

Financial Advisory RFP # 09-22017478

Questions and Answers

June 29, 2009

1. Q - We are looking for clarification on Form BCA-13.15. We are an out of state corporation that has not done work for the State previously.

A - The Business Corporation Act of 1983 (805 ILCS 5/13.05) requires, "Except as provided in Article V of the Illinois Insurance Code, a foreign corporation organized for profit, before it transacts business in this State, shall procure authority so to do from the Secretary of State." Instructions for submitting this form to the Illinois Secretary of State are available by following the link included in Section 1.7 of the RFP.

2. Q - Do we need to file the form as a requirement of submitting a response to the subject RFP?

A - No respondent may be awarded a contract under this RFP without first obtaining the Certificate.

3. Q - Would you be willing to accept a proposal that focuses only on our Swap Advisory and Swap Monitoring Services?

A - GOMB welcomes any response designed to provide the services contemplated under this RFP, including services associated with interest rate exchange agreements.

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 _____
Women's Business Development Center _____
Chicago Minority Business Development Council _____
Illinois Department of Transportation _____
Other (please identify): _____

Minority _____
Female _____
Person with Disability _____
Disadvantaged _____

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.