interests and conflicts of interest is a continuing obligation. If circumstances change and the previously submitted information is no longer accurate, disclosing entities must provide an updated form.

The attached Financial Disclosure and Conflicts of Interest form must be completed if your business is 100% owned by another entity, called a "parent." If there are several layers of 100% ownership parents, then a separate form for each 100% ownership parent is required.

I. Financial Disclosures & Conflicts of Interest ?

Identify the applicable entity type. *

- Select ONE:
- Publicly Traded Entity
 - Privately Held Entity with more than 200 shareholders
 - Other Privately Held Entity, not including Sole Proprietorships
 - Foreign Entity (non-U.S.)
 - Sole Proprietorship
 - Not-for-profit entity

Is there a parent entity? *

- No
- Yes

Attach	Document	Instructions	Download Form	Status (refresh)
Attach	Parent Form	Document is REQUIRED when option is selected - Download the form, fill in, and upload to this record.	Download	Not Attached

Instrument of Ownership or Beneficial Interest *

- Select 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 Limited Partnership)
 - Not-for-Profit
 - Trust Agreement (Beneficiary)
 - Other

Please describe:

1. Are there any individuals or entities whose percentage of ownership or distributive income exceeds 5% or the dollar value of their ownership or distributive income exceeds \$106,447.20? *

Select ONE:

- Not applicable – Sole Proprietor
- Not applicable – Not-for-Profit Entity
- No, there are no individuals or entities that meet any of these thresholds.
- Yes, the information is publicly available on a website

Provide a web address to retrieve an electronic copy of your entity’s Federal 10K, 20F, 40F, or, if a Privately Held Entity with more than 200 Shareholders, equivalent information required to be reported pursuant to 17 CFR 229.401.

- Yes, the information is publicly available as a document

Attach a copy of your entity’s Federal 10K, 20F, 40F, or, if a Privately Held Entity with more than 200 Shareholders, equivalent information required to be reported pursuant to 17 CFR 229.401.

Attach	Document	Instructions	Download Form	Status (refresh)
Attach	Federal 10K, 20F, 40F, or, if a Privately Held Entity with more than 200 Shareholders, equivalent information required to be reported pursuant to 17 CFR 229.401.	Document is REQUIRED when option is selected - Attach a copy of the document.		Not Attached

- Yes, the information is not publicly available

Download and complete the provided form (below) for each owning individual. Attach the completed form for all owners.

Attach	Document	Instructions	Download Form	Status (refresh)
Attach	List of individuals or entities whose percentage of ownership or distributive income exceeds 5% or the dollar value of their ownership or distributive income exceeds \$106,447.20.	Document is REQUIRED when option is selected - Download the form, fill in, and upload to this record.	Download	Not Attached

2. Please certify that the following statement is true: all individuals or entities that hold an ownership interest of greater than 5% or greater than \$106,447.20 have been disclosed. *

- Yes
- No
- Not applicable – Sole Proprietor
- Not applicable – Not-for-Profit Entity

3. Please certify that the following statement is true: all individuals or entities that were entitled to receive distributive income in an amount greater than \$106,447.20 or greater than 5% of the total distributive income of the disclosing entity have been disclosed. *

- Yes
- No
- Not applicable – Sole Proprietor
- Not applicable – Not-for-Profit Entity

4. Disclosure of Board of Directors for Not-for-Profit entities. *

- Not applicable – Sole Proprietor
- Not applicable – For-Profit Entity
- Not-for-Profit entity

Attach a document providing the name(s) and addresses for all board members.

Attach	Document	Instructions	Download Form	Status (refresh)
Attach	Board Members	Document is REQUIRED when option is selected - Attach a document providing the names and addresses for all board members.		Not Attached

5. For the individuals disclosed above in question 1 and for sole proprietors, are any of them a person who holds an elective office in the State of Illinois or holds a seat in the General Assembly, or are they the spouse or minor child of such person? *

- Not applicable – Not-for-Profit Entity
- Not applicable – In question 1, I provided my entity’s Federal 10K, 20F, 40F or 17 CFR 229.401 equivalent information as an attachment.

- Not applicable – No individuals disclosed in question 1
- No
- Yes

Identify each applicable individual disclosed and provide a detailed explanation that includes salary, and position title of **each individual and their relationship to the office holder**.

6. For the individuals disclosed above in question 1 and for sole proprietors, are any of them appointed to or employed in any offices or agencies of State government and receive compensation for such employment in excess of 60% (\$106,447.20) of the salary of the Governor, or are any of them the spouse or minor child of such person? *

- Not applicable – Not-for-Profit Entity
- Not applicable – In question 1, I provided my entity's Federal 10K, 20F, 40F or 17 CFR 229.401 equivalent information as an attachment.
- Not applicable – No individuals disclosed in question 1
- No
- Yes

Identify each applicable individual disclosed and provide a detailed explanation that includes salary, State agency or university, and position title of **each individual and their relationship to the office holder**.

7. For the individuals disclosed above in question 1 and for sole proprietors, are any of them an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority, or are any of them the spouse or minor child of such person? *

- Not applicable – Not-for-Profit Entity
- Not applicable – In question 1, I provided my entity's Federal 10K, 20F, 40F or 17 CFR 229.401 equivalent information as an attachment.
- Not applicable – No individuals disclosed in question 1
- No
- Yes

Identify each applicable individual disclosed and provide a detailed explanation that includes salary, State agency or university, and position title of **each individual and their relationship to the office holder**.

8. For the individuals disclosed above in question 1 and for sole proprietors, are any of them 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, or are they the spouse or an immediate family member who currently resides or resided with such person within the last 12 months? *

- Not applicable – Not-for-Profit Entity
- Not applicable – In question 1, I provided my entity's Federal 10K, 20F, 40F or 17 CFR 229.401 equivalent information as an attachment.

- Not applicable – No individuals disclosed in question 1
- No
- Yes

Identify each applicable individual disclosed and provide a detailed explanation that includes salary, State agency or university, and position title of **each individual and their relationship to the office holder.**

9. If any question in 5-8 above is answered yes, please answer the following: Do any of the individuals identified, their spouse, or minor child receive from the entity more than 7.5% of the entity's total distributable income or an amount of distributable income in excess of the salary of the Governor (\$177,412.00)? *

- Not applicable – Not-for-Profit Entity
- Not applicable – In question 1, I provided my entity's Federal 10K, 20F, 40F or 17 CFR 229.401 equivalent information as an attachment.
- Not applicable – I answered No in Questions 5-8
- No
- Yes

Provide a detailed explanation that includes the name, salary, State agency or university, and position title of each individual.

10. If any question in 5-8 above is answered yes, please answer the following: Is there a combined interest of any individual identified along with their spouse or minor child of more than 15% in the aggregate of the entity's distributable income or an amount of distributable income in excess of two times the salary of the Governor (\$354,824.00)? *

- Not applicable – Not-for-Profit Entity
- Not applicable – In question 1, I provided my entity's Federal 10K, 20F, 40F or 17 CFR 229.401 equivalent information as an attachment.
- Not applicable – I answered No in Questions 5-8
- No
- Yes

Provide a detailed explanation that includes the name, salary, State agency or university, and position title of each individual.

11. For the individuals disclosed above in question 1 and for sole proprietors, do any of them currently have, or in the previous 3 years had State employment, including contractual employment of services? *

- Not applicable – Not-for-Profit Entity
- Not applicable – In question 1, I provided my entity's Federal 10K, 20F, 40F or 17 CFR 229.401 equivalent information as an

attachment.

Not applicable – No individuals disclosed in question 1

No

Yes

Identify each applicable individual and provide a detailed explanation that includes salary, State agency or university, and position title of each individual.

12. For the individuals disclosed above in question 1 and for sole proprietors, have their spouse, father, mother, son, or daughter, had State employment, including contractual employment for services, in the previous 2 years? *

Not applicable – Not-for-Profit Entity

Not applicable – In question 1, I provided my entity's Federal 10K, 20F, 40F or 17 CFR 229.401 equivalent information as an attachment.

Not applicable – No individuals disclosed in question 1

No

Yes

Identify each applicable individual and provide a detailed explanation that includes salary, State agency or university, and position title of each individual.

13. For the individuals disclosed above in question 1 and for sole proprietors, do any of them currently hold or have 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? *

Not applicable – Not-for-Profit Entity

Not applicable – In question 1, I provided my entity's Federal 10K, 20F, 40F or 17 CFR 229.401 equivalent information as an attachment.

Not applicable – No individuals disclosed in question 1

No

Yes

Identify each applicable individual and provide a detailed explanation that includes salary, State agency or university, and position title of each individual.

14. For the individuals disclosed above in question 1 and for sole proprietors, do any of them have a relationship to anyone (spouse, father, mother, son, or daughter) holding elective office currently or in the previous 2 years? *

Not applicable – Not-for-Profit Entity

Not applicable – In question 1, I provided my entity's Federal 10K, 20F, 40F or 17 CFR 229.401 equivalent information as an attachment.

- Not applicable – No individuals disclosed in question 1
- No
- Yes

Identify each applicable individual and provide a detailed explanation that includes salary, State agency or university, and position title of each individual.

15. For the individuals disclosed above in question 1 and for sole proprietors, do any of them hold or have 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? *

- Not applicable – Not-for-Profit Entity
- Not applicable – In question 1, I provided my entity's Federal 10K, 20F, 40F or 17 CFR 229.401 equivalent information as an attachment.
- Not applicable – No individuals disclosed in question 1
- No
- Yes

Identify each applicable individual and provide a detailed explanation that includes salary, State agency or university, and position title of each individual.

16. For the individuals disclosed above in question 1 and for sole proprietors, do any of them have a relationship to anyone (spouse, father, mother, son, or daughter) holding appointive office currently or in the previous 2 years? *

- Not applicable – Not-for-Profit Entity
- Not applicable – In question 1, I provided my entity's Federal 10K, 20F, 40F or 17 CFR 229.401 equivalent information as an attachment.
- Not applicable – No individuals disclosed in question 1
- No
- Yes

Identify each applicable individual and provide a detailed explanation that includes salary, State agency or university, and position title of each individual.

17. For the individuals disclosed above in question 1 and for sole proprietors, do any of them currently have or in the previous 3 years had employment as or by any registered lobbyist of the State government? *

- Not applicable – Not-for-Profit Entity
- Not applicable – In question 1, I provided my entity's Federal 10K, 20F, 40F or 17 CFR 229.401 equivalent information as an

attachment.

Not applicable – No individuals disclosed in question 1

No

Yes

Identify each applicable individual and provide a detailed explanation that includes salary, State agency or university, and position title of each individual.

18. For the individuals disclosed above in question 1 and for sole proprietors, do any of them 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? *

Not applicable – Not-for-Profit Entity

Not applicable – In question 1, I provided my entity's Federal 10K, 20F, 40F or 17 CFR 229.401 equivalent information as an attachment.

Not applicable – No individuals disclosed in question 1

No

Yes

Identify each applicable individual and provide a detailed explanation that includes salary, State agency or university, and position title of each individual.

19. For the individuals disclosed above in question 1 and for sole proprietors, do any of them 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? *

Not applicable – Not-for-Profit Entity

Not applicable – In question 1, I provided my entity's Federal 10K, 20F, 40F or 17 CFR 229.401 equivalent information as an attachment.

Not applicable – No individuals disclosed in question 1

No

Yes

Identify each applicable individual and provide a detailed explanation that includes salary, State agency or university, and position title of each individual.

20. For the individuals disclosed above in question 1 and for sole proprietors, do any of them 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? *

Not applicable – Not-for-Profit Entity

- Not applicable – In question 1, I provided my entity’s Federal 10K, 20F, 40F or 17 CFR 229.401 equivalent information as an attachment.
- Not applicable – No individuals disclosed in question 1
- No
- Yes

Identify each applicable individual and provide a detailed explanation that includes salary, State agency or university, and position title of each individual.

21. Has there been any debarment from contracting with any governmental entity within the previous ten years? This applies to all sole proprietors, for-profit entities, not-for-profit entities, and for the individuals disclosed in question 1 above. *

- No
- Yes

Please explain:

22. Has there been any professional licensure discipline within the previous ten years? This applies to all sole proprietors, for-profit entities, not-for-profit entities, and for the individuals disclosed in question 1 above. *

- No
- Yes

Please explain:

23. Has there been any bankruptcy within the previous ten years? This applies to all sole proprietors, for-profit entities, not-for-profit entities, and for the individuals disclosed in question 1 above. *

- No
- Yes

Please explain:

24. Have there been any adverse civil judgments and/or administrative findings within the previous ten years? This applies to all sole proprietors, for-profit entities, not-for-profit entities, and for the individuals disclosed in question 1 above. *

- No
- Yes

Please explain:

25. Have there been any criminal felony convictions within the previous ten years? This applies to all sole proprietors, for-profit entities, not-for-profit entities, and for the individuals disclosed in question 1 above. *

- No
- Yes

Please explain:

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