

**DEVELOPMENT SERVICES**  
**Automotive Technology Services Department**  
**Request for Qualifications**

**I. Introduction**

Joliet Junior College (JJC) is a two year community college serving seven Illinois counties with full and part-time enrollment exceeding 15,000 students. Total college facilities total approximately 750,000 square feet located on 463 acres across 5 sites. The recently approved master plan will add approximately 300,000 square feet to the campus.

The college is seeking professional services from qualified firm(s) and/or teams to expand JJC's Automotive Service Technology Department for higher education. The college will be using the Qualified Based Selection (QBS) procedure to select a qualified firm(s) and/or team.

**II. Project Summary**

The college recently passed an \$89 million building referendum which includes \$5 million to add on to our Automotive Service Technology Department located at 1215 Houbolt Road, Joliet, IL 60431. This academic area of Joliet Junior College adheres to a teaching and learning philosophy that promotes academic excellence. The goal of the Automotive Program is to prepare students for successful entry level positions in the automotive service industry as well as successful transfer to senior institutions where many of our graduates pursue a Bachelors' Degree in Automotive Technology. With the expansion of the department, the existing facility will provide the additional classroom/lab facilities to support the Automotive Commercial Shop Classes.

**III. Primary Objectives**

The new facility will be the primary location for all activities involving the commercial Automotive Service Shop Classes. It will also house all the support systems such as storage areas for parts, tools, equipments, and supplies.

**IV. Scope of Services**

1. Programming: Assist the Automotive Services Technology Department with determining program and space needs at the site. Current space utilization must be confirmed and future requirements for each area must be determined. The successful proposer will work collaboratively with the college faculty and staff to determine total project requirements and budget. Programming in this context is consistent with architectural services normally provided for the construction of a new facility.
2. Design: After the programming phase, the proposer will provide schematic design, design development and construction documents for college approval and public bid. Project estimates for each phase will be required.
3. Construction Management: The proposer will manage the construction of the expanded and remodeled facility. The proposer will provide a program management plan that includes but is not limited to all construction processes such as estimating, schedule, procurement, contractor management and building occupancy.

**V. Black-out Period**

After the college has the advertisement out for the RFQ, no firm shall contact any College officers or employees involved in the solicitation process, except for interpretation or clarification of request. Such firms making such request shall be made in writing as stated in the RFQ document and direct all correspondence to Judy Mitchell, Director of Business & Auxiliary Services [jmitchel@jjc.edu](mailto:jmitchel@jjc.edu) or 815-280-6640. No firm shall visit or contact any College officer or employee until after the RFQ is awarded, except when a site inspection is required for the submission of a response. During this black-out period, any such visitation, solicitation or sales call by any representative of a prospective vendor in violation of this provision shall cause the disqualification of such a firm's proposal.

**VI. Evaluation Criteria**

1. Completed CDB 255 form
2. Current documentation verifying pre-qualification with the Illinois Capital Development Board
3. Proximity to site
4. Ability to meet work schedule
5. Experience with similar projects
6. Prior performance record
7. Project team, along with resumes
8. Quality of team

**VII. Final Documentation**

The requested statements of qualifications (include two (2) originals and six (6) copies) must be submitted to Joliet Junior College with the envelope clearly marked: "A/E Services City Center Campus RFQ" to the attention of:

Ms. Judy Mitchell, Director Business & Auxiliary Services  
Joliet Junior College  
H1018  
1215 Houbolt Road  
Joliet, IL 60431-8938

**VIII. Schedule of Events**

- Distribution of QBS/RFQ May 25, 2009
- Deadline for Receipt of Written Questions June 4, 2009 10:00 AM CDT
  - Submit questions via email to Judy Mitchell [jmitchel@jjc.edu](mailto:jmitchel@jjc.edu)
- Issuance of Written Response to Questions June 8, 2009
- RFQ Submission Deadline June 16, 2009 1:00 PM CDT
- Evaluation of Responses June 17, 2009 – June 24, 2009
- Presentations by Short Listed Firms Week of June 29, 2009

**CONFLICTS OF INTERESTS DISCLOSURES**

**Instructions.** The Illinois Procurement Code requires that vendors desiring to enter into certain contracts with the State of Illinois must disclose the financial and potential conflict of interest information that is specified below (**30 ILCS 500/50-13 and 50-35 a,b,h**).

Vendor shall disclose the financial interest, potential conflict of interest and contract information identified in Sections 1, 2, 3 and 4 below as a condition of receiving an award or contract. Please submit this information along with your bid or offer.

Section 1 applies to all contracts regardless of dollar amount. Sections 2, 3 and 4 apply to contracts with an annual value exceeding \$10,000 that must be procured using one of the authorized competitive methods of source selection.

If the Vendor is a wholly owned subsidiary of a parent organization, separate disclosures (sections 2, 3, and 4 below) must be made by the Vendor and the parent. For purposes of this form, a parent organization is any entity that owns 100% of the Vendor.

When determining ownership or distributive income shares, use the most current information that you consider reliable, but in no event for a period before your last completed fiscal period.

A designee may submit this form on behalf of the vendor (or its parent). However, that person must have verified the information with each affected individual.

**Vendor Information.** This disclosure information is submitted on behalf of (show official name of Vendor, and if applicable, d.b.a. and parent):

(Name of vendor) \_\_\_\_\_

(d.b.a., if used) \_\_\_\_\_

(Name of any parent organization) \_\_\_\_\_

Address \_\_\_\_\_

Contact Person:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

**Section I Sec. 50-13 Conflicts of Interest.**

(1) Prohibition. It is unlawful for any person holding an elective office in this State holding a seat in the General Assembly, or appointed to or employed in any of the offices or agencies of State government and who receives compensation for such employment in excess of 60% of the salary of the Governor of the State of Illinois **[\$90,420.00]**, or who is an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority, or who is the spouse or minor child of any such person to have or acquire any contract, or any direct pecuniary interest in any contract therein, whether for stationery, printing, paper, or any services, materials, or supplies, that will be wholly or partially satisfied by the payment of funds appropriated by the General Assembly of the State of Illinois or in any contract of the Capital Development Board or the Illinois Toll Highway Authority.

(2) Interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) is entitled to receive (i) more than 7 1/2% of the total distributable income or (ii) an amount in excess of the salary of the Governor **[\$150,700.00]**, to have or acquire any such contract or direct pecuniary interest therein.

(3) Combined interests. It is unlawful for any firm, partnership, association, or corporation, in which any person listed in subsection (a) together with his or her spouse or minor children is entitled to receive (i) more than 15%, in the aggregate, of the total distributable income or (ii) an amount in excess of 2 times the salary of the Governor **[\$301,400.00]**, to have or acquire any such contract or direct pecuniary interest therein.

(4) Securities. Nothing in this Section invalidates the provisions of any bond or other security previously offered or to be offered for sale or sold by or for the State of Illinois.

(5) Prior interests. This Section does not affect the validity of any contract made between the State and an officer or employee of the State or member of the General Assembly, his or her spouse, minor child or any combination of those persons if that contract was in existence before his or her election or employment as an officer, member, or employee. The contract is voidable, however, if it cannot be completed within 365 days after the officer, member, or employee takes office or is employed.

(6) Exceptions.

(a) Public aid payments. This Section does not apply to payments made for a public aid recipient.

(b) Teaching. This Section does not apply to a contract for personal services as a teacher or school administrator between a member of the General Assembly or his or her spouse, or a State officer or employee or his or her spouse, and any school district, public community college district, or State University.

(c) Ministerial duties. This Section does not apply to a contract for personal services of a wholly ministerial character, including but not limited to services as a laborer, clerk, typist, stenographer, page, bookkeeper, receptionist, or telephone switchboard operator, made by a spouse or minor child of an elective or appointive State officer or employee or of a member of the General Assembly.

(d) Child and family services. This Section does not apply to payments made to a member of the General Assembly, a State officer or employee, his or her

spouse or minor child acting as a foster parent, homemaker, advocate, or volunteer for or in behalf of a child or family served by the Department of Children and Family Services.

- (e) Licensed professionals. Contracts with licensed professionals, provided they are competitively bid or part of a reimbursement program for specific, customary goods and services through the departments of Children and Family Services, Human Services, Public Aid, Public Health, or Aging.

CHECK ONE:

\_\_\_\_\_ No Conflict of Interest

\_\_\_\_\_ Potential Conflict of Interest. If checked, name each conflicted individual, the nature of the conflict, and the name of the state agency that is associated directly or indirectly with the conflicted individual.

**Section 2: Disclosure of Financial Interest in the Vendor**

All vendors, except for publicly traded corporations subject to SEC reporting requirements and privately held corporations with more than 400 shareholders, must complete subsection "a," below. Publicly traded corporations may complete subsection "b" and privately held corporations with more than 400 shareholders may complete subsection "c" in lieu of completing subsection "a".

- a. **General disclosure.** For each individual having any of the following financial interests in the vendor (or its parent), please mark each that apply and show the applicable name and address. Then complete Sections 3 and 4. If no individual has any of the following financial interests in the vendor (or its parent), check this blank \_\_\_\_\_, skip Section 3, but complete Section 4.

- Ownership exceeding 5% (\_\_\_\_)
- Ownership value exceeding \$90,420 (\_\_\_\_)
- Distributive Income Share exceeding 5% (\_\_\_\_)
- Distributive Income Share exceeding \$90,420 (\_\_\_\_)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

For each individual identified above, show:

the dollar value of the ownership interest: \$ \_\_\_\_\_

or

the proportionate share of the ownership interest: \_\_\_\_\_%\*

and

the type of ownership/distributable income share:

sole proprietorship \_\_\_\_\_ stock \_\_\_\_\_ partnership \_\_\_\_\_ other (explain) \_\_\_\_\_

\* For partnerships with more than 50 but fewer than 400 partners, the proportionate share of ownership interest of each individual identified above may be shown in the following ranges:

- 1% \_\_\_\_\_ 1 up to 2% \_\_\_\_\_ 2 up to 3% \_\_\_\_\_ 3 up to 4% \_\_\_\_\_
- 4 up to 5% \_\_\_\_\_ and in additional 1% increments as appropriate \_\_\_\_\_%

For partnerships with more than 400 partners, the proportionate share of ownership may be shown in the following ranges:

0.5% or less \_\_\_\_\_ >0.5 to 1.0% \_\_\_\_\_ >1.0 to 1.5% \_\_\_\_\_  
 and as appropriate in additional 0.5 increments \_\_\_\_\_%

b. **Publicly traded corporations subject to SEC reporting requirements.** These Vendors may 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. FORM 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. Vendor may skip Section 3 of this form, but must complete Section 4.

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

c. **Privately held corporations with more than 400 shareholders.** These Vendors 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 Procurement Code. Vendor may skip Section 3 of this form, but must complete Section 4.

Check here if submitting 17 CFR information \_\_\_\_\_.

**Section 3: Disclosure of Potential Conflicts of Interest.**

For each individual having the level of financial interest identified in Section 2(a) above, indicate which, if any, of the following potential conflict of interest relationships apply. If "Yes," please describe each situation (label with appropriate letter) using the space at end of this Section 3 (attach additional pages as necessary).

	Yes	No
a. State employment, currently or in the previous 3 years, including contractual employment of services [directly with the individual identified in Section "1" in their individual capacity unrelated to the Vendor's contract. Identify contracts with the VENDOR in Section "4"].	_____	_____
b. State employment of spouse, father, mother, son, or daughter, including contractual employment for services in the previous 2 years.	Yes _____	No _____
c. Elective status; the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous 3 years.	Yes _____	No _____
d. Relationship to anyone holding elective office currently or in the previous 2 years; spouse, father, mother, son, or daughter.	Yes _____	No _____
e. Appointive office; the holding of any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office currently or in the previous 3 years.	Yes _____	No _____
f. Relationship to anyone holding appointive office currently or in the previous 2 years; spouse, father, mother, son, or daughter.	Yes _____	No _____
g. Employment, currently or in the previous 3 years, as or by any registered lobbyist of the State government.	Yes _____	No _____
h. Relationship to anyone who is or was a registered lobbyist in the previous 2 years; spouse, father, mother, son, or daughter.	Yes _____	No _____

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|---|--------------|-------------|
| i. Compensated employment, currently or in the previous 3 years, by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections.  | Yes<br>_____ | No<br>_____ |
| j. Relationship to anyone; spouse, father, mother, son, or daughter; who is or was a compensated employee in the last 2 years of any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. | Yes<br>_____ | No<br>_____ |

Explanation of potential conflicts of interest:

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**Section 4: Current and Pending Contracts and Offers (bids and proposals).**

- a. VENDOR shall identify each contract it has with other units of State of Illinois government by showing agency name and other descriptive information such as purchase order or contract reference number (attach additional pages as necessary). Show "none" if appropriate.

- b. VENDOR shall identify whether it has pending contracts (including leases), bids, proposals, or other ongoing procurement relationships with other units of State of Illinois government by showing agency name and other descriptive information such as bid or project number (attach additional pages as necessary). Show "none" if appropriate.

**Taxpayer Identification Number**

I certify that:

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**

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**

I am a U.S. person (including a U.S. resident alien).

**Name:** \_\_\_\_\_

**Taxpayer Identification Number:**

**Social security number**

**or**

**Employer identification number**

(If you are an individual, enter your name and SSN as it appears on your Social Security Card. If completing this certification for a sole proprietorship, enter the owner's name followed by the name to the business and the owner's SSN or EIN. For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.)

**Legal Status (check one):**

\_\_\_\_ Individual    \_\_\_\_ Government

\_\_\_\_ Sole Proprietor    \_\_\_\_ Nonresident Alien

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Partnership/Legal Corporation  Estate or Trust

Tax-exempt  Pharmacy (Non-Corp.)

Corporation providing or  Pharmacy/Funeral Home/Cemetery  
(Corp)  
billing medical and/or  
health care services

Corporation NOT providing  Other:  
or billing medical an/or  
health care services