

## Illinois State Toll Highway Authority "ISTHA"

## VOSB FORM 2025- VETERAN PARTICIPATION STATEMENT FORM, PART 2

Lionway	<b>.</b>	,						
CONTRACT #			VOSB FIRM NAME:					
			CIRCLE ALL THAT APPLY:	VOSB	SDVOSB			
				CHECK ALL THA	T APPLY:			
	PRIME JV PARTNI	ER SU	BCONTRACTOR	TRUCKER	SUPPLI	ER MANUFACTU	JRER	
	T		Γ					
SUBCONTRACTOR:	TIER 1 (SUB TO PRIME):	Y N	TIER 2 OR BELOW:	Y N	UNDER CONTRACT TO:			
notification to	st be completed for EACH veterar o the prime by the Tollway as low adsheet on VOSB company letter	apparent biddei						•
PAY ITEM NO. *	DESCRIPTION: Indicate whether furnish only, or both furnish and install.			QUANTITY	UNIT PRICE	TOTAL CONTRACT AMOUNT (\$)	CHECK IF	TOTAL VOSB CREDIT AMOUNT (\$) (reduce to 60% of contract amount if firm is a SUPPLIER)
				TOTAL	FOR THIS VOSB FIRM:			
• ,	nust not be included under Pay Iten not limited to Mobilization Item #JS6					•		d work of the contract. Direct Allowance the VOSB Goal percentage.
1. PARTIAL PAY ITEN	<b>MS</b> : For any of the above ITEMS that	t are partial pay ite	ems, specifically describe	the work and su	bcontract dollar amount.			
APPROVAL and that of Development. The Powriting, approval by Prime Contractor because	e a contract to that effect with the P complete and accurate information rime Contractor will not assign any ISTHA's Diversity and Strategic Dev	rime Contractor. regarding actual w of the contract it relopment Depart upporting the requ	The undersigned further ork performed by the Voems listed above to a firment of any proposed a uest. Failure to receive	understand that OSB on this contr on other than the imendment to th	NO CHANGES to the type act and the payment there VOSB identified below to the type or scope of work to	e or scope of work performed reto must be provided to ISTH without ISTHA's prior writter to be performed by the VOSI	by the VOSB IA's Departm In approval. I In o later tha	in the work of the contract item(s) listed B may be made without PRIOR WRITTEN nent of Diversity and Strategic  The Prime Contractor must request, in an three business days from the date the LLINOIS VETERAN SMALL BUSINESS
Signature for Prime Contractor Title Date					Signature for VOSB Contra	actor	Title	Date
Contact:					Contact:			
Firm: Email:				•	Firm: Email:			
Phone:				•	Phone:			

Address:

Address: