Agency/University Name:

Procurement Bulletin Reference Number:

Procurement Title:

Buyer/Contact Person:

Vendor (use a separate form for each awarded vendor if more than one vendor):

30 ILCS 500/50-35(a):  All bids and offers from responsive bidders, offerors, vendors, or contractors with an annual value of more than $50,000, and all submissions to a vendor portal, shall be accompanied by disclosure of the financial interests of the bidder, offeror, potential contractor, or contractor and each subcontractor used.  In addition, all subcontracts identified as provided by Section 20-120 of this Code with an annual value of more than $50,000 shall be accompanied by disclosure of the financial interests of the subcontractor. The financial disclosure of each successful bidder, offeror, potential contractor, or contractor and its subcontractors shall become incorporated as a material term of the contract and shall become part of the publicly available contract or procurement file maintained by the appropriate chief procurement officer.  Each disclosure under this Section shall be signed and made under penalty of perjury by an authorized officer or employee on behalf of the bidder, offeror, potential contractor, or subcontractor, and must be filed with the Procurement Policy Board.

Financial Disclosures and/or Conflict of Interest documents are not being provided to the Procurement Policy Board per 30 ILCS 500/50-35(a) for the following reason(s):

|  |  |  |
| --- | --- | --- |
| [ ]  |  | Vendor refused to provide the required disclosures |
|  |  |  |

I certify that Agency/University staff performed and has documented their due diligence and made every attempt to collect disclosures from the vendor listed above for this procurement. The documentation/correspondence with the vendor is attached.

|  |
| --- |
| **Agency Representative Signature Required** |
|  |
|  |
|  |
|  |  |       |  |       |
| Signature |  | Printed Name |  | Date |
|  |
|  |
|       |  |       |  |
| Telephone Number |  | Email Address |  |
|  |  |
|  |

|  |
| --- |
| **SPO Signature Required** |
|  |
|  |
|  |
|  |  |       |  |       |
| SPO Signature |  | Printed Name |  | Date |
|  |
|  |
|       |  |       |  |
| SPO Telephone Number |  | SPO Email Address |  |
|  |  |
|  |