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| **IT Logo 4** | | **Subconsultant Information/Delinquent Debt Review**  **Consultant**  **Sub-Consultant**  **FEIN** | | |
| **Date:** |  | | **Project Number:** |  |
| **Project Name:** |  | | | |
|  |  | | | |

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| **CONTRACTOR/ DELINQUENT DEBT REVIEW**  **CONSULTANT** | Sub Consultant Disclosure.  Will you be using any sub-consultants?  Yes  No  If yes, you must identify below, to the extent the information is known, the names, addresses and type of work all SubConsultants you will be using in the performance of this Contract, together with the anticipated percentage each is expected to receive pursuant to this Contract. The State may request updated information at any time. For purposes of this section Sub-Contractors/Consultants are those specifically hired to perform all, or part, of the work of this contract or to provide the supplies requested by the State.  Upon request, our firm agrees to provide a copy of the subcontract, if required, within fifteen (15) days after execution of the contract if selected, or after execution of the subcontract, whichever is later, for those subcontracts with an annual value of more than $50,000. All subcontracts over $50,000 must include the same certifications that the Vendor must make as a condition of the contract. The vendor shall include in each subcontract the subcontractor certifications as shown on the Standard Subcontractor Certification form available from the State.  Delinquent Payment. The /Consultant certifies that it, or any affiliate, is not barred from being awarded a contract under 30 ILCS 500. Section 50-11 prohibits a person from entering into a contract with a State agency if it knows or should know that it, or any affiliate, is delinquent in the payment of any debt to the State as defined by the Debt Collection Board. Section 50-12 prohibits a person from entering into a contract with the State agency if it, or any affiliate, has failed to collect and remit Illinois Use Tax on all sales of tangible personal property into the State of Illinois in accordance with the provisions of the Illinois Use Tax Act. The Consultant further acknowledges that the contracting State agency may declare the contract void if this certification is false or if the Consultant or any affiliate is determined to be delinquent in the payment of any debt to the State during the term of the contract. | |
| **Consultant:** |  |
|  |  |
| **Federal Employment Identification Number (FEIN)** |  |
| **E-Mail:** |  |

**Include an attachment if more space is needed to provide the below information. The attachment must provide the requested information.**

**NOTE for Construction Contracts: List all known subcontractors including those identified in the Bid Package on DBE Form 2025 and VOSB Form 2025, and include any name listed in the "Under Contract To" section of these forms.**

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| **Sub-Consultant(s)** | | **Sub-Consultant FEIN** | **Address** | | **General Type of Work** | | **Anticipated Percentage of Contract (to extent known)** | |
|  | |  |  | |  | |  | |
|  | |  |  | |  | |  | |
|  | |  |  | |  | |  | |
| **Signature:** |  | | | **Date:** | |  | |
| **Printed Name:** |  | | |