



UNIVERSITY
OF ILLINOIS
SYSTEM

ALTOGETHER EXTRAORDINARY

Office of Procurement Diversity

Benefits of Being Certified
Current Opportunities
Resources
Certification Process

Thursday, May 14, 2020



UNIVERSITY OF ILLINOIS SYSTEM

Housekeeping

- Audio should remain muted unless the Host unmutes you.
- Video should remain off to limit interruptions and connectivity issues.
- Use the chat box to send questions to the Moderator, Dale Morrison.
- Please use the “raise hand” feature if you would like to be unmuted or need something from the host or moderator.
- All remaining questions will be saved to the end of the presentation.



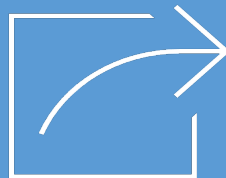
Agenda



Benefits of Being Certified with the State of Illinois



Bid Opportunities and Resources



BEP Certification



Q&A

The benefits of BEP certification

BENEFITS



Vision
Mission
& Values



- It is the University Mission to increase diversity spend in all categories

- The University has a 20% annual diversity spend goal

The Benefits of Certification

1

Included in the Goal Setting Process and Results

2

Greater Awareness with University Buyers and iBuy System

3

Become part of Searchable Database

4

Introduction to University Buyers

5

Bid on Small Purchase Opportunities

6

Bid on “Sheltered Market” Opportunities

Bidding with the University



Doing Biz with Us

Complete a vendor registration form

Become a firm listed in iBuy

Register on the Higher Ed Bulletin

Certify with the Business Enterprise Program (BEP)

Registration



- Illinois Procurement Bulletin
Public Institutions of Higher Education
(Procurement/Higher Ed Bulletin)
- General Services (BidBuy)
 - <https://www.bidbuy.illinois.gov/bsa/>
- Capital Development Board (Illinois Procurement Gateway)
 - <https://www2.illinois.gov/cpo/cdb/pages/default.aspx>
- Illinois Department of Transportation
 - <http://www.idot.illinois.gov/>

Illinois Procurement Bulletin Public Institutions of Higher Education

- Procurement Bulletin (Higher Education Bulletin)
 - https://www.procure.stateuiv.state.il.us/dsp_index.cfm
- Register your business in applicable categories to receive bid solicitation emails
- Search/Browse

► Solicitations & Awards

Search

Browse

[Notice of Potential Opportunity](#)

[Category/Keyword](#) | [Region](#) | [Type](#)

- [Agriculture](#)
- [Commodities & general services](#)
- [Computers, electronics, telecommunications](#)
- [Concessions](#)
- [Construction](#)
- [Construction services](#)
- [Laboratory, scientific, research](#)
- [Medical](#)
- [Office](#)
- [Physical plant, maintenance, grounds, repairs](#)
- [Printing, photography, advertising](#)
- [Professional & artistic services](#)
- [Transportation](#)
- [Travel](#)

Current Opportunities



University	Category	Project Number	Project Title	Bid/RFP/QBS	Status	Opening Date
NIU	Commodities & general services	JMT06302020	NIU Pouring Rights & Beverage Vending	RFP	Published	30-Jun-20
UIC	Commodities & general services	IJW065	Exclusive Beverage Pouring Rights Partnership	RFP	Published	26-May-20
UIC	Construction services	BA673C19099	First Floor Renovation - S. Halsted	Bid	Published	6/4&6/2
UIC	Construction services	BA621C15030	COE Makerspace Study	Bid	Published	6/3 &6/5
EIU	Computers, electronics, telecommu	BM022470	Veeam Availability Suite Universal License	Bid	Published	20-May-20
ISU	Commodities & general services	NB032420	Action Stacker Chair or Equal	Bid	Published	19-May-20
SIUMed	Commodities & general services	1371	Pharmaceutical Inventory Control	Bid	Published	18-May-20
UI	Computers, electronics, telecommu	9JWS2018	Online Hosted Training Software	RFP	Published	28-May-20
UI	Commodities & general services	9DGS2024	HID Global Branded Access Cards	Bid	Published	11-Jun-20
UIS	Computers, electronics, telecommu	JM521	Residential Housing Software Solution	RFP	Published	28-May-20
UIUC	Commodities & general services	1JNM2105	Furnish and Deliver Child Meals	Bid	Published	16-Jun-20
UIUC	Commodities & general services	1RMJ2104	Provide Emergency & Non-Emergency Spill Clear	Bid	Published	21-May-20
UIUC	Construction services	BAU19115	Plant Sciences Laboratory - Roof Replacement	Bid	Published	5/21 & 5/19

Small Purchase

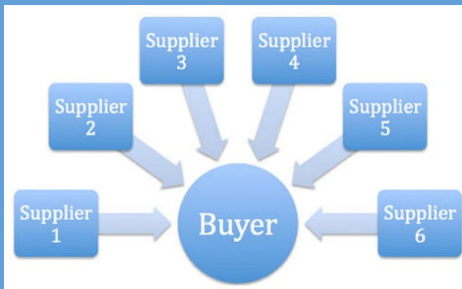
- \$10,000 to \$100,000
 - Units are encouraged to seek diverse vendors (minorities, females, persons with disabilities and veterans)

BUSINESS
OPPORTUNITY



Competitive Solicitation

- >\$100K
- E-Bidding
- [Illinois Public Higher Education Procurement Bulletin](#)
- [Illinois Procurement Gateway](#)



Capital Program



Capital Program

- UIC/UIUC/UIS
- \$250K and above
- Multi-prime
- Diversity Goals
 - UIC – 30% BEP goal
 - UIUC/UIS - 20% BEP goal



Capital Program

TIPS!

- Register on HigherEd Bulletin
<http://www.procure.stateuniv.state.il.us/>
- Attend Pre-bid meetings via WebEx or other platform...Check the rules first!!
- E-bidding through PRZM
- Starting in May



Resources

Small Business Set-Aside
Program

COVID-19 Small Business
Resources

Office of Procurement
Diversity

Small Business Set-Aside Program



About the program



Specific contract categories



Benefits

Small Business Set-Aside Program

Do you qualify?

- Must be an Illinois business

Annual gross sales:

- Retail/Service less than \$8 million
- Wholesale less than \$13 million
- Construction less than \$14 million
- Manufacturing less than 250 employees

Call the Small Business Set-Aside Program at 1(217) 558-3723 or email EEC.SmallBusiness@illinois.gov.

Website:

https://www2.illinois.gov/cms/business/sell2/sbsp/Pages/Set_Aside.aspx

Small Business Set-Aside Program



Grow your revenues



supply/service
Categories/classifications
set-aside



All State procurements
considered for set-
aside program



Build your capacity



You can count on
steady demand from
the State



Enhance your
credentials



Create a track record of service
that can help your company
win more government and
private-sector business

Resources: Covid-19 Small Business

State

Local

Small Business Resources – State

The Illinois Department of Commerce & Economic Opportunity (DECEO) has launched emergency assistance programs for Illinois small businesses.

- **ILLINOIS SMALL BUSINESS EMERGENCY LOAN FUND:** A \$60 million fund provides low-interest loans up to \$50,000 for businesses with fewer than 50 employees and less than \$3 million in revenue in 2019.
- **HOSPITALITY EMERGENCY GRANT PROGRAM:** A new \$14 million grant program provides up to \$25,000 to eligible bars and restaurants and \$50,000 for eligible hotels. Bars and restaurants with less than \$1 million of revenue in 2019 and hotels generating less than \$8 million in revenue in 2019 are eligible.
- More info
here: <https://www2.illinois.gov/dceo/SmallBizAssistance/Pages/EmergencySBAInitiatives.aspx>

Questions can be directed to: 800-252-2923
or ceo.support@illinois.gov

Small Business Resources — Local

CITY OF CHICAGO MICROBUSINESS RECOVERY GRANT PROGRAM: The City of Chicago is offering \$5,000 grants to up to 1,000 microbusinesses with four fewer employees in low-income Community Areas that have been impacted by COVID-19.

www.Chicago.gov/recoverygrant

UNIVERSITY OF CHICAGO:

<https://coronavirusupdates.uchicago.edu/community-support/>

DOWNSTATE SMALL BUSINESS STABILIZATION PROGRAM:

To support small businesses in downstate and rural counties across Illinois, DCEO is repurposing \$20 million in CDBG funds to stand up the Downstate Small Business Stabilization Program. This Fund will offer small businesses of up to 50 employees the opportunity to partner with their local governments to obtain grants of up to \$25,000 in working capital.

- These grants will be offered on a rolling basis.
- <https://www2.illinois.gov/dceo/SmallBizAssistance/Pages/EmergencySBAInitiatives.aspx>

Office of Procurement Diversity



Office of Procurement Diversity website:
<https://www.obfs.uillinois.edu/supplier-diversity/>



Small Business Resources:
<https://www.obfs.uillinois.edu/supplier-diversity/links-resources/>



Procurement Diversity Quarterly Connection
Newsletter:
<https://www.obfs.uillinois.edu/supplier-diversity/newsletters/>

Contact:

Sharla Roberts, Director
sharlar@uillinois.edu

Dale Morrison, Assistant Director
dmorrisj@uillinois.edu

Vernell Hammons, Coordinator
vernellh@uillinois.edu

Who To Ask - Office of Procurement Diversity
<https://www.obfs.uillinois.edu/supplier-diversity/who-to-ask/>



JB Pritzker
Governor

Illinois Department of
Central Management
Services

Janel Forde
Director



Business Enterprise Program

For Minorities, Females, and Persons with Disabilities



Full Certification Application Overview

BEP Certification Portal

Portal Sign-In

BEP and/or VBP Certification

Search or join our database of registered and/or certified vendors

BEP and/or VBP Certification Directory

Apply for BEP and/or VBP Certification

State Use - Sheltered Workshop
Certification

OPPORTUNITIES.ILLINOIS.GOV

System Training

Learn how to fully utilize our system with a live trainer

See Online Training Times

External Links

Illinois Procurement Gateway (IPG) Registered Vendor
Directory

Apply for Certification Online

Welcome! You are about to begin the online application for certification in the State of Illinois' Business Enterprise Program (BEP) and/or Veteran Business Program (VBP). Before continuing, please review the Certification Application Checklist and ensure that you have all of the necessary documents ready. If you do not have all necessary documents, your application's processing will be delayed.

To continue, please select an option below:

Renew Your Certification

I Know My Username & Password

[Login](#)

I Forgot My Username & Password

[Lookup Account](#)

New Certification

Your firm is not currently certified with the State of Illinois.

[Create Account](#)



After logging in to your account, you will be directed to the application form. You can also click the Apply for Certification link on the right side of the "Dashboard." If you require technical assistance while completing the application, please use our [online support form](#).

[BEP and/or VBP Certification Directory](#)

[Apply for BEP and/or VBP Certification](#)

[State Use - Sheltered Workshop Certification](#)

[See Online Training Times](#)

External Links

[Illinois Procurement Gateway \(IPG\) Registered Vendor Directory](#)

* required entry

Section 1: Business Lookup

TAX ID NUMBER *



Enter your firm's Tax ID Number and click **Lookup** to check if an account already exists.

Lookup

(Federal Tax ID, 9 numbers, do not enter dashes or spaces)

Section 2: Business Information

BUSINESS NAME *

DBA NAME

COMPANY TYPE *

None selected ▼

COMPANY ETHNICITY

None selected ▼


COMPANY GENDER

None selected ▼

Section 3: Business Contact Information

MAIN COMPANY EMAIL *

MAIN PHONE *



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[Show All](#)
[Hide All](#)

Dashboard

Displaying records assigned to your company

No information available for display in dashboard.

Certification Center

 If your firm holds active certifications (SBE/MBE/WBE/DBE/HUB/etc) from any organization, [submit a request](#) to add them to your account.


Key Actions

[Renew/Apply for Certification](#)
[Take a Training Class](#)

Alerts

No Activated Alerts. [View Pending Alerts.](#)

System News

 **Special Features for Vendors**

Do you have success story to share related to our program? [Share your testimonial](#) so we can recognize your accomplishment!

[Check out the system Wish List](#) to submit ideas for system enhancements, vote on others' suggestions, and join the discussion by adding comments. We welcome your feedback to build a better system.

If your firm is certified (SBE, DBE, MBE, WBE, etc.), active records will appear in the "Certification Center" on the left side of this Dashboard. You can take two important actions:

1. [Add a date alert](#) to an active certification to remind you of an upcoming renewal. You can add multiple alerts to any active certification -- for example 90 days, 60 days, and 30 days before the renewal is due.
2. If your firm holds a certification that is not listed, [submit a missing certification request](#). Our customer support team will review the supporting documentation and take action to add the record to ensure your profile is complete and up-to-date.

Training Classes & Events

Learn more about the system with our regular training classes and see upcoming events relevant to your business. [View details.](#)

- [View events & RSVP today](#)

[View all System News](#)

Configure

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[Edit Your User Account Settings](#)

[Business Info](#)
[Profile Setup](#)
[List/Add Users](#)
[Main Contacts](#)
[Commodity Codes](#)
[EEO/Workforce Comp.](#)



- Minority Business Enterprise (MBE)
- Women Business Enterprise (WBE)
- Woman Owned Minority Business Enterprise (WMBE)
- Persons with Disability Business Enterprise (PBE)
- Veteran Owned Small Business (VOSB)
- Service Disabled Veteran Owned Small Business (SDVOSB)
- Sheltered Workshops (SWS)

[View All Definitions and Qualifications for BEP & VBP Certification](#)
[Steps to Get Recognized and Steps to Submit Your No Change Affidavit](#)

- Home
- View »
- Search »
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- Help & Support »
- Logoff

[Show All](#) [Hide All](#)



Select an Option

[Your firm is currently certified with Business Enterprise Program \(BEP\) and/or Veteran Business Program \(VBP\).](#)

[Your firm is NOT currently certified with BEP and/or VBP.](#)

[Your not-for-profit organization is currently certified for State Use.](#)
Renewal due every five (5) years.

[Your not-for-profit organization is NOT currently certified for State Use.](#)

Return to Certification List

Test System

Welcome to the online certification application for CMS's BEP and VBP programs! CMS is committed to fostering an inclusive and competitive business environment that will help certified BEPs and VBPs increase their capacity, grow revenue, and enhance credentials. We offer the following certification types:

[Registration Training Class](#)

- Minority Business Enterprise (MBE)
- Women Business Enterprise (WBE)
- Woman Owned Minority Business Enterprise (WMBE)
- Persons with Disability Business Enterprise (PBE)
- Veteran Owned Small Business (VOSB)
- Service Disabled Veteran Owned Small Business (SDVOSB)
- Sheltered Workshops (SWS)

[View All Definitions and Qualifications for BEP & VBP Certification](#)

[Steps to Get Recognized and Steps to Submit Your No Change Affidavit](#)

Select an Option

[Your firm is currently certified with Business Enterprise Program \(BEP\) and/or Veteran Business Program \(VBP\).](#)

[Your firm is NOT currently certified with BEP and/or VBP.](#)

[Your firm is currently certified by an approved certifying entity.](#)
Approved certifying entities include Illinois Unified Certification Program (IL UCP) (IDOT), Chicago Minority Business Development Council (CMBDC), Women's Business Development Center (WBDC), City of Chicago, Chicago Transit Authority (CTA), METRA, PACE, Cook County, Center for Veteran Enterprise (CVE).

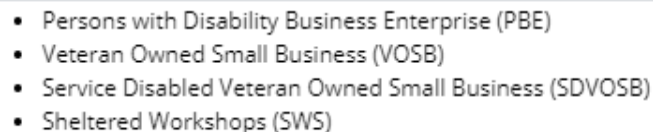
[Your firm is NOT currently certified by an approved certifying entity.](#)

[Your firm is located in the State of Illinois.](#)

[Your firm is NOT located in the State of Illinois.](#)

[Your not-for-profit organization is currently certified for State Use.](#)
Renewal due every five (5) years.

Two



[Steps to Get Recognized and Steps to Submit Your No Change Affidavit](#)

[Logoff](#)

[Hide All](#)

Your not-for-profit organization is NOT currently certified for State Use.

Logged on as:
CMS Analyst 1 Test
Vendor
Test Vendor CMS
Analyst 1



If you have any questions please call us at (312) 814-4190 or (800) 356-9206; for the hearing impaired, please call the Illinois Relay Center at (800) 526-0844.

Note: If you need assistance completing this form, please register for the Monthly Business Enterprise Program Certification Workshop. Registration form can be printed from the web site www.sell2.illinois.gov. Classes are free; registration is required for all attendees.

Please ensure the COMPANY TYPE selected on this page is accurate. Once you start your application, requirements based on your Company Type will populate. If the Company Type is changed after your application is started, you will need to re-start your application to ensure the correct documentation is provided to CMS for a thorough review of your application.

Company & Contact Information

Select a company type and application auto-fill option. Confirm or enter your personal and company email addresses to permit us to contact you quickly for technical support, if needed.

YOUR EMAIL ADDRESS *

COMPANY EMAIL *

COMPANY TYPE *

AUTOFILL * You can save time by using a previous application to fill in the answers; note that you will need to access each section of the application to review and lock-in the auto-filled information to ensure it is accurate and correctly formatted. Select an option below:



☒ Use existing account information to auto-fill application

Prior applications with State of Illinois Central Management Services - Relevant previous application data will be copied to the new record.

☐ Use State of Illinois Central Management Services Recognition Certification

Submitted 4/8/2020 by CMS Analyst 1 Test Vendor; Submitted, Pending Receipt

☐ Use State of Illinois Central Management Services BEP/VBP Full Application

Submitted 4/6/2020 by CMS Analyst 1 Test Vendor; Submitted, Pending Receipt

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test2.gob2g.com/FrontPage/VendorMain.asp?XID=955

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in addition to completing an application form, you will be required to submit supporting documents with your application. These documents can be submitted in electronic format.

Mandatory documents must be submitted with your application; there are no exceptions. **Required** documents must be submitted if applicable to the type of your firm and nature of its work. If you have any questions, please contact the organization before starting.

Review the items below **before** beginning the process to ensure you are able to and are comfortable providing the requested information. If you are unable or unwilling to provide the **Mandatory** documents, **do not proceed**. Failure to submit the attachments without an explanation as to why any such attachment was not provided will result in a delay in processing and your firm could ultimately be denied certification.

This document list will continue to be available after you start the application (click the **Documents** tab). You can also print the list to [your printer](#) or a [PDF file](#).

➔

☒ Check this box and click **Continue** to start the application process.

ALERT: to ensure security of your BEP/VBP Full Application, only **YOU** will have access to this record once it is created. By starting the process, it will initially be assigned to you, and no one else can access unless you reassign it to another user for completion or explicitly grant access by clicking the Utilities tab and adding a user to the Access List.

Timeline: you will have **90 days** to complete and submit this BEP/VBP Full Application. Otherwise, the record will self-delete on **7/8/2020**. Periodic reminders will be sent to you by email up to that point. A deleted BEP/VBP Full Application cannot be recovered; you will need to start again.

Continue

Return

Mandatory Documents

All mandatory documents must be provided with the BEP/VBP Full Application. Failure to submit a mandatory document will result in a delay in processing and/or could result in denial.

Affidavit of Certification

[Download Form](#) -- Download, sign, notarized and upload.

Most Recent Financial Statement include Balance Sheet

Logged on as:

CMS Analyst 1 Test Vendor

Test Vendor CMS



Test System
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Mandatory Documents

All mandatory documents must be provided with the BEP/VBP Full Application. Failure to submit a mandatory document will result in a delay in processing and/or could result in denial.

Affidavit of Certification

[Download Form](#) -- Download, sign, notarized and upload.

Most Recent Financial Statement include Balance Sheet

Most Recent U.S. Federal Income Tax Return for Firm and All Affiliates

Including all Attachments and Schedules.

Most Recent U.S. Individual Federal Income Tax Returns for all Owners

Including all Attachments and Schedules.

Bank Signature Cards

Copies of W-2 forms or 1099's for Past Three (3) Years for all Owners and Officials

Evidence of Citizenship/Residency/US Passport/Legal Permanency for all Owners

Evidence of ethnicity for all Owners

If your firm is applying for WBE only please add a statement here stating you are only applying for WBE certification.

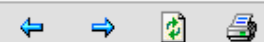
Current chronological resumes for all Owners, Officers, Management Employees and Supervisors/Foremen

Including Work History, Dates and Responsibilities.

Proof of Contribution(s) by all Owners to Acquire Stock in Firm or Start-Up Capital

(i.e., Cancelled Checks, Signed Loan Agreements), bank statement, promissory notes)

Proof of Purchase and or Buy-out Signed Agreement(s)



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CMS Analyst 1 Test
Vendor
Test Vendor CMS

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[Main](#) | [Documents](#) | [Signature](#) | [Submit](#) | [Utilities](#) | [Cert List](#)

Test Vendor CMS Analyst 1

Type: **BEP/VBP Full Application**

App #: **8927888**

Status: **Incomplete**
Started: 4/9/2020

0% complete

Fill in each of the sections noted below by clicking the **Fill In** buttons; edit a completed section by clicking **Edit**. You can complete the sections in any order, and the system will save your information as you go. Once all sections have been completed, the application will be complete and you will be able to sign and submit.

The Contact Person noted below is the only user authorized to access this application. If someone else needs access, change the contact by clicking the drop down menu or grant them access on the Utilities tab.

Need Help?

[User manual](#)

[Sign up for a Training Class](#)

BEP/VBP Full Application Information

TYPE	BEP/VBP Full Application
CERTIFYING AGENCY	State of Illinois Central Management Services
BUSINESS NAME	Test Vendor CMS Analyst 1
CURRENT STATUS	Incomplete
APPLICATION NUMBER	8927888
DATE FOR DELETION	7/8/2020 (Extend)
CONTACT PERSON	<div>CMS Analyst 1 Test Vendor ▾</div> (Add user not on list)

This is the assigned user for this BEP/VBP Full Application. To ensure security of the record, only YOU have access unless you reassign it to another user for completion or explicitly grant access by clicking the Utilities tab and adding a user to the Access List.

Test System

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Sections and Documentation

CONTRACT IDENTIFICATION	➡ Fill In	Incomplete: 0 completed of 0 required; 0 completed of 1 optional
SECTION1: GENERAL INFORMATION	➡ Fill In	Incomplete: 0 completed of 10 required; 0 completed of 2 optional
SECTION 2: GENERAL BUSINESS INFORMATION	➡ Fill In	Incomplete: 1 completed of 11 required; 0 completed of 0 optional
SECTION 3: INVENTORY AND LICENSES	➡ Fill In	Incomplete: 0 completed of 7 required; 0 completed of 0 optional
SECTION 4: OWNERSHIP	➡ Fill In	Incomplete: 0 completed of 6 required; 0 completed of 3 optional
SECTION 5: CONTROL	➡ Fill In	Incomplete: 0 completed of 2 required; 0 completed of 0 optional
SECTION 6: FINANCIAL	➡ Fill In	Incomplete: 0 completed of 4 required; 0 completed of 0 optional
DOCUMENT LIST	➡ Fill In	Incomplete: 0 attached of 16 mandatory; 0 attached of 6 required

Signature and Submittal

SIGNATURE	⌚ Sign
SUBMITTAL	⌚ Submit

SECTION 1

https://test.mwdbe.com/FrontPage/VendorMain.asp?XID=4971

Diversity Management Syst...

Test Vendor CMS Analyst 1
Type: BEP/VBP Full Application
App #: 7040656

Status: **Incomplete**
Started: 12/18/2019

0% complete

Please answer all questions as completely as possible and that are applicable to your business. Questions highlighted in red are required and must be completed in order to submit your application. If a required field is not applicable to your firm mark it as N/A. Questions highlighted in yellow are optional; please complete all those that apply to your business.

Click **Save Draft** frequently while filling out the form to ensure that your information is saved. Once saved, you can return to the section at any time to continue. Some questions may not be shown in this section due to your company type.

Save Draft Save & Return to Summary Cancel

*** required entry**

Section Status

Contract Identification Section Status	Complete - 1 incomplete out of 1 optional
--	--

Section Questions

If you are being considered to participate as a prime or subcontractor on a particular contract, please identify below project name, project number / requisition number, and Contact Administrator / Buyer. Optional

Save Draft Save & Return to Summary Cancel

Customer Support
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IMPORTANT NOTE:

If you are being considered for a contract opportunity pending BEP certification, enter contract information and notify Irma.Lopez@Illinois.gov to request expedited review.

SECTION 2

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- 2 incomplete out of 2 optional

Section Questions

1.A. Authorized Name of Firm *

Required

Test Vendor CMS Analyst 1

1.B. FEIN/Tax Payer *

Required

1.C. Mailing Address *

Required

100 West Randolph, Suite 4-100 Address line 1
Address line 2
Address line 3
Chicago City
IL 60601 - State, Zip, Zip4

1.D. County *

Required

None selected [Save page](#) to refresh county list if state field has been changed.

1.E. Street Address or Principal Office *

Required

100 West Randolph, Suite 4-100 Address line 1
Address line 2
Address line 3
Chicago City
IL 60601 - State, Zip, Zip4

1.F. County *

Required

None selected [Save page](#) to refresh county list if state field has been changed.

1.G. Telephone Number *

Required

602 325-9277 Ext.

1.H. Fax Number

Optional

602 555-5555

1.I. Cell Phone Number

Optional

Ext.

1.J. E-mail Address *

Required

estela.oropeza@illinois.gov

1.K. House of Representative District Number *

Required

Click [here](#) to search House of Representative district.

1.L. Senate District Number *

Required

Click [here](#) to search Senate district.

An accurate and best e-mail address should be provided, as this is the only means of communication regarding renewals and other important notifications from the BEP

SECTION 3

Certification Application: Section 3: Inventory and Licenses

Main Documents Signature Submit Utilities Cert List

Test Vendor CMS Analyst 1
Type: BEP/VBP Full Application
App #: 0077657

Status: **Incomplete**
Started: 12/23/2019

0% complete

Please answer all questions as completely as possible and that are applicable to your business. Questions highlighted in red are required and must be completed in order to submit your application. If a required field is not applicable to your firm mark it as N/A. Questions highlighted in yellow are optional; please complete all those that apply to your business.

Click **Save Draft** frequently while filling out the form to ensure that your information is saved. Once saved, you can return to the section at any time to continue. Some questions may not be shown in this section due to your company type.

Save Draft

Save & Return to Summary

Cancel

* required entry

Section Status

Section 3: Inventory and Licenses Section Status

Incomplete
- 7 incomplete out of 7 required

Question Color Coding	
 	Required & incomplete
 	Optional & incomplete
 	Complete

Section Questions

3.A. Provide the street address of all facilities utilized by the firm *

Required

Please include office, warehouse, and storage spaces. If None, you must attach justification on the mandatory documents section "Real Estate Agreement(s) Lease, Deeds to Property, or Property Tax Bill."

☐ None

☐ Yes

Facility Type	Street Address	Owner or Name of Lessor and/or Rental Agent	Amount of Yearly Payment
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

3.B. Does your firm share any facilities? *

Required

If yes, please include information about the companies with which your firm shares facilities.

☐ No

☐ Yes

Business Name	Contact Person	Phone	Email	Personnel	Office Space	Yard Space	Equipment	Machinery
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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3.C.1. Describe all real estate agreements of facilities used by the firm indicating whether facilities are owned or leased by the firm; *

Required

Include rental amount and whether the agreements are written or oral. Also, provide copies of all leases agreement; property tax, mortgage provide proof. If None, you must attach justification on the mandatory documents section "Real Estate Agreement(s) Lease, Deeds to Property, or Property Tax Bill."

☐ None

☐ Yes

Owner	Owned or Leased	Rental Amount or Current Value	Location
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

3.D. List all current professional & business license(s) *

Required

(lease list the firm's current local, county, and state business license(s), permit(s), and professional license(s)/ (e.g. contractor, electrical, plumber, investment, engineer, or architect, etc.) Supply copies of license(s) and permit(s) indicated here.

☐ Not applicable or no licenses/permits held

☐ Yes

Name of Individual Holding	License Name	Expiration Date	License Number	Any Limitations
----------------------------	--------------	-----------------	----------------	-----------------

SECTION 3 cont.

Include rental amount and whether the agreements are written or oral. Also, provide copies of all leases agreement; property tax, mortgage provide proof. If None, you must attach justification on the mandatory documents section "Real Estate Agreement(s) Lease, Deeds to Property, or Property Tax Bill."

☐ None

☐ Yes

Owner	Owned or Leased	Rental Amount or Current Value	Location
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

This is a "stretchy" table -- it will expand as you save lines. [To add more lines](#), [save page](#). To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

3.D. List all current professional & business license(s) *

Required

{lease list the firm's current local, county, and state business license(s), permit(s), and professional license(s)/ (e.g. contractor, electrical, plumber, investment, engineer, or architect, etc.) Supply copies of license(s) and permit(s) indicated here.

☐ Not applicable or no licenses/permits held

☐ Yes

Name of Individual Holding License, Permit, etc.	License Name	Expiration Date	License Number	Any Limitations
<input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)	<input type="text"/>	<input type="text"/>

This is a "stretchy" table -- it will expand as you save lines. [To add more lines](#), [save page](#). To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

3.E.1. List the equipment utilized by your firm. *

Required

Examples of equipment include office equipment, construction equipment, etc. If None, you must attach justification on the mandatory documents section "Equipment Lease Agreement(s) and/or Inventory of Equipment, include firm office equipment."

☐ None

☐ Yes:

Make/Model	Current Value	Owned or Leased by Firm or Owner?	Used as collateral?	Where is item stored?
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This is a "stretchy" table -- it will expand as you save lines. [To add more lines](#), [save page](#). To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

3.E.2. List the vehicles utilized by your firm. *

Required

☐ None

☐ Yes:

Type of Vehicle	Make/Model	Current Value	Owned or Leased
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This is a "stretchy" table -- it will expand as you save lines. [To add more lines](#), [save page](#). To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

List only vehicles dedicated to business use only. Not your personal vehicle

3.F. Does your firm maintain inventory? *

Required

If yes, list a description and dollar value of the inventory.

☐ No

☐ Yes

Save Draft

Save & Return to Summary

Cancel

3.D

Professional license if applicable. Business license MUST be addressed. Either a copy of business license or notarized and signed affidavit stating one is not required of your local/county government.

Test System

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SECTION 4

Certification Application: Section 4: Ownership

[Main](#) | [Documents](#) | [Signature](#) | [Submit](#) | [Utilities](#) | [Cert List](#)

Test Vendor CMS Analyst 1
Type: BEP/VBP Full Application
App #: 0077657

Status: **Incomplete**
Started: 12/23/2019

0% complete

Please answer all questions as completely as possible and that are applicable to your business. Questions highlighted in red are required and must be completed in order to submit your application. If a required field is not applicable to your firm mark it as N/A. Questions highlighted in yellow are optional; please complete all those that apply to your business.

Click **Save Draft** frequently while filling out the form to ensure that your information is saved. Once saved, you can return to the section at any time to continue. Some questions may not be shown in this section due to your company type.

Save Draft

Save & Return to Summary

Cancel

* required entry

Section Status

Section 4: Ownership Section Status

Incomplete
- 6 incomplete out of 6 required
- 3 incomplete out of 3 optional

Question Color Coding

- Required & Incomplete
- Optional & Incomplete
- Complete

Section Questions

[Add Owner](#)

4.B.1. Do any owners or management officials of the firm have ownership in any other firm(s) (affiliates)? *

Required

- ☐ No
☐ Yes

Name of Business	Address	Type of Business

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

4.B.2. For each affiliate listed above provide the date of establishment.

Optional

Separate each answer with semi colon.

Owners with affiliations with other businesses must also disclose affiliate financials

4.B.3. For each affiliate listed above provide the gross sales.

Optional

Separate each answer with semi colon.

4.C. List all names of the owners of all affiliates (i.e. other firm(s)).

Optional

Name	Company	Type of Business	% of Ownership
			%
			%

SECTION 4 Cont...



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Owner #1

Owner's Name *

[Delete entire owner record](#)

? HELP

Prefix	First Name *	Middle Name	Last Name *	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Background Information

? HELP

Title:

Home Phone: *

Home Address: *

City *

State: *

Zip: *

Gender: * ☐ Male ☐ Female

Ethnic Group: * Check all that apply.

- ☐ Black ☐ Subcontinent Asian
- ☐ Hispanic ☐ Asian Pacific
- ☐ Native American ☐ Caucasian
- ☐ Other (specify:)

U.S. Citizen: * ☐ Yes ☐ No

If no, is owner a lawfully admitted permanent resident?

☐ Yes ☐ No

Ownership Interest

Number of years as owner *

? HELP

Initial investment to acquire ownership interest in firm *

? HELP

Enter values for all fields. Type 0 if there was no initial investment for a particular type.

Type	Dollar Value
Cash	<input type="text"/>

SECTION 4 Cont...

Initial investment to acquire ownership interest in firm *

? HELP Enter values for all fields. Type 0 if there was no initial investment for a particular type.

Type	Dollar Value
Cash	<input type="text"/>
Real Estate	<input type="text"/>
Equipment	<input type="text"/>
Other	<input type="text"/>

Percentage owned *

? HELP

Familial relationship to other owners *

? HELP Enter "none" if no relationship

Shares of Stock *

? HELP

☐ No stock exists for this firm

☐ Yes, stock exists

Number of Shares	Percentage	Class	Date Acquired	Method Acquired
<input type="text"/>	<input type="text"/>	<input type="text" value="▼"/>	<input type="text" value="(mm/dd/yyyy)"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="▼"/>	<input type="text" value="(mm/dd/yyyy)"/>	<input type="text"/>

[Save page](#) to add blank lines. Delete data from all fields in a line and save page to clear line.

SECTION 4 cont.

4.C. List all names of the owners of all affiliates (i.e. other firm(s)).

Optional

Name	Company	Type of Business	% of Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

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4.D. Does any owner or management official of the applicant firm serve as an employee of or have duties in any other business enterprise or agency? *

Required

Describe the duties of that owner/official in the other firm and describe the firm's primary product or service offering.

☐ No

☐ Yes

Name	Name of Firm	Position/Duties	Product or Service of Firm	Years of Affiliation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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4.E. List any firm with which the applicant business has a business relationship and whose management and/or ownership shares a familial relationship with the applicant business' management and/or ownership. *

Required

If none, type "none."

4.G. Identify the following information for each partner, proprietor, stockholder, director, and officer of the applicant firm. *

Required

Name & Title	Position(s)	Ethnicity & Gender	Date Appointed	Hours Worked Weekly
Name <input type="text"/>	<input type="checkbox"/> Officer	Ethnicity <input type="text"/>	<input type="text"/> (mm/dd/yyyy)	<input type="text"/>
Title <input type="text"/>	<input type="checkbox"/> Director	Gender <input type="text"/>		
Name <input type="text"/>	<input type="checkbox"/> Manager	<input type="text"/>		
Title <input type="text"/>	<input type="checkbox"/> Member	<input type="text"/>		
Name <input type="text"/>	<input type="checkbox"/> Officer	Ethnicity <input type="text"/>	<input type="text"/> (mm/dd/yyyy)	<input type="text"/>
Title <input type="text"/>	<input type="checkbox"/> Director	Gender <input type="text"/>		
	<input type="checkbox"/> Manager	<input type="text"/>		
	<input type="checkbox"/> Member	<input type="text"/>		

This is a "stretchy" table -- it will expand as you save lines. [To add more lines](#), [save page](#). To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

4.H. Does the applicant firm currently, or did it ever, operate under another name? *

Required

If yes, complete the following and identify by name all management personnel (owners, directors, member, and officers) associated with the former firm, and identify who are also members of the current firm.

☐ No

☐ Yes

Previous Firm Name	Firm Management Personnel	Years of Ownership	% of Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

This is a "stretchy" table -- it will expand as you save lines. [To add more lines](#), [save page](#). To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

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SECTION 4.1



Certification Application: Section 4.1: Stockholders

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Test Vendor CMS Analyst 1
Type: BEP/VBP Full Application
App #: 0077657

Status: **Incomplete**
Started: 12/23/2019

0% complete

Please answer all questions as completely as possible and that are applicable to your business. Questions highlighted in red are required and must be completed in order to submit your application. If a required field is not applicable to your firm mark it as N/A. Questions highlighted in yellow are optional; please complete all those that apply to your business.

Click **Save Draft** frequently while filling out the form to ensure that your information is saved. Once saved, you can return to the section at any time to continue. Some questions may not be shown in this section due to your company type.

Question Color Coding	
 	Required & incomplete
 	Optional & incomplete
 	Complete

[Save Draft](#)[Save & Return to Summary](#)[Cancel](#)

*** required entry**

Section Status

Section 4.1: Stockholders Section Status

Incomplete
- 1 incomplete out of 1 required
- 1 incomplete out of 1 optional

Section Questions

4.B.1. Identify any stock of the firm pledged or subject to any lien agreement or beneficially owned by anyone other than the person who the stock is issued.

Optional

Shareholder	Number of Shares	Class	Amount Paid When Purchased	Date of Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> (mm/dd/yyyy)

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

4.B.2. Is any stockholder in the firm a party to a contingent agreement affecting the management or control of the business of the rights of the holder of any class of stock in the corporation including the sale, transfer, or transferability of any of the stock? *

Required

If yes, Provide documentation and any profit sharing agreement.

- ☐ Yes
☐ No

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SECTION 5



Certification Application: Section 5: Control

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Test Vendor CMS Analyst 1
Type: BEP/VBP Full Application
App #: 0077657

Status: **Incomplete**
Started: 12/23/2019

0% complete

Please answer all questions as completely as possible and that are applicable to your business. Questions highlighted in red are required and must be completed in order to submit your application. If a required field is not applicable to your firm mark it as N/A. Questions highlighted in yellow are optional; please complete all those that apply to your business.

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[Save Draft](#)[Save & Return to Summary](#)[Cancel](#)

* **required entry**

Section Status

Section 5: Control Section Status **Incomplete**
- 2 incomplete out of 2 required

Section Questions

5.A. Identify by name, ethnicity, gender, and number of years with the firm those individuals in the firm (including owners and non-owners) responsible for day-to-day management and business decisions including, but not limited to, those with primary responsibility in each management area listed below. * **Required**

1. Estimating

Name	Ethnicity	Gender	# Years in Role with Firm	% of Responsibility	Disabled
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

2. Marketing and Sales Operations

Name	Ethnicity	Gender	# Years in Role with Firm	% of Responsibility	Disabled
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

3. Hiring and Firing of Management Personnel

Name	Ethnicity	Gender	# Years in Role with Firm	% of Responsibility	Disabled
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

4. Hiring and Firing of Non-Management Personnel

Name	Ethnicity	Gender	# Years in Role with Firm	% of Responsibility	Disabled
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

5. Ownership of Field/Production

SECTION 5 cont

5. Supervision of Field/Production

Name	Ethnicity	Gender	# Years in Role with Firm	% of Responsibility	Disabled

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

6. Supervision of Office Personnel

Name	Ethnicity	Gender	# Years in Role with Firm	% of Responsibility	Disabled

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

7. Contract Signing

Name	Ethnicity	Gender	# Years in Role with Firm	% of Responsibility	Disabled

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

8. Signing and Co-Signing For Loans

Name	Ethnicity	Gender	# Years in Role with Firm	% of Responsibility	Disabled

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

9. Acquisition of Lines of Credit

Name	Ethnicity	Gender	# Years in Role with Firm	% of Responsibility	Disabled

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

10. Surety Bonding

Name	Ethnicity	Gender	# Years in Role with Firm	% of Responsibility	Disabled

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

11. Major Purchases or Acquisitions

Name	Ethnicity	Gender	# Years in Role with Firm	% of Responsibility	Disabled

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

SECTION 5 cont

12. Check Signing

Name	Ethnicity	Gender	# Years in Role with Firm	% of Responsibility	Disabled

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

13. Other

Name	Ethnicity	Gender	# Years in Role with Firm	% of Responsibility	Disabled

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

5.B. Indicate the personnel or firm who provide the following services: *

Required

1. Accounting/Financial

Name of Service Provider	Date(s) of Hire	End Date(s) of Service	Cost for Each Engagement	Address	Contact Person	Phone
	(mm/dd/yyyy)	(mm/dd/yyyy)				
	(mm/dd/yyyy)	(mm/dd/yyyy)				

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

2. Advertising

Name of Service Provider	Date(s) of Hire	End Date(s) of Service	Cost for Each Engagement	Address	Contact Person	Phone
	(mm/dd/yyyy)	(mm/dd/yyyy)				
	(mm/dd/yyyy)	(mm/dd/yyyy)				

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

3. External Estimating (an outside firm that prepares cost estimates)

Name of Service Provider	Date(s) of Hire	End Date(s) of Service	Cost for Each Engagement	Address	Contact Person	Phone
	(mm/dd/yyyy)	(mm/dd/yyyy)				
	(mm/dd/yyyy)	(mm/dd/yyyy)				

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

4. Legal/Attorney

Name of Service Provider	Date(s) of Hire	End Date(s) of Service	Cost for Each Engagement	Address	Contact Person	Phone
	(mm/dd/yyyy)	(mm/dd/yyyy)				
	(mm/dd/yyyy)	(mm/dd/yyyy)				

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

5. Lobbying

Name of Service Provider	Date(s) of Hire	End Date(s) of Service	Cost for Each Engagement	Address	Contact Person	Phone
	(mm/dd/yyyy)	(mm/dd/yyyy)				
	(mm/dd/yyyy)	(mm/dd/yyyy)				

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

If owner/atty/accountant is still on board to provide services in this section, enter date in future (ex: 12/31/2021)

SECTION 5 cont

application.

3. External Estimating (an outside firm that prepares cost estimates)

Name of Service Provider	Date(s) of Hire	End Date(s) of Service	Cost for Each Engagement	Address	Contact Person	Phone
	(mm/dd/yyyy)	(mm/dd/yyyy)				
	(mm/dd/yyyy)	(mm/dd/yyyy)				

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4. Legal/Attorney

Name of Service Provider	Date(s) of Hire	End Date(s) of Service	Cost for Each Engagement	Address	Contact Person	Phone
	(mm/dd/yyyy)	(mm/dd/yyyy)				
	(mm/dd/yyyy)	(mm/dd/yyyy)				

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Name of Service Provider	Date(s) of Hire	End Date(s) of Service	Cost for Each Engagement	Address	Contact Person	Phone
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6. Management or Professional Services and other consulting agreements with firms or individuals

Name of Service Provider	Date(s) of Hire	End Date(s) of Service	Cost for Each Engagement	Address	Contact Person	Phone
	(mm/dd/yyyy)	(mm/dd/yyyy)				
	(mm/dd/yyyy)	(mm/dd/yyyy)				

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7. Temporary Services

Name of Service Provider	Date(s) of Hire	End Date(s) of Service	Cost for Each Engagement	Address	Contact Person	Phone
	(mm/dd/yyyy)	(mm/dd/yyyy)				
	(mm/dd/yyyy)	(mm/dd/yyyy)				

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8. Other (Identify purposes of service, such as subcontractor, broker, or commission employee)

Name of Service Provider	Date(s) of Hire	End Date(s) of Service	Cost for Each Engagement	Address	Contact Person	Phone
	(mm/dd/yyyy)	(mm/dd/yyyy)				
	(mm/dd/yyyy)	(mm/dd/yyyy)				

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Save Draft

Save & Return to Summary

Cancel

SECTION 6



Please answer all questions as completely as possible and that are applicable to your business. Questions highlighted in red are required and must be completed in order to submit your application. If a required field is not applicable to your firm mark it as N/A. Questions highlighted in yellow are optional; please complete all those that apply to your business.

Click **Save Draft** frequently while filling out the form to ensure that your information is saved. Once saved, you can return to the section at any time to continue. Some questions may not be shown in this section due to your company type.

Question Color Coding	
Required & incomplete	Required & incomplete
Optional & incomplete	Optional & incomplete
Complete	Complete

Save Draft

Save & Return to Summary

Cancel

* required entry

Section Status

Section 6: Financial Section Status

Incomplete
- 4 incomplete out of 4 required

Section Questions

6.A. Identify any lines of credit and/or loans to your firm; indicating the source, date, amount, and signator(s). Provide a complete signed copy of each credit and/or loan agreement. *

Required

- ☐ No lines and/or letters of credit
☐ Yes

Source	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

This is a "stretchy" table -- it will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

6.B. What were the gross receipts of the firm and affiliates for each of the last three fiscal years? *

Required

NOTE: If it is a new business, provide a current balance sheet and most current U.S. individual income tax returns.

Year	Gross Receipts of Applicant Firm	Gross Receipts of Affiliate Firms	
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input checked="" type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input checked="" type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input checked="" type="checkbox"/>

[Add another line](#)

6.C. What are the total number of employees for the firm for the last three fiscal years? *

Required

Enter zero (0) for no employees.

Year	Full Time	Part Time	Contract
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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6.D. Provide proof of at least 3 projects (contracts, purchase orders, invoices, etc.) completed by the applicant firm during the last 3 years that demonstrate the firm's ability to provide the product(s) or service(s) related to the NIGP codes for which you're applying? *

Required

- ☐ No projects completed
☐ Yes

Firm/Organization Name	Phone	Location of Project	Type of Work	Project Start Date	Project Completion Date	Dollar Value of Contract
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> (mm/dd/yyyy)	<input type="text"/> (mm/dd/yyyy)	<input type="text"/>

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If you have not participated in contracts, that's ok.

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Document List

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Attach or Fax	Most Recent Financial Statement include Balance Sheet	-	-	NOT attached
Attach or Fax	Most Recent U.S. Federal Income Tax Return for Firm and All Affiliates	-	Including all Attachments and Schedules.	NOT attached
Attach or Fax	Most Recent U.S. Individual Federal Income Tax Returns for all Owners	-	Including all Attachments and Schedules.	NOT attached
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Attach or Fax	Equipment Lease Agreement(s) and/or Inventory of Equipment, include firm office equipment	-	-	NOT attached
Attach or Fax	Real Estate Agreement(s) Lease, Deeds to Property, or Property Tax Bill	-	Including Home-Based Businesses and any warehouse rental.	NOT attached
Attach or Fax	Cover Page and Executed Signature Page of past three completed Projects/Contracts, Purchase Orders and or Invoices verifying the performance of the requested service	-	-	NOT attached
Attach or Fax	Articles of Incorporation (front & back pages) your home state	-	Firm must be in Good Standing.	NOT attached
Attach or Fax	By-Laws of Corporation	-	-	NOT attached
Attach or Fax	Authorization to transact business in Illinois	-	For firm's not incorporated in Illinois, contact the Secretary of State office for at: www.cyberdriveillinois.com/services/home.html	NOT attached
Attach or Fax	Front and back Copies of All Stock Certificates, Issued and Canceled	-	-	NOT attached
Attach or Fax	Minutes of First Stockholder's Meeting and/or Corporation's Organizing Minutes	-	-	NOT attached
Attach or Fax	Minutes of First Board of Director's Meeting	-	-	NOT attached
Attach or Fax	Most Recent Board of Director's Meeting Minutes	-	-	NOT attached
Attach or Fax	Most Recent Minutes of Stockholder's Meeting Where the Current Board Members Were Appointed	-	-	NOT attached
Attach or Fax	Most Recent Shareholder's Meeting Minutes	-	-	NOT attached
Attach or Fax	Most Recent Minutes of Board of Director's Meeting Where the Current Officers Were Appointed	-	-	NOT attached

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Required Documents

Required documents that are not relevant to your firm can be marked as not applicable. Please use caution when reviewing the document list as failure to submit the attachments without an explanation as to why any such attachment was not provided will result in a delay in processing and/or could result in denial.

Attach (Refresh)	Mark as Not Applicable	Document (Refresh)	Download Form	Document Description (Refresh)	Status (Refresh)
Lock In		Attach each document below or check the box to indicate it is not applicable to your business; then click the Lock In button.			
Attach or Fax	<input type="checkbox"/>	Copy of DD214 Form		Submission of this document is required when you are applying for a SDVOSB or VOSB certification	NOT attached
Attach or Fax	<input type="checkbox"/>	MBE/DBE/WBE/PBE or SBA 8A Certification(s) or Denial(s) or Statement of None		-	NOT attached
Attach or Fax	<input type="checkbox"/>	PBE Addendum	Download	Download and sign. If you are not applying for PBE attach a statement stating this form is not applicable.	NOT attached
Attach or Fax	<input type="checkbox"/>	Current License(s)		Including all applicable business and professional licenses.	NOT attached
Attach or Fax	<input type="checkbox"/>	Copies of All Signed Loan Agreements and Line of Credit Agreements		-	NOT attached
Attach or Fax	<input type="checkbox"/>	Title(s) of Automotive Equipment All Vehicles Used for Business Purposes or Leased through the Business		-	NOT attached
Lock In		Attach each document above or check the box to indicate it is not applicable to your business; then click the Lock In button.			

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Affidavit of Certification

BUSINESS ENTERPRISE PROGRAM & VETERAN BUISNESS PROGRAM FULL CERTIFICATION AFFIDAVIT

1. Upon penalty of perjury, the undersigned certified that he/she is the _____
Type or Print Title

Type or Print Name of Company

Pursuant to the requirements of the Illinois Administrative Code, Title 44, Section 10.90, I understand that I must notify CMS within thirty (30) days of any change affecting my firm's ability to meet the Business Enterprise Program (BEP) eligibility requirements.

I/We understand and acknowledge that to fraudulently obtain or retain certification or public monies, to willfully make a false statement to an official for the purpose of influencing certification eligibility or to obstruct or impede an official or employee who is investing the qualifications of a business which has requested certification is a Class 2 felony subject to prosecution under Chapter 38, Article 33C of the Criminal Code of the State of Illinois.

The firm also affirms that the Disabled, Minority, or Female interests in the business constitute the majority control over business operations. Further, the undersigned agrees to provide written changes in the provide information after the filing of this application and before the work of this firm is completed on any agency awarded contract. The agency must be informed in writing of the change, and failure to do so may result in decertification or denial of certification. The firm must further provide, upon request, information of any work performed on any specified project regarding type of work performed, its duration, amount of payment to the firm, and to permit the audit and examination of books, records and files of the named firm. **ANY MATERIAL MISREPRESENTATION OF INFORMATION IN THIS DOCUMENT WILL BE GROUNDS FOR: (1) DENIAL OF CERTIFICATION (2) DECERTIFICATION (3) DEBARMENT (4) TERMINATING ANY CONTRACT THAT MAY BE AWARDED AND (5) INITIATING ACTION UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS.**

Print Name	Print Title	Signature of Owner	Date
Print Name	Print Title	Signature of Owner	Date

Date: _____ Corporate Seal (where appropriate)

Name(s) _____ / _____

To me personally known, who, being duly sworn, did execute the foregoing affidavit and did so as his or her free act and deed.

(Seal) Notary Public _____ Commission Expires _____

Failure to respond to all questions on this application and provide all required documentation may result in the loss or denial of your firm's certification. Note: Applicant may be asked to supply other documentation include prior year's income tax information, if necessary.

Document List cont.



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Certification Application: Document List

Main Documents Signature Submit Utilities Cert List

Test Vendor CMS Analyst 1

Type: BEP/VBP Full Application

App #: 0077657

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Note that some documents are required due to the nature of your firm. Failure to submit the attachments without a

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Note: this BEP/VBP Full Application allows faxing of documents to the system. To use this option, click the **Attach** certification, you are required to maintain in your office the original documents provided. CMS will review these original supporting document at any time during the term of certification.

Status

Document List Status

Document Format

Incomplete

Electronic

This document

Help & Tools

Status: **Incomplete**

Started: 12/23/2019

Upload Files

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Most Recent Financial Statement include Balance Sheet

Click **Choose Files** or drag files to **Drop Files Here**, edit details as needed, then click **Upload File(s)**. The files will be uploaded to the system and associated with the document type. You can view the attached files after uploading once the page refreshes. Any files over 30 MB will be rejected.

Select Documents to Attach *

No file chosen

Drop Files Here

Upload File(s)

Cancel

Mandatory Documents

Mandatory documents cannot be marked as not applicable. All mandatory documents must be attached. Do not attach

Attach (Refresh)	Document (Refresh)	Download Form	Document Description (Refresh)	Status (Refresh)
Attach or Fax	Affidavit of Certification PORTAL DOCUMENT.docx (DOCK, 17.08 KB) View File Edit Info Delete File	Download	Download, sign, notarized and upload.	Attached by CMS Analyst 1 Test Vendor on 12/24/2019
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Type: **BEP/VBP Full Application**
App #: **0077657**

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Document List Status

Incomple

Document Format

Electronic

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CMS Analyst 1 Test
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Test Vendor CMS
Analyst 1

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Click **Choose Files** or drag files to **Drop Files Here**, edit details as needed, then click **Upload File(s)**. The files will be uploaded to the system and associated with the document type. You can view the attached files after uploading once the page refreshes. Any files over 30 MB will be rejected.

File 1: PORTAL DOCUMENT.docx

Size: 17.08 KB ([remove file](#))

File Title:

PORTAL DOCUMENT.docx

File Description:

Select Documents to Attach *

Choose Files

PORTAL DOCUMENT.docx

Drop Files Here

Upload File(s)

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Certification Application: Document List

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Test Vendor CMS Analyst 1

Type: BEP/VBP Full Application

App #: 0077657

Status: **Incomplete**

Started: 12/23/2019

58% complete

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Instructions for attaching files » [click here to show](#)

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Status

Document List Status

Incomplete: 1 attached of 24 mandatory; 0 attached of 6 required

Document Format

Electronic documents only.

This document checklist is used to securely and confidentially attach electronic files to the application.


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Attach or Fax	<input checked="" type="checkbox"/>	PBE Addendum	Download	Download and sign. If you are not applying for PBE attach a statement stating this form is not applicable.	NOT attached
Attach or Fax	<input checked="" type="checkbox"/>	Current License(s)		Including all applicable business and professional licenses.	NOT attached
Attach or Fax	<input checked="" type="checkbox"/>	Copies of All Signed Loan Agreements and Line of Credit Agreements		-	NOT attached
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Attach or Fax	<input checked="" type="checkbox"/>	PBE Addendum	Download	Download and sign. If you are not applying for PBE attach a statement stating this form is not applicable.	NOT attached
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Attach or Fax	<input checked="" type="checkbox"/>	Copies of All Signed Loan Agreements and Line of Credit Agreements		-	NOT attached
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Loan Agreements only if applicable

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Attach or Fax	<input checked="" type="checkbox"/>	Current License(s)		Including all applicable business and professional licenses.	NOT attached
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Test Vendor CMS Analyst 1
 Type: BEP/VBP Full Application
 App #: 0077657

Status: **Complete, Pending Signature > [Sign Application](#)**
 Started: 12/23/2019

98% complete

All sections have been completed and the application is complete. Click the **Sign** button to electronically sign the application.

Need Help?
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BEP/VBP Full Application Information

Type	BEP/VBP Full Application
Certifying Agency	State of Illinois Central Management Services
Business Name	Test Vendor CMS Analyst 1
Current Status	Complete, Pending Signature > Sign Application
Application Number	0077657
Date for Deletion	3/22/2020 (Extend)
Contact Person	CMS Analyst 1 Test Vendor ▾ (Add user not on list)
This is the assigned user for this BEP/VBP Full Application. To ensure security of the record, only YOU have access unless you reassign it to another user for completion or explicitly grant access by clicking the Utilities tab and adding a user to the Access List .	

Sections and Documentation

Contract Identification	✓ Edit	Complete: 0 completed of 0 required; 0 completed of 1 optional (by CMS Analyst 1 Test Vendor, 12/23/2019)
Section1: General Information	✓ Edit	Complete: 10 completed of 10 required; 1 completed of 2 optional (by CMS Analyst 1 Test Vendor, 12/23/2019)
Section 2: General Business Information	✓ Edit	Complete: 11 completed of 11 required; 0 completed of 0 optional (by CMS Analyst 1 Test Vendor, 12/23/2019)
Section 3: Inventory and Licenses	✓ Edit	Complete: 7 completed of 7 required; 0 completed of 0 optional (by CMS Analyst 1 Test Vendor, 12/23/2019)
Section 4: Ownership	✓ Edit	Complete: 6 completed of 6 required; 0 completed of 3 optional (by CMS Analyst 1 Test Vendor, 12/23/2019)
Section 4.1: Stockholders	✓ Edit	Complete: 1 completed of 1 required; 0 completed of 1 optional (by CMS Analyst 1 Test Vendor, 12/23/2019)
Section 5: Control	✓ Edit	Complete: 2 completed of 2 required; 0 completed of 0 optional (by CMS Analyst 1 Test Vendor, 12/23/2019)
Section 6: Financial	✓ Edit	Complete: 4 completed of 4 required; 0 completed of 0 optional (by CMS Analyst 1 Test Vendor, 12/24/2019)
Document List	✓ Edit	Complete: 24 attached of 24 mandatory; 0 attached, 6 not applicable of 6 required

Signature and Submittal

Signature	➡ Sign	Pending
Submittal	⌚ Submit	

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The electronic signature attests to the accuracy of the certification application.

* required entry

Electronic Signature	
Signature * (type your full, legal name)	<input type="text" value="John Smith"/>
Your Title *	<input type="text" value="owner"/>
Your Organization *	<input type="text" value="Metal Works"/>
Today's Date *	<input type="text" value="12/26/2019"/> (mm/dd/yyyy)

—————→ ☒ By electronically signing this certification application, I hereby attest that the information contained herein and attached in electronic format is accurate and correctly represents the business, its owners, and its management.

Sign BEP/VBP Full Application

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☒ By submitting this certification application, I acknowledge individually, and on behalf of the applicant business, the policies, rules, and requirements of the program.

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Recognition Application

STEPS

RECOGNITION APPLICATION STEPS

The BEP certification portal is here: <https://cms.diversitycompliance.com/>

1. Select: **Renew/Apply for Certification**

- Your firm is NOT currently certified with BEP and/or VBP.
 - Your firm is currently certified by an approved certifying entity.
 - Your firm does NOT plan to perform work for other states (this does not prohibit them from doing business with other states)
 - **Submit a Recognition Application**
 - **Is this your first time applying with Central Management Services/Business Enterprise Program (CMS/BEP) and have you completed your registration?**
 - **Answer NO**
 - Can your firm provide a valid certificate from one of the approved agencies?
 - Answer YES (You will be asked to submit proof of certification status with recognized entity)
- Are your annual gross sales over \$75 million as stated in section 10.64 Sales Limitation for BEP and/or for VBP
 - Answer NO (if applicable)

FINDING OPPORTUNITIES WITH THE STATE OF ILLINOIS

Illinois Procurement Bulletin Boards



www.bidbuy.Illinois.gov/bs0



www.procure.stateniv.state.il.us



www.illinoistollway.com



www.dot.il.us



www.Illinois.gov/cdb/

You do not have to be BEP certified to bid on contract opportunities!

Additional Resources

Small Business Development Center



www.asbdc-us.org

Procurement Technical Assistance Center



www.Aptac-us.org

U.S. Small Business Administration



Your Small Business Resource

www.sba.gov

To find out more about SBDC's, call **1-800-252-2923**

Or visit: <http://www.illinois.gov/dceo/SmallBizAssistance/BeginHere/Pages/SBDC.aspx>

For additional assistance please contact:

Irma Lopez or Pedro Pineda

Irma.Lopez@illinois.gov

Pedro.Pineda@Illinois.gov

or

BEP help desk 312-814-4190 / 1-800-356-9206

e-mail CMS.BEP@illinois

