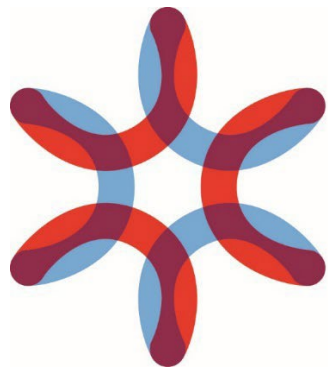


ILLINOIS MEDICAL DISTRICT COMMISSION

REQUEST FOR PROPOSALS *for* ***Wayfinding Planning and Signage Design Services***



**ILLINOIS
MEDICAL
DISTRICT**

IMD 23-003

TABLE OF CONTENTS

SECTION 1 GENERAL INVITATION AND INFORMATION

- 1.1 PURPOSE OF THE REQUEST FOR PROPOSALS (“RFP”)
- 1.2 KEY DATES
- 1.3 SUBMISSION OF QUESTIONS / CLARIFICATIONS
- 1.4 QUIET PERIOD
- 1.5 PROPOSAL SUBMITTAL, DUE DATE, TIME, AND SUBMISSION LOCATION
- 1.6 REVIEW AND EVALUATION OF PROPOSALS
- 1.7 NOTICE OF SELECTED RESPONDENTS
- 1.8 PUBLIC RECORDS AND REQUESTS FOR CONFIDENTIAL TREATMENT
- 1.9 DIVERSITY
- 1.10 RESERVATIONS
- 1.11 GOVERNING LAW, POLICIES, AND FORUM

SECTION 2 IMD OVERVIEW AND SCOPE OF WORK

- 2.1 IMD OVERVIEW
- 2.2 SCOPE OF WORK AND DELIVERABLES

SECTION 3 OFFER REQUIREMENTS

- 3.1 RESPONDENT CONTACT
- 3.2 FORMAT
- 3.3 RFP RESPONSE CONTENTS

SECTION 4 EVALUATION OF OFFERS

- 4.1 EVALUATION COMMITTEE
- 4.2 RFP RESPONSE EVALUATION CRITERIA
- 4.3 SHORTLIST PROCESS AND PRESENTATIONS
- 4.4 FINAL APPROVAL
- 4.5 SELECTION SCHEDULE

EXHIBIT A

- A1. RESPONDENT CONTACT
- A2. BUSINESS AND DIRECTORY INFORMATION
- A3. DISCLOSURES AND CONFLICTS OF INTEREST
- A4. TAXPAYER IDENTIFICATION NUMBER

SECTION 1 GENERAL INVITATION AND INFORMATION

In this document, the Illinois Medical District Commission may be referred to as “IMD,” “we” or “us.” The person submitting a Proposal may be referred to as “Respondent,” “Proposer,” “Proposing Party,” “Proposing Entity,” “Contractor,” “Vendor”, “Firm” or “You”. “Proposal” shall also refer to a Respondent’s “Response,” “Submittal,” and/or “Offer” in connection with this solicitation.

Interested Respondents are responsible for periodically visiting the IMD website for any and all notifications, updates, and addenda (<https://medicaldistrict.org/commission/#rfps>).

1.1 PURPOSE OF THE REQUEST FOR PROPOSALS (“RFP”)

The Illinois Medical District Commission (“IMD”) is requesting proposals (“Proposals”) from qualified, responsible firms (“Respondents”) to provide wayfinding planning and signage design services.

The IMD seeks to work with a Respondent that demonstrates an understanding of the IMD’s organizational goals and mission as well as the context of existing and potential resources available to the IMD. The IMD is also interested in a Respondent that demonstrates the capacity to assist with completion of a wayfinding and signage master plan for the Illinois Medical District (the “District”), with the goals of enhancing sense of place, improving IMD brand recognition, creating a cohesive signage system, and simplifying pedestrian, bicycle, and vehicle navigation. The IMD is requesting interested parties to submit proposals for a wayfinding plan that should be inspirational and creates alignment between the District and its anchors.

1.2 KEY DATES

The IMD anticipates a timely completion of the RFP process with the selection of a qualified Respondent. An executed agreement for professional services, if any, will have an estimated commencement date in the second quarter of 2023, with an anticipated initial term of one year. The IMD reserves the right to make adjustments to the schedule throughout the process.

RFP Issuance	February 3, 2023
Question Submission Cut-Off	February 24, 2023
Responses to Questions Posted	March 3, 2023
RFP Response Due Date	March 17, 2023
Shortlist Selection	March 29, 2023 (estimate)
Final Selection	April 19, 2023 (estimate)

Project Contact:

Chris Fahey
Illinois Medical District Commission
2100 W Harrison St., Chicago, IL 60612
cfahey@medicaldistrict.org
Phone: 312-738-5800

1.3 SUBMISSION OF QUESTIONS / CLARIFICATIONS

Questions regarding the Services must be sent in writing via email to the Project Contact on or before the Question Submission Cut-Off date listed above. Submitted questions and IMD responses will be posted on the IMD website (<https://medicaldistrict.org/commission/#rfps>).

Suspected errors in the RFP should be directed to the attention of the Project Contact via email.

In accordance with the provisions of the Quiet Period described below, Respondents may be disqualified for discussing this RFP or any related potential or actual Proposals, either directly or indirectly, with any IMD

officer or employee other than the IMD Project Contact.

1.4 QUIET PERIOD

The Quiet Period governs how and when the IMD may communicate with prospective Respondents during the pendency of a solicitation. The Quiet Period rules are designed to ensure that prospective vendors have equal access to information regarding selection parameters, communications related to selection are consistent and accurate, and the IMD's process for selecting vendors is transparent, efficient, diligent, and fair.

The following Quiet Period rules will apply during this RFP:

1. The Quiet Period begins upon the public release of the RFP and will end upon the IMD's public announcement of its final selection. Initiation and conclusion of the Quiet Period shall be publicly communicated to prevent inadvertent violations.
2. Throughout the Quiet Period, all IMD Commissioners and staff shall refrain from communicating with potential vendors regarding the Services or anything related to the RFP. If any Commissioner or IMD staff member is contacted by a potential vendor regarding the Services or the RFP during the Quiet Period, the Commissioner/staff member shall refer the vendor to the Project Contact without responding to any question.
3. Notwithstanding the Quiet Period, IMD staff are not prohibited from communicating with representatives of any party that already holds an existing contract with the IMD, so long as such communications relate only to the business already being conducted by the vendor on behalf of the IMD and so long as such communications do not relate to this RFP or the Services solicited herein.
4. Communications between staff designated by the Executive Director and shortlisted Respondents are not prohibited.
5. A potential vendor may be disqualified from consideration under the solicitation for a violation of the Quiet Period.

1.5 PROPOSAL SUBMITTAL, DUE DATE, TIME, AND SUBMISSION LOCATION

Proposals must be submitted via email as a PDF attachment.

Respondents may request confidential treatment of any portion of their Proposal. Any such request must be included in the cover letter, must be indicated on the enclosed forms, and a PDF copy of the Proposal with confidential information redacted must be included.

Requests for confidential treatment will not supersede the IMD's legal obligations under the Illinois Freedom of Information Act ("FOIA") (5 ILCS 140) or other applicable law.

Due Date and Time: **Proposals must be received by 3:00 p.m. CST on March 17, 2023.** IMD is not obligated to consider Proposals or modifications received after the Due Date and Time.

DELIVER OFFERS TO:

Chris Fahey
cfahey@medicaldistrict.org

SUBJECT LINE:

Wayfinding Planning and Signage Design Services RFP

BODY OF EMAIL:

[Respondent Name, Address, and Phone Number]

Prior to the Due Date and Time, Respondents may email Proposals, modifications, and withdrawals. IMD will not accept fax or any other hard copy submissions.

All Proposals must remain firm for 270 days from opening (“Proposal Firm Time”).

1.6 REVIEW AND EVALUATION OF PROPOSALS

The IMD will review and evaluate all proposals pursuant to the criteria established in Section 4. The IMD may request clarifications, additional information, or interviews from Respondents as it deems necessary to assess the Proposals.

1.7 NOTICE OF SELECTED RESPONDENTS

IMD will post a notice to the IMD website identifying the apparent selected Respondent. The notice extends the Proposal Firm Time until the IMD and the selected Respondent sign a contract or determine not to sign a contract. IMD may accept or reject any Proposals as submitted, or may request contract negotiations. If negotiations do not result in an acceptable agreement, IMD may reject the selected Proposal that is the subject of such negotiations. IMD reserves the right to reject any or all Proposals received in response to this solicitation.

1.8 PUBLIC RECORDS AND REQUESTS FOR CONFIDENTIAL TREATMENT

Proposals become the property of the IMD and will not be returned to Respondents. Proposals may be available to the public under FOIA (5 ILCS 140) and other applicable laws and rules. Respondents may request that certain information be treated as exempt. The IMD reserves the right to review such requests on a case-by-case basis. A request for confidential treatment will not supersede the IMD’s legal obligations. IMD will not honor requests to exempt entire Proposals. Respondents must identify the specific grounds in FOIA or other law or rule that support exempt treatment. Regardless, IMD may disclose the successful Respondent’s name, substance of the Proposal, and pricing. If you request exempt treatment, you must submit an additional copy of the Proposal with exempt information redacted. This copy must disclose the general nature of the material removed and shall retain as much of the Proposal as possible. Respondents will be responsible for any costs or damages associated with our defending your request for exempt treatment. Respondents agree the IMD may copy the Proposal to facilitate evaluation, or to respond to requests for public records. By submitting a Proposal, all Respondents warrant that such copying will not violate the rights of any third party.

1.9 DIVERSITY

The IMD encourages Respondents to use best efforts to use a diverse team, including but not limited to the participation of minority- and women-owned businesses and diverse individual team members at all tiers of this engagement. The IMD has set a goal of twenty-five percent (25%) participation by certified minority business enterprises (MBE) and five percent (5%) by certified women-owned business enterprises (WBE). Only certifications by the State of Illinois (Business Enterprise Program), Cook County or the City of Chicago (MBE/WBE Programs) will be accepted for these purposes. Respondents may achieve the MBE/WBE participation goal by the Respondent’s own status as a certified MBE or WBE or Respondent’s subcontracting portions of the Services to certified MBE or WBE entities (but only to the extent of any actual, meaningful and substantive work performed by the subcontractor). Utilization of the IMD’s local community businesses or businesses owned by residents in those zip codes will also be considered in evaluation of qualifications. The list of IMD local community zip codes can be found at: <https://medicaldistrict.org/wp-content/uploads/2022/07/imd-local-community.pdf>.

1.10 RESERVATIONS

IMD reserves the right to reject any or all Proposals or portions of Proposals, and to award by item, group of items, or grand total. The IMD may request a clarification, interview staff, request a presentation, or otherwise verify the contents of the Proposals. IMD may request best and final offers. IMD will make all decisions on compliance, evaluation, terms and conditions, and shall make decisions solely in the best interests of the IMD.

Cancellation

The IMD reserves the right, at any time and in its sole and absolute discretion, to reject any or all submittals, or to withdraw the RFP without notice. In no event shall the IMD be liable to any Respondent for any cost or damages or other costs incurred in connection with this RFP and any response thereto.

Clarifications and Addenda

The IMD reserves the right to clarify or change this RFP at any time. Respondents must acknowledge receipt of clarifications or addenda in its submittal with the signature of an individual legally authorized to bind the Respondent.

Nonmaterial Variances

The IMD reserves the right to waive or permit cure of nonmaterial variances in a Response. "Nonmaterial variances" include minor informalities that do not affect responsiveness; that are merely a matter of form or format; that do not prejudice other Respondents; that do not change the meaning or scope of the RFP; or that do not reflect a material change in the RFP. In the event the IMD waives or permits cure of nonmaterial variances, such waiver or cure will not modify the RFP requirements or excuse the Respondent from full compliance with RFP specifications or other contract requirements if the Respondent is awarded a contract. The determination of materiality is in the sole discretion of the IMD.

SUBMITTAL DOES NOT GUARANTEE A CONTRACT

The RFP process will enable the IMD to evaluate Proposals for professional services. Respondents do not develop a right to an award by submitting a Proposal, nor do Respondents have a right to a contract based on our posting any Respondent's name on any IMD website notice. IMD is not responsible for and will not pay any costs associated with the preparation and submission of a Respondent's Proposal. Any Respondent that may be selected must not commence work prior to the date all parties execute the contract unless approved in writing in advance by the IMD.

1.11 GOVERNING LAW, POLICIES, AND FORUM

This RFP was prepared and shall be carried out in accordance with the IMD Procurement Policy, available at <https://medicaldistrict.org/commission/#procurement-policy>.

Illinois laws and rules govern any contract resulting from this solicitation. Respondents must bring any action relating to this RFP or any resulting contract in the appropriate court in Illinois. IMD will not consent to binding arbitration.

NON-DISCRIMINATION POLICY: *In compliance with the State and Federal Constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, and Section 504 of the Federal Rehabilitation Act, the IMD will not discriminate on the basis of any protected class when making selection decisions for employment, contracts, or any other IMD activity.*

SECTION 2 IMD OVERVIEW AND SCOPE OF WORK

2.1 IMD OVERVIEW

The IMD is a political subdivision, unit of local government, and body politic and corporate that was formed by an act of the Illinois State Legislature in 1941 (70 ILCS 915/0.01, *et seq.*), as amended from time to time (the “Act”) for the purpose of:

- **Administering, developing, and zoning property within the District to attract and retain academic centers of excellence, viable health care facilities, medical research facilities, and emerging high technology enterprises;**
- **Attracting and facilitating medically-related commerce and research and new business ventures for the economic vitality and general welfare of the District, the State of Illinois, Cook County, and the City of Chicago; and**
- **Serving as the leader in patient care and medical research by utilizing its diversity and unique assets to drive economic growth.**

Zoning for the District is addressed in Section 8 of the Act and is administered under [Institutional Planned Development #30](#) (“PD30”). PD30 addresses permitted uses, setbacks, density, parking, and signage as well as other aspects of development. Under PD30, the District is subdivided into 22 sub-areas, each with different allowable uses and density/floor-area-ratio (FAR) requirements. In 2021, the IMD completed the process to amend PD30, which is essential to implementing the [IMD Master Plan](#), which seeks to create an urban, walkable, and cohesive medical district. The changes included expanding permitted uses, increasing density, modernizing design guidelines, revising setback requirements, eliminating land coverage maximums, and modifying parking requirements.

The District includes 560 acres of medical research facilities, labs, a biotech business incubator, universities, raw land development areas and more than 40 healthcare-related facilities located less than two miles from downtown on the near West Side of the City of Chicago. One of the largest medical districts in the U.S., the District is bounded by Congress Street on the north, Ashland Avenue on the east, Oakley Boulevard on the west, and the Union Pacific inter-modal yard on the south. The IMD is governed by a seven-member Board of Commissioners who work in concert with the IMD’s Executive Director to govern the District’s growth, development, and mission.

The IMD represents a valuable urban and economic development asset for the City, the County, and the State. With four major medical institutions anchoring the District, two medical universities, and medical research and healthcare industries, the IMD is unlike any other medical district in the U.S. and represents a rare opportunity for new growth and investment. To that end, the IMD has already seen an increased level of re-investment by major stakeholders over the last decade, signaling clear growth and development in the area.

On a daily basis, the District welcomes 29,000 employees, 10,000 health science and medical students, and 50,000 visitors; taken together, the size and daily population of the District approaches that of a mid-size urban city such as Evanston, Illinois. In addition, the District is surrounded by tens of thousands of permanent residents and hundreds of thousands of office workers and employees.

One of the recommendations of the IMD Master Plan is to create a master wayfinding and signage program to help create a unified campus environment. The wayfinding and signage plan should create a master design standard for all exterior directional and informational signage that is oriented to bikes, pedestrians, and vehicles. The existing signage in the District consists of several different styles and it lacks a cohesive

appearance. The wayfinding master plan and sign design standards should improve the sense of place within the District while improving the visitor experience.

Goals of the IMD Master Plan include encourage urban-style development appropriate for the context with a more diverse mix of uses to animate spaces with activity throughout the day and increase safety; attract new investment and a talented workforce by providing high quality employee amenities; support transit use while reducing the demand for parking and traffic by enhancing the walkability of the District's streets, creating shared parking infrastructure and management, and improving the safety and access of connections to CTA transit options; provide opportunities for stakeholders to share resources, infrastructure, and maintenance costs; elevate the brand and image of the IMD by creating a distinct sense of place and identity; and become a model for sustainable urbanism and healthcare providence by requiring the use of innovative technologies in new developments and landscapes. This wayfinding plan should advance the goals and plan policies outlined in the IMD Master Plan and employ creative strategies for placemaking, wayfinding, and brand expression.

2.2 SCOPE OF WORK AND DELIVERABLES

The selected Respondent will work closely with IMD Staff to develop an implementable wayfinding master plan and signage design standards. The services shall include, at a minimum, all the services listed herein:

1. Analyze and inventory existing signage types across the District, including directional, identification, informational, and monument signage;
2. Actively engage IMD stakeholders and community during the planning process;
3. Develop a wayfinding and signage master plan that incorporates IMD branding, public art, and placemaking strategies while still allowing District institutions to maintain their distinguishable brands;
4. The master plan should include a design development package with, at a minimum, dimensions, font styles, color palettes, layout templates, mounting specifications, and installation instructions;
5. Develop an implementation plan that prioritizes projects and includes cost estimates for materials, fabrication, installation, and ongoing maintenance;
6. Develop interior and exterior signage standards for IMD-owned buildings located at 2100 W. Harrison, 2215 W. Harrison, 2225 W. Harrison, 2255 W. Harrison, and 2240 W. Ogden;

The response should include a detailed workplan and schedule.

At a minimum, the selected Respondent must prepare the following deliverables:

1. IMD Wayfinding Master Plan, including a summary of existing conditions, design development package, and wayfinding implementation plan that addresses general District information, directional signage to major institutions, arts and cultural destinations, transit facilities, historical attractions, visitor information, and significant municipal buildings.
2. Interior and exterior signage standards for IMD-owned buildings.

SECTION 3 OFFER REQUIREMENTS

3.1 RESPONDENT CONTACT

Respondents must identify the Respondent Contact for the project and complete the form included in Exhibit A1 of the Responsibility Forms.

3.2 FORMAT

Proposals shall be prepared to fit on standard 8 ½" x 11" letter size paper. Proposal contents must be organized into separate sections according to the Proposal Contents Sections below. Proposal sections must be clearly identified.

3.3 RFP RESPONSE CONTENTS

Respondents must submit only one proposal package. Each submittal must include the items listed below in the order they are listed. Portions of the submittal containing proprietary information may be designated as confidential information. Any confidential information must be clearly marked as CONFIDENTIAL. Please see Section 1.9 for additional information related to confidential materials.

Title Page

A page with a title and the name of the firm submitting the proposal should be evident. The title should be "Response to the Request for Proposals for Wayfinding Planning and Signage Design Services" and should be located on the top half of the page. The Respondent name should be located on the bottom half of the page.

Section 1: Table of Contents

A table of contents identifying, at minimum, all sections below and page numbers.

Section 2: Cover Letter

A cover letter, not to exceed two pages in length, signed by an authorized representative of the Respondent that confirms the Respondent's understanding of the scope, opportunities, preliminary approach, and the Respondent team's experience and unique expertise to perform and complete the engagement.

Section 3: Respondent Team, Experience, and Qualifications

Provide a narrative of the Respondent team, including, but not limited to, the following:

- Descriptions of the firm and key individuals of the Respondent team, identification of the individuals that will have project responsibility, their years of experience, their experience with similar engagements and their pertinent qualifications. Please make firm and team member experience with the Services or relevance to the IMD vision and objectives abundantly conspicuous. Include current resumes for the team members that will have project responsibility. Identify Respondent's key contact personnel for communicating with IMD on all engagement-related matters. Respondent should list the ownership structure, its principal owners, and its officers and executive management.
- A description of at least five engagements completed by Respondent in the last ten years that demonstrates the Respondent's experience in providing services similar to the Services for entities similar to the IMD. Please include engagement start and end dates, a summary of the representation, and outcomes. Please also include references and current contact information for these engagements. Any relevant experience in representing government, healthcare or technology-focused innovation districts in connection with achieving their strategic objectives should be included.

Section 4: Engagement Approach and Strategy

Respondent shall provide a detailed description of Respondent's plan for achieving the objectives as stated in the description of Services. This description shall contain a narrative supporting why Respondent believes it is qualified to undertake the proposed engagement and uniquely serve the needs of the IMD as reflected in the Scope of Work.

Section 5: Financial, Bonding and Insurance Capacity

Respondents must submit evidence of their financial capacity and insurance coverage to perform the Services. Respondents shall provide certificates of insurance evidencing Respondent's coverage for commercial, general, and professional liability.

Section 6: Legal Actions, Inquiries, and Investigations

List case numbers for and provide a brief description of all legal actions, and final disposition if applicable, of any matters within the past ten (10) years wherein any of the following entities or people were involved:

- the Respondent
- any officer or director of the Respondent
- any entity that owns more than 7.5% of the Respondent
- any senior manager who the Respondent has designated to work on the project
- any person that can be attributed with an ownership interest of more than 7.5% of the Respondent (including any person holding a beneficial interest in an entity that holds an ownership interest in the Respondent) is or has been within the past ten (10) years:
 - in default on any loan or financing agreement at any time
 - debtor in bankruptcy at any time
 - defendant in any foreclosure action at any time
 - defendant in any lawsuit or administrative action, including, specifically any action for deficient performance under a contract
 - defendant in any criminal action at any time
 - defendant in any action at any time relating to financial matters or deficient contractual performance
 - the subject of any government agency inquiry, investigation, or legal enforcement action or are currently subject to:
 - any liens
 - any unpaid judgments
 - payments under any order, decree or agreement with any federal, state or local entity.

By submitting a Response, if selected, you agree to permit the IMD to perform such background checks as the IMD deems reasonable.

Section 7: Pricing/Fee Proposal

The Pricing Proposal shall include Respondent's proposed fees associated with the provision of the Services. The IMD reserves the right to negotiate pricing with any Respondent at any point during the RFP review and selection process and to obtain from Respondents revised and best and final offers.

Section 8: Special Considerations

This section is for the Respondent to describe any special situations, conditions and/ or circumstances that would be relevant to the proposed engagement, or to the financial condition of the Respondent or the Respondent's management team or leadership but has not otherwise been included in the Proposal because it did not fall under any category or respond to any language above under the Proposal Contents section of this RFP.

Section 9: Responsibility Forms

The IMD has identified information required to determine Respondents' eligibility to contract with the IMD and be considered a responsible vendor. Review each of the Responsibility forms in Exhibit A, fill in all relevant blanks and provide any requested information. Respondents must include all completed forms as part of their Proposal, including signatures where requested, or risk disqualification:

- [A1](#): Respondent Contact
- [A2](#): Business and Directory Information
- [A3](#): Disclosures and Conflicts of Interest
- [A4](#): Taxpayer Identification Form

SECTION 4 EVALUATION OF OFFERS

4.1 EVALUATION COMMITTEE

An Evaluation Committee (“EC”) of no fewer than three (3) persons will review and evaluate the Proposals. The IMD reserves the right to engage independent consultants or other third parties to assist with the evaluation of all or any portion of submitted Proposals. The EC will first assess the Respondent’s compliance with and adherence to the requirements of the solicitation. Any Proposal that is incomplete, missing key components necessary to fully evaluate the response, or fails to meet the stated requirements, may be rejected from further consideration as non-responsive. The IMD reserves the right to seek clarification of any information that is submitted by any Respondent in any portion of its Proposal or to request additional information at any time during the evaluation process. Any material misrepresentation made by a Respondent may void the Proposal and eliminate the Respondent from further consideration.

4.2 RFP RESPONSE EVALUATION CRITERIA

The IMD will consider the following in evaluating Proposals:

Team

- Respondent team and firm composition, depth and qualifications of individual team members and firm as a whole
- Key personnel to be assigned to this engagement, their experience related to the Services and the related roles and responsibilities to be assumed for the engagement
- A demonstrated understanding of the IMD’s organizational structure, related particularities, organizational objectives, mission, and vision
- Respondent team’s overall diversity and MBE/WBE status or participation

Related Experience and References

- Respondent’s firm or team experience representing IMD or similarly situated clients within the scope of Services
- Quality of references from prior engagements

Approach and Strategy

- Respondent’s detailed plan for fulfilling the RFP Scope of Services

Deficient Submittals may receive reduced evaluation scores or may be rejected in their entirety.

4.3 SHORTLIST PROCESS AND PRESENTATIONS

The EC, after completing its review of the RFP responses, may develop a “shortlist” of Respondents who may be invited to deliver live presentations to the EC. The shortlisted Respondents will be advised of the content and format of the presentations and framework for evaluation at the appropriate time.

4.4 FINAL APPROVAL

The IMD, in its sole and absolute discretion, may select a Respondent with whom to commence negotiations for the Services. The IMD will attempt to negotiate a fair and reasonable agreement with the selected Respondent. If the IMD is unable to negotiate such agreement to its conclusion with the selected Respondent, the IMD may either issue a new request for proposals, enter into discussions with other Respondents, or take any other action deemed fair and reasonable by the IMD. The IMD also reserves the right to make no selection as a result of this solicitation. IMD will determine the award by considering the Offer, the Respondent's qualifications, and other relevant factors in the sole discretion of the IMD.

4.5 SELECTION SCHEDULE

Time is of the essence and the IMD will work diligently to ensure a timely selection process. The IMD reserves the right to adjust the timeframes and selection schedule while ensuring a comprehensive and fair process.

EXHIBIT A

A1. RESPONDENT CONTACT

Wayfinding Planning and Signage Design Services: IMD 23-003

The undersigned authorized representative of the identified Respondent does hereby submit this Proposal to perform in full compliance with the subject solicitation. By completing and signing this Form, Respondent is making an offer to the IMD that the IMD may accept. Respondent also certifies compliance with the various requirements of the solicitation and the documents contained in the solicitation.

Respondent hereby certifies that no person or entity representing its Proposal has retained a person or entity to attempt to influence the outcome of a procurement decision made by the IMD for compensation contingent in whole or in part upon the decision or procurement.

Respondent Contact: The contact person for purposes of responding to any questions the IMD may have is:

Printed Name _____ Title _____

Address _____

Phone _____

Email _____

(Respondent name)

(Signature of party authorized to bind the named Respondent)

Printed Name _____ Title _____

Address _____

Phone _____

E-mail _____

A2. BUSINESS AND DIRECTORY INFORMATION

- (a) Name of Business (Official Name and D/B/A) _____

- (b) Business Headquarters (include Address and Telephone) _____

- (c) If a Division or Subsidiary of another organization provide the name and address of the parent _____

- (d) Billing Address _____

- (e) Name of Chief Executive Officer _____

- (f) Company website _____

- (g) Organization Type (e.g., Sole Proprietor, Corporation, Partnership, etc. -- should be the same as on the Taxpayer ID form below) _____

- (h) Length of Time in Business _____

- (i) Annual Sales (for most recently completed Fiscal Year) _____

- (j) Number of Full-Time Employees (average from most recent Fiscal Year) _____

- (k) Type of and description of business _____

- (l) State of incorporation, state of formation or state of organization _____

- (m) Identify and specify the location(s) and telephone numbers of the major offices and other facilities that relate to the Respondent's performance under the terms of this solicitation. _____

A3. DISCLOSURES AND CONFLICTS OF INTEREST

Instructions: Respondent shall disclose financial interests, potential conflicts of interest and contract information identified in Sections 1, 2, and 3 below as a condition of receiving an award or contract (30 ILCS 500/50-13 and 50-35). Failure to fully disclose shall render the contract, bid, proposal, subcontract, or relationship voidable by the IMD if deemed in the best interest of the IMD and may be cause for barring from future contracts, bids, proposals, subcontracts, or relationships with the IMD.

A publicly traded entity may submit its 10K disclosure in satisfaction of the disclosure requirements set forth in Section 1 below. HOWEVER, if a Respondent submits a 10K, they still must complete Sections 2, 3, 4, 5, and 6 and submit the disclosure form.

If the Respondent is a wholly-owned subsidiary of a parent organization, separate disclosures must be made by the Respondent and the parent. For purposes of this form, a parent organization is any entity that owns 100% of the Respondent.

This disclosure information is submitted on behalf of (show official name of Respondent, and if applicable, D/B/A and parent):

Name of Respondent: _____

D/B/A (if used): _____

Name of Parent Organization: _____

Section 1: Section 50-35 Disclosure of Financial Interest in the Respondent. *(All Respondents must complete this section)*

Respondent must complete subsection (a), (b) or (c) below. Please read the following subsections and provide the information requested.

a. If Respondent is a Publicly traded corporation subject to SEC reporting requirements:

- i. Respondent shall submit their 10K disclosure (include proxy if referenced in 10k) in satisfaction of the financial and conflict of interest disclosure requirements set forth in subsections 50-35 (a) and (b) of the Procurement Code. The SEC 20f or 40f, supplemented with the names of those owning in excess of 5% and up to the ownership percentages disclosed in those submissions, may be accepted as being substantially equivalent to 10K.

Check here if submitting a 10k , 20f , or 40f .

OR

b. If Respondent is a privately held corporation with more than 400 shareholders:

- i. Respondent may submit the information identified in 17 CFR 229.401 and list the names of any person or entity holding any ownership share in excess of 5% in satisfaction of the financial and conflict of interest disclosure requirements set forth in subsections 50-35 a and b of the Illinois Procurement Code.

OR

c. If Respondent is an individual, sole proprietorship, partnership or any other entity that does not fall within subsections (a) or (b), above, complete (i) and (ii) below as appropriate.

i. For **each individual** having any of the following financial interests in the Respondent (or its parent), please mark each that apply and show the applicable name and address. Use a separate form for each individual.

1. Do you have an ownership share of greater than 5% of the offering entity or parent entity?

Yes No

2. Do you have an ownership share of less than 5%, but which has a value greater than \$106,447.20?

Yes No

3. If you responded yes to any of questions 1 – 2 above, please provide either the percentage or dollar amount of your ownership or distributive share of income: _____.

For partnerships with more than 50 partners, the percentage share of ownership of each individual identified above may be shown in the following ranges (dollar values must also be provided):

0.5% or less _____ >0.5 to 1.0% _____ >1.0 to 2.0% _____ >2.0 to 3.0 % _____ > 3.0 to 4.0% _____ % >4.0 to 5.0% _____ and in additional 1% increments as appropriate _____ %

Check the appropriate type of ownership/distributable income share:

Sole Proprietorship Stock Partnership Other (explain) _____

Name: _____

Address: _____

Section 2: Debarment/Legal Proceeding Disclosure (All Respondents must complete this section).

Respondent and each of the persons identified in Section 1 must identify any of the following that occurred within the previous 10 years:

Debarment from contracting with any governmental entity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Professional licensure discipline	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bankruptcies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adverse civil judgments and administrative findings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Criminal felony convictions	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If any of the above is checked yes, please describe the nature of the debarment or legal proceeding. The IMD reserves the right to request additional information.

Section 3: Current and Pending Contracts *(All Respondents must complete this section).*

Does the Respondent have any contracts, pending contracts, bids, proposals, or other ongoing procurement relationships with units of State of Illinois government? Yes No

If yes, please identify each contract, pending contract, bid, proposal, and other ongoing procurement relationship it has with units of State of Illinois government by showing the agency name and other descriptive information such as bid number, project title, purchase order number, or contract reference number.

Section 4: Representative Lobbyist/Other Agent *(All Respondents must complete this section).*

Is the Respondent represented by or employing a lobbyist required to register under the Lobbyist Registration Act or other agent who is not identified under Sections 1 and 2 and who has communicated, is communicating, or may communicate with any State officer or employee concerning the bid, offer or contract?

Yes No

If yes, please identify each agent / lobbyist, including name and address.

Costs/Fees/Compensation/Reimbursements related to assistance to obtain contract (describe):

Respondent certifies that none of these costs will be billed to the IMD in the event of contract award.

This Disclosure is submitted on behalf of:

(Respondent Name)

Name of Authorized Representative:

Title of Authorized Representative:

Signature of Authorized Representative:

Date:

A4. TAXPAYER IDENTIFICATION NUMBER

I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).
 - If you are an individual, enter your name and SSN as it appears on your Social Security Card.
 - If you are a sole proprietor, enter the owner’s name on the name line followed by the name of the business and the owner’s SSN or EIN.
 - If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner’s name on the name line and the d/b/a on the business name line and enter the owner’s SSN or EIN.
 - If the LLC is a corporation or partnership, enter the entity’s business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
 - For all other entities, enter the name of the entity as used to apply for the entity’s EIN and the EIN.

Name: _____

Business Name: _____

Taxpayer Identification Number: _____

Legal Status (check one):

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Nonresident alien |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Estate or trust |
| <input type="checkbox"/> Legal Services Corporation | <input type="checkbox"/> Pharmacy (Non-Corp.) |
| <input type="checkbox"/> Tax-exempt | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.) |
| <input type="checkbox"/> Corporation providing or billing medical and/or healthcare services | <input type="checkbox"/> Limited Liability Company (select applicable tax classification) |
| <input type="checkbox"/> Corporation NOT providing or billing medical and/or healthcare services | <input type="checkbox"/> D = disregarded entity |
| | <input type="checkbox"/> C = corporation |
| | <input type="checkbox"/> P = partnership |

Signature: _____ Date: _____