STATE OF ILLINOIS

PROCUREMENT POLICY BOARD

CONFLICT OF INTEREST REVIEW

CHECKLIST

|  |
| --- |
| Please ensure that the following documents are included with your request: |
| [ ]  | Cover letter with overview of the potential Conflict of Interest |
| [ ]  | Conflict of Interest Review Request Form |
| [ ]  | Copy of Proposed Contract\* |
| [ ]  | Any Prequalification Information Submitted by the Vendor |
| [ ]  | Prior Procurement Policy Board/Office of the Governor Conflict of Interest Review Letter for this Vendor  |
|  |
| \*may be the proposed contract sent in with a RFP response, a copy of the solicitation response, etc. |

Please scan original documents\*\* with signatures and email to:

aaron.carter@illinois.gov

cc: deanna.rossetto@illinois.gov

If you are unable to scan and email the original signed documents, please send to:

Procurement Policy Board

511 W. Capitol Avenue, Suite 102

Springfield, IL 62704

\*\*If you scan and email the original documents, please do not send the original documents to our office. Please keep the documents in your procurement file.

CONFLICT OF INTEREST REVIEW REQUEST FORM

The following information must be filled in as accurately and completely as possible. This form will be sent to the Procurement Policy Board providing essential information needed to review and determine if an actual conflict of interest exists, which is sufficient to preclude the State from entering into the attached proposed contract pursuant to section 50-35(d) of the Illinois Procurement Code.

|  |
| --- |
| CONTRACTING AGENCY INFORMATION |
|  |
| Using Agency: |       |
|  |
| Address: |       | City/State: |       |
|  |
| Contact Person: |       | Title: |       |
|  |
| Phone: |       | Fax |       |
|  |
| Email: |       |
|  |
|  |
| SELECTED VENDOR INFORMATION |
|  |
| Name of Vendor: |       |
|  |
| Address: |       | City/State: |       |
|  |
| Contact Person: |       | Title: |       |
|  |
| Phone: |       | Fax: |       |
|  |
| Email: |       |
|  |
| Procurement Bulletin Reference Number: |       | Date Posted to Bulletin: |       |
|  |
| CONTRACT INFORMATION |
|  |
| Describe the need for this procurement or proposed contract:       |
|  |
| Total Contract Amount (Estimate if actual is unknown): | $       |
|  |
| Contract Begin Date: |       | Contract End Date: |       |
|  |
| Describe any Renewal Options (i.e. One 2-year Option):       |
|  |
|  |
| PROCUREMENT PROCESS |
|  |
| What was the method of procurement used to select this vendor?       |
|  |
| If this vendor was selected using a competitive process, how many vendors responded to the bid?       |
|  |
| Were any vendors disqualified?       | If yes, please explain why.       |
|  |
| If a multiple award, how many vendors were awarded a contract?       |
|  |
| Were there any instances of low vendor rejections?       | If yes, please explain why.       |
|  |
|  |
| EXPLANATION OF POTENTIAL CONFLICTS OF INTEREST |
|  |
| For each individual identified as causing a potential conflict of interest, include the following information: name, relationship (if applicable), Agency of State employment, start date, job title and responsibilities. Indicate if any of the named individuals earn more than $106,447.20 and explain the potential conflict of interest. |
|  |
|       |
|  |
|  |
|  |
| PROVIDE A WRITTEN STATEMENT SIGNED BY THE STATE PURCHASING OFFICER (SPO) FOR YOUR AGENCY STATING: |
|  |
| 1. | Is the conflict an actual conflict and whether or not any of the above named individual(s) were in a position to influence the State’s award of this contract. |
|  |
|       |
|  |
| 2. | Why is it in the best interest of the State to proceed with this contract. |
|  |
|       |
|  |
|  |
| AGENCY/UNIVERSITY REPRESENTATIVE SIGNATURE |
|  |
|  |
|  |
|  |  |       |  |       |
| Agency/University Representative Signature |  | Agency/University Representative Printed Name |  | Date |
|  |
|  |
|  |
|       |  |       |  |
| Agency/University Representative Telephone |  | Agency/University Representative Email Address |  |
|  |
|  |
|  |
| SPO SIGNATURE REQUIRED |
|  |
|  |
|  |
|  |  |       |  |       |
| SPO Signature |  | SPO Printed Name |  | Date |
|  |
|  |
|  |
|       |  |       |  |
| SPO Telephone Number |  | SPO Email Address |  |
|  |
|  |
|  |
| CPO SIGNATURE REQUIRED |
|  |
|  |
|  |
|  |  |       |  |       |
| CPO Signature |  | CPO Printed Name |  | Date |
|  |
|  |
|  |
|       |  |       |  |
| CPO Telephone Number |  | CPO Email Address |  |
|  |
|  |
|  |