

# Bond Counsel And Underwriter's Counsel Services RFP # 09-22017479

## Questions and Answers

June 29, 2009

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1. Q - Section 1.4 of RFP number 09-22017479 instructs respondents to use a 12-point Arial font for responses to Section 4. We downloaded a Word version of the RFP and noticed that the RFP uses a 12-point font called "Arial Narrow." Arial Narrow takes up significantly less space than regular Arial. Are respondents permitted to use 12-point Arial Narrow for responses to Section 4?

*A - The RFP requires Arial font; please do not use Arial Narrow font in your response.*

2. Q - Section 6 -- Pricing Section of the RFP -- requests bids for bond counsel and underwriters' counsel services priced in an amount "per \$1,000" and does not distinguish between the type of bonds or other obligations that might be issued by the State.

1) Is GOMB expecting that the pricing proposal will be stated in a flat amount per \$1,000 of principal amount of bonds or is GOMB expecting that pricing proposals will be submitted corresponding to "bands" relating to the principal amount of the bonds to be issued, as was the case in prior RFPs for bond and underwriters' counsel services? If so, are there specific "principal amount bands" that GOMB intends that respondents should use in submitting their price proposals?

2) Is GOMB expecting that the pricing proposal should include pricing based on the type of bonds or other obligations to be issued, again as was the case in prior RFPs? If so, are there specific types of bonds or other obligations that GOMB intends that respondents should use in submitting their price proposals?

*A - Please see attached revised **Section 6**. Please use the attached **Section 6** in your response to this RFP.*

3. Q - In reviewing the forms for Section 5 of the subject RFP, I noted that our package did not include the form for "Minority, Female, Person with Disability Status." Could you please forward me that form at your earliest convenience?

*A - A form which may be used to evidence Minority, Female and Person with Disability Status is attached to this Addendum. Please note that this form will be exempt from the page limit identified in Section 1.4 of the RFP.*

## SECTION 6 – PRICE

The Price Proposal must be submitted in a separate, sealed envelope or container in the Offer container. The Vendor will provide its Price Proposal in accordance with the specifications provided below for the services specified in this document. GOMB reserves the right to use the lowest Price Proposal submitted by any member of the qualified pool of respondents to this RFP. Required pricing details are shown below:

**6.1 Bond Counsel and Underwriter’s Counsel:** Firms should provide bids for the respective services listed below. The fee should exclude any out of pocket expenses.

### General Obligation Bonds & Certificates

Bond Counsel Services:	\$ _____ per \$1,000
<i>minimum fee</i>	\$ _____
<i>maximum fee</i>	\$ _____
Co-Bond Counsel Services:	\$ _____ % of Bond Counsel Fee
<i>minimum fee</i>	\$ _____
<i>maximum fee</i>	\$ _____
Underwriter’s Counsel Services:	\$ _____ per \$1,000
<i>minimum fee</i>	\$ _____
<i>maximum fee</i>	\$ _____
Co-Underwriter’s Counsel Services:	\$ _____ % of Underwriter’s Counsel Fee
<i>minimum fee</i>	\$ _____
<i>maximum fee</i>	\$ _____
Special Projects:	\$ _____ per hour (blended hourly rate)

### Build Illinois Bonds

Bond Counsel Services:	\$ _____ per \$1,000
<i>minimum fee</i>	\$ _____
<i>maximum fee</i>	\$ _____
Co-Bond Counsel Services:	\$ _____ % of Bond Counsel Fee
<i>minimum fee</i>	\$ _____
<i>maximum fee</i>	\$ _____
Underwriter’s Counsel Services:	\$ _____ per \$1,000
<i>minimum fee</i>	\$ _____
<i>maximum fee</i>	\$ _____
Co-Underwriter’s Counsel Services:	\$ _____ % of Underwriter’s Counsel Fee
<i>minimum fee</i>	\$ _____
<i>maximum fee</i>	\$ _____
Special Projects:	\$ _____ per hour (blended hourly rate)

Minority, Female, Person with Disability Status

The Business Enterprise Program Act for Minorities, Females and Persons with Disabilities (BEP) (30 ILCS 575/1) establishes a goal for contracting with businesses that have been certified as owned and controlled by persons who are minority, female or who have disabilities. **In furtherance of GOMB's continued commitment to the objectives of the BEP Act, this RFP includes a specific Business Enterprise Program (BEP) utilization goal of 19% based on the availability of certified vendors to perform the anticipated opportunities of the contract.** While you must complete this form, your response will not be considered in the evaluation. Further, please be advised that all respondents to this RFP may be required, in GOMB's sole discretion, to provide additional certifications in furtherance of the objectives established in the BEP Act. A listing of certified businesses may be obtained from the Department of Central Management Services' Business Enterprise Program for Minorities, Females and Persons with Disabilities by calling 312/814-4190 (Voice & TDD), 800/356-9206 (Toll Free), or 800/526-0844 (Illinois Relay Center for Hearing Impaired).

Name of Company (and D/B/A): \_\_\_\_\_

Is the company at least 51% owned and controlled by individuals in one or more of the following categories?

Yes  No

If "Yes" check each that applies:

Category:

Minority \_\_\_\_\_  
Female \_\_\_\_\_  
Person with Disability \_\_\_\_\_  
Disadvantaged \_\_\_\_\_

If "Yes," please identify, by checking applicable blanks, which agency certified the business and in what category:

Certifying Agency:

Category:

Department of Central Management Services	_____	Minority	_____
Women's Business Development Center	_____	Female	_____
Chicago Minority Business Development Council	_____	Person with Disability	_____
Illinois Department of Transportation	_____	Disadvantaged	_____

Other (please identify): \_\_\_\_\_

If the firm is not a certified BEP business, does it have a written policy or goal regarding contracting or subcontracting with BEP certified vendors?

Yes  No  (if yes, attach copy)

If "No," will you make a commitment to contact BEP certified vendors and consider them for subcontracting opportunities on this contract?

Yes  No

Do you plan on ordering supplies or services in furtherance of this contract from BEP certified vendors?

Yes  No

If "Yes," please identify what you plan to order, the estimated value as a percentage of your total fee and the names of the BEP certified vendors you plan to use.