

Veterans Goals Workshop for Contractors

December 18, 2014 and January 8, 2015

Agenda

- ▶ **Overview of Veterans Business Program**
- ▶ **Identifying veteran-owned small businesses or service-disabled veteran-owned small businesses**
- ▶ **Documentation**
- ▶ **Frequently asked questions**
- ▶ **Other questions**

Veterans Business Program for Construction

- ▶ **Illinois Procurement Code establishes a 3 percent statewide contracting goal for veteran-owned small businesses (VOSBs)**
- ▶ **Illinois Tollway supports the state's objective to promote economic development of VOSBs**
- ▶ **Veteran-owned small businesses are required to be certified by the Department of Central Management Services (CMS)**
 - ▶ **Veteran-owned small business (VOSB)**
 - ▶ **Service-disabled veteran-owned small business (SDVOSB)**



Identifying Certified Veteran-Owned Small Businesses

For firms seeking veteran-owned small businesses:

▶ **CMS searchable database**

- ▶ Vendor
- ▶ Commodity/service code
- ▶ Commodity/service name

▶ <https://www2.illinois.gov/cms/business/sell2/Pages/VendorSearch.aspx>

Veterans Business Program for Construction

The Tollway program description is located on the Illinois Tollway's website:

<http://www.illinoistollway.com/doing-business/diversity-programs/veterans-business-program>

Required Documentation

Once veteran-owned small businesses are identified, prime contractors must submit proper paperwork with their bid.

- ▶ VOSB Utilization Plan VOSB Form 2026
- ▶ VOSB Participation Statement VOSB Form 2025
- ▶ VOSB Good Faith Efforts (GFE) VOSB Form 2023*

Failure to provide the forms listed above may result in a non-responsive bid.

***if applicable**





(1) POLICY -

It is ISTHA's policy that **Veteran Owned Small Business Enterprises (VOSBs)** as defined in the **STATE OF ILLINOIS VETERAN SMALL BUSINESS PARTICIPATION AND UTILIZATION PLAN** shall have the maximum opportunity to participate in the performance of contracts. Consequently the requirements of the **STATE OF ILLINOIS VETERAN SMALL BUSINESS PARTICIPATION AND UTILIZATION PLAN** apply to this contract.

(2) OBLIGATION -

The Contractor agrees to ensure that VOSBs as defined in the **STATE OF ILLINOIS VETERAN SMALL BUSINESS PARTICIPATION AND UTILIZATION PLAN** have the maximum opportunity to participate in the performance of contracts or subcontracts. The Contractor shall take all necessary and reasonable steps in accordance with the **STATE OF ILLINOIS VETERAN SMALL BUSINESS PARTICIPATION AND UTILIZATION PLAN** to ensure that VOSBs have the maximum opportunity to compete for and perform under this contract.

(3) PROJECT AND BID IDENTIFICATION -

Complete the following information concerning the project and bid:

Project Description _____

Contract Number _____

Bid Due Date _____

Prime Contractor _____

Core Amount: _____

(4) ASSURANCE -

I, acting in my capacity as an officer of the undersigned bidder (or bidders if a joint venture), hereby assure The Illinois State Toll Highway Authority that on this project my company will: (check one):

Meet or exceed the **VOSB Contract Goal** and will provide **Veteran Owned Small Business** Participation as follows:

TOTAL VOSB COMMITMENT: \$ _____ VOSB PERCENT OF CORE BID AMOUNT: _____ %

Meet or exceed the VOSB Contract Goal because PRIME BIDDER IS A VOSB:

TOTAL VOSB COMMITMENT: \$ _____ VOSB PERCENT OF CORE BID AMOUNT: _____ %

Attached are the signed Statements required by the STATE OF ILLINOIS VETERAN SMALL BUSINESS PARTICIPATION AND UTILIZATION PLAN committing to the use of each VOSB participating in this Plan and assuring that each business will perform a commercially-useful function in the work of the contract.

Request a waiver of the Contract Goal.

DOLLAR AMOUNT OF WAIVER REQUEST: \$ _____ AND PERCENTAGE _____ %

The bidder is requesting the contract Goal be accordingly modified or waived. Attached is all information required by the STATE OF ILLINOIS VETERAN SMALL BUSINESS PARTICIPATION AND UTILIZATION PLAN in support of this request. Also attached is VOSB Form 2025 - Participation Statements for each participating VOSB indicating the level of participation.

Company Name/Date

By: _____

Company Representative/Title

The "as-read" Low Bidder is required to comply with the STATE OF ILLINOIS VETERAN SMALL BUSINESS PARTICIPATION AND UTILIZATION PLAN. Submit only one VOSB Utilization Plan for each Project. The VOSB Utilization Plan and Participation Statement(s) (VOSB Form 2025), **with original signatures**, are to be submitted with the Bid. Each VOSB company listed on a VOSB Participation Statement must be listed in CMS' database at the time of bid submission to be considered acceptable. Please provide proof of certification with the bid.

Any Subsequent changes, once approved by the Diversity and Strategic Development Department, may require resubmission of both VOSB Forms 2025 and 2026.





CONTRACT #		VOSB FIRM NAME:			
CIRCLE ALL THAT APPLY:		<input type="checkbox"/> VOSB	<input type="checkbox"/> SDVOSB	ETHNICITY:	<input type="checkbox"/> Af-Am <input type="checkbox"/> As In <input type="checkbox"/> As Pac <input type="checkbox"/> Hisp <input type="checkbox"/> Cauc
		GENDER: <input type="checkbox"/> M <input type="checkbox"/> F			
CHECK ALL THAT APPLY:					
PRIME <input type="checkbox"/>		JV PARTNER <input type="checkbox"/>		SUBCONTRACTOR <input type="checkbox"/>	
		TRUCKER <input type="checkbox"/>		SUPPLIER <input type="checkbox"/>	
		MANUFACTURER <input type="checkbox"/>			
SUBCONTRACTOR:	TIER 1 (SUB TO PRIME):	<input type="checkbox"/> Y <input type="checkbox"/> N	TIER 2 OR BELOW:	<input type="checkbox"/> Y <input type="checkbox"/> N	UNDER CONTRACT TO:

This form must be completed for EACH VOSB participating in the VOSB Utilization Plan.
 Attach this form to the VOSB Utilization Plan form, VOSB Form 2026. If additional space is needed, complete an additional form(s) for the firm or attach a spreadsheet on company letterhead.

PAY ITEM NO. *	DESCRIPTION: Indicate whether furnish only, or both furnish and install.	QUANTITY	UNIT PRICE	TOTAL CONTRACT AMOUNT (\$)	CHECK IF SUPPLIER	TOTAL VOSB CREDIT AMOUNT (\$) <small>(reduce to 60% of contract amount if firm is a SUPPLIER)</small>
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
TOTALS FOR THIS VOSB FIRM:				0.00		

*Contingency Work must not be included under Pay Items and will not be approved toward VOSB goal participation until such time as those Pay Items have been confirmed as required work of the contract. Direct Allowance items, including but not limited to Mobilization Item #JS671010, will not be approved within the VOSB Utilization Plan. NOTE that these items are not included in the determination of the VOSB Goal percentage.

1. PARTIAL PAY ITEMS: For any of the above ITEMS that are partial pay items, specifically describe the work and subcontract dollar amount.

2. COMMITMENT: The undersigned certify that the information herein is true and correct, and that the VOSB listed below has agreed to perform a commercially-useful function in the work of the contract item(s) listed above and to execute a contract to that effect with the Prime Contractor. The undersigned further understand that NO CHANGES to the type or scope of work performed by the VOSB may be made without PRIOR WRITTEN APPROVAL and that complete and accurate information regarding actual work performed by the VOSB on this contract and the payment thereto must be provided to ISTHA's Department of Diversity and Strategic Development. **The Prime Contractor will not assign any of the contract items listed above to a firm other than the VOSB identified below without ISTHA's prior written approval. The Prime Contractor must request, in writing, approval by ISTHA's Diversity and Strategic Development Department of any proposed amendment to the type or scope of work to be performed by the VOSB no later than three business days from the date the Prime Contractor becomes aware of the circumstances supporting the request. Failure to receive written approval prior to a change in type or scope is a violation of the STATE OF ILLINOIS VETERAN SMALL BUSINESS PARTICPATION AND UTILIZATION PLAN and can subject the contractor to contract sanctions.**

Signature for Prime Contractor _____ Title _____

Date: _____

Contact: _____

Phone: _____

Firm Name _____

Address: _____

Signature for VOSB Contractor _____ Title _____

Date: _____

Contact: _____

Phone: _____

Firm Name _____

Address: _____





VOSB FORM 2023

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Demonstration of Good Faith Efforts to Achieve VOSB Subcontracting Goal

If the VOSB contract goal was not achieved, the Good Faith Efforts checklist and contacts log must be submitted with the bid. Failure to do so may render the bidder's solicitation response non-responsive and cause it to be rejected, or render the bidder ineligible for contract award, at ISHTA's sole discretion. The bidder must provide all evidence relied upon in support of its Good Faith Efforts with its bid.

Good Faith Efforts Checklist

Insert on each line below the initials of the authorized bidder representative who is certifying the bidder has completed the activities described below. If any of the items were not completed, attach a detailed written explanation. If any other efforts were made to obtain VOSB/SDVOSB participation in addition to the items listed below, attach a detailed written explanation.

- _____ Utilize the Sell2Illinois website to identify certified VOSB/SDVOSB vendors within the respective commodity/service codes and at a minimum email all listed vendors and solicit quotes from all vendors who express an interest via follow-up emails or telephone calls.
 - <https://www2.illinois.gov/cms/business/sell2/Pages/VendorSearch.aspx>
- _____ Identified portions of the contract work capable of performance by available VOSBs/SDVOSBs, including, where appropriate, breaking out contract work items into economically feasible units to facilitate VOSB/SDVOSB participation even when the bidder could perform those scopes with its own forces.
- _____ Make a portion of the work available to certified VOSB/SDVOSB vendors and selecting those portions of the work or material needs consistent with their availability, so as to facilitate certified VOSB/SDVOSB vendor participation.
- _____ Solicited through reasonable and available means (e.g., pre-bid meetings, networking session, written notices, advertisements) VOSBs/SDVOSBs to perform the types of work that could be subcontracted on this project, within sufficient time to allow them to respond. Vendor must determine with certainty if the certified VOSB/SDVOSB vendors are interested by taking appropriate steps to follow up initial solicitations and encourage them to submit a bid or proposal.
- _____ Provided timely and adequate information about the plans, specifications and requirements of the contract. Followed up initial solicitations to answer questions and encourage VOSBs/SDVOSBs to submit bids.
- _____ Negotiated in good faith with interested VOSBs/SDVOSBs that submitted bids and thoroughly investigated their capabilities. Evidence of such negotiation must include the names, addresses, email addresses, and telephone numbers of certified VOSB/SDVOSB vendors that were considered; a description of the information provided regarding the plans and specifications for the work selected for subcontracting and evidence as to why additional agreements could not be reached for certified VOSB/SDVOSB vendors to perform the work. A Vendor using good business judgment may consider a number of factors in negotiating with certified VOSB/SDVOSB vendors and may take a firm's price and capabilities into consideration. The fact that there may be some additional costs involved in finding and using certified VOSB/SDVOSB vendors may not be in itself sufficient reason for a Vendor's failure to meet the goal, as long as such costs are reasonable. Vendors are not required to accept higher quotes from certified VOSB/SDVOSB vendors if the price difference is excessive or unreasonable. The certified VOSB/SDVOSB vendor's memberships in specific groups, organizations, or associations and political or social affiliations are not legitimate causes for the rejection or non-solicitation of bids and proposals in Vendor's efforts to meet the goal.



VOSB FORM 2023

- _____ Made efforts to assist interested VOSBs/SDVOSBs in obtaining bonding, lines of credit, or insurance as may be required for performance of the contract (if applicable).
- _____ Made efforts to assist interested certified VOSB/SDVOSB vendors in obtaining necessary equipment, supplies, materials, or related assistance or services.
- _____ Utilized resources available to identify available VOSBs/SDVOSBs, including but not limited to VOSB/SDVOSB assistance groups; local, state and federal business assistance offices; and other organizations that provide assistance in the recruitment and placement of VOSBs/SDVOSBs.

Affidavit of Truthfulness: Signature below affirms accuracy of Good Faith Efforts and authority to provide above information

Print Name: _____ Phone contact: _____
Position: _____ E-mail address: _____
Signature: _____ Date: _____





VOSB FORM 2023

Good Faith Efforts Contacts Log for Soliciting - VOSB Participation: Form 2023 continued

Project name: _____ Project number: _____

Bidder name: _____ Contact person: _____

Use this form to document all contacts and responses (telephone, e-mail, fax, etc.) regarding the solicitation of VOSBs/SDVOSBs. Duplicate as needed.

Name of VOSB/SDVOSB	Date and method of contact	Scope of work solicited	Reason agreement was not reached

Affidavit of Truthfulness: Signature below affirms accuracy of Good Faith Efforts and authority to provide above information

Print Name: _____

Phone contact: _____

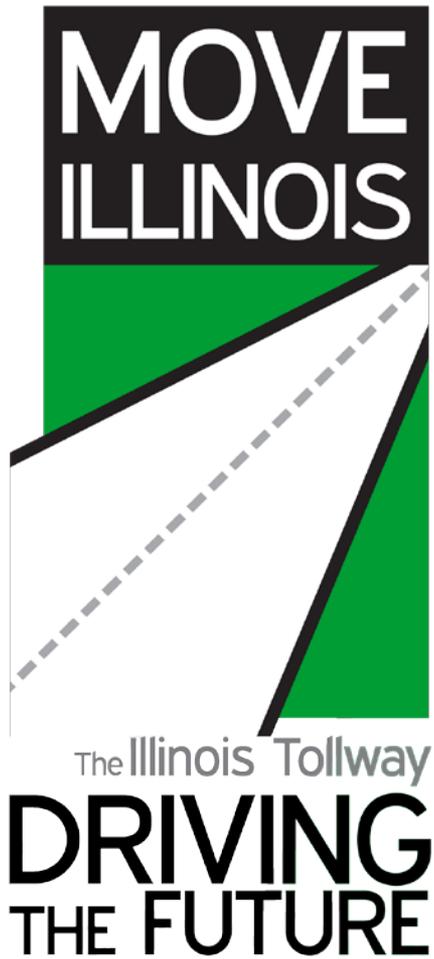
Position: _____

E-mail address: _____

Signature: _____

Date: _____





FREQUENTLY-ASKED QUESTIONS

Frequently asked questions

- ▶ **If the VOSB is also a Disadvantaged Business Enterprise (DBE), can I use the firm toward both goals?**
 - ▶ The VOSB Goal is separate and distinct from the DBE goal, per CMS requirements.
- ▶ **Can the VOSB firm be utilized in an area different than listed on their Letter of Certification?**
 - ▶ In order to fulfill the veteran-owned goal, VOSB/ SDVOSBs must be certified in the area of work they are slated to perform on the project per their Letter of Certification.

Frequently asked questions, continued

- ▶ **What are the Tollway's prequalification/registration requirements?**

Unless the project specifications state otherwise

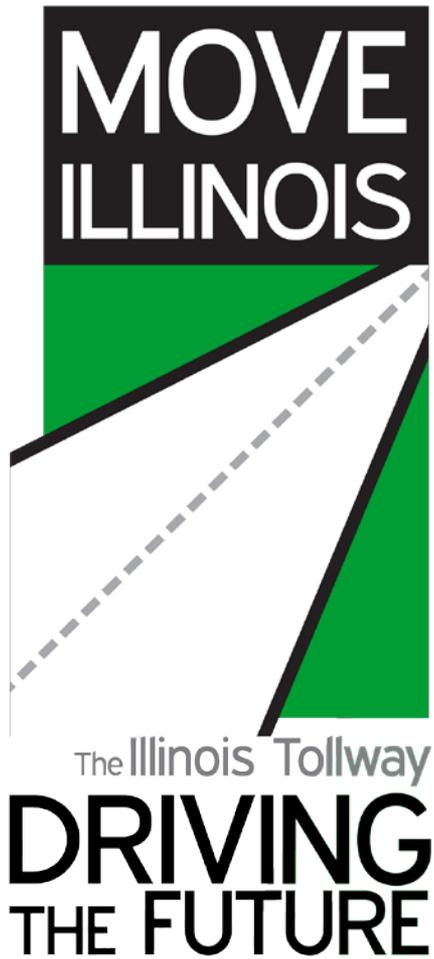
- ▶ IDOT or CDB prequalification (financial and experience) is required for firms acting as PRIME CONTRACTOR on any Tollway project.
- ▶ IDOT registration or prequal is required for firms acting as SUBCONTRACTOR on any Tollway project.

Frequently asked questions, continued

- ▶ **Disclosures and Certifications: when are Forms A or Forms B used?**
 - ▶ Forms A if you are not using an Illinois Procurement Gateway (IPG) Registration number or you have one but have NOT received approval confirmation and an expiration date
 - ▶ Forms B if you are using an IPG Registration number, which must be included on the form with the expiration date
 - ▶ IPG Vendor Registration: ipg.vendorreg.com
- ▶ **Are the State of Illinois Standard Business Terms and Conditions (“W” pages) always required?**

- ▶ Yes





QUESTIONS?

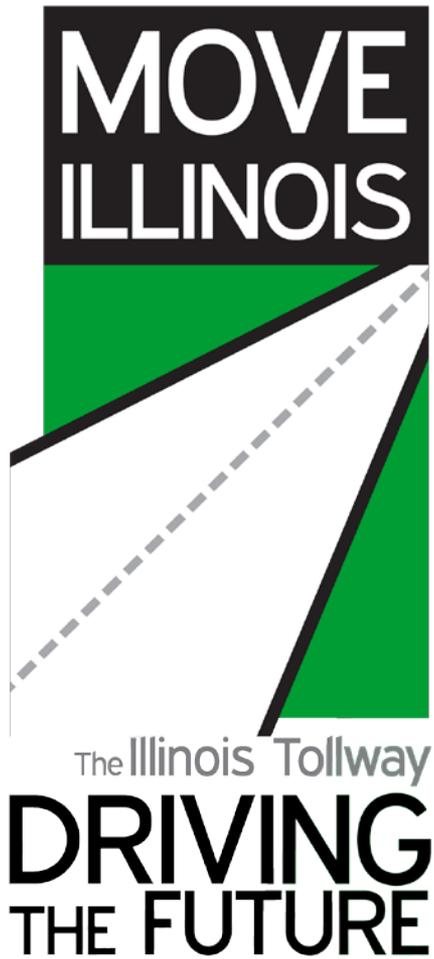
Contact Information

Department of Diversity and Strategic Development

Main Tollway telephone number: 630-241-6800

- ▶ Gustavo Giraldo, ext. 3226 ggiraldo@getipass.com
- ▶ Bill Jamison, ext. 3216 wjamison@getipass.com
- ▶ Stephanie Stephens, ext. 3204 sstephens@getipass.com
- ▶ Marlene Vick, ext. 2349 mwick@getipass.com
- ▶ Maria Limonciello, ext. 3208 mlimonciello@getipass.com
- ▶ Kristen Hamilton, ext. 3295 khamilton@getipass.com





THANK YOU
