

Illinois State Toll Highway Authority CONTRACTOR INTEREST FORM

Contact Information

Date: _____

Firm Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

President's Name: _____

President's Phone: _____ President's Email: _____

Contact's Name: _____ Contact's Title: _____

Phone: _____ Fax: _____

Contact's Email: _____

Firm Web Address: _____

Business Information

Year Firm Established: _____

Average Contract Size: 2001\$ _____ 2002 \$ _____ 2003 \$ _____

2004 \$ _____

Largest Contract: 2001\$ _____ 2002 \$ _____ 2003 \$ _____

2004 \$ _____

Gross Revenues: 2001\$ _____ 2002 \$ _____ 2003 \$ _____

2004 \$ _____

Projected Revenues (current year): \$ _____

County in which Primary Business is Located: _____

Counties in which Firm is Interested in Doing Business
(please rank the following, 1 through 13):

Northern Cook _____ (north of 290) Southern Cook _____ (south of 290)

DuPage _____ Lake _____ McHenry _____ Boone _____ Winnebago _____

Ogle _____ Lee _____ DeKalb _____ Kane _____ Whiteside _____ Will _____

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Business Information (continued)

Last Three Projects that the Firm has Worked On:

Name: _____

Type of Work: Public Private

Performed Work as a: Prime Contractor Subcontractor Supplier

Services/Supplies Provided: _____

Dollar Value of Your Contract: \$ _____

Name: _____

Type of Work: Public Private

Performed Work as a: Prime Contractor Subcontractor Supplier

Services/Supplies Provided: _____

Dollar Value of Your Contract: \$ _____

Name: _____

Type of Work: Public Private

Performed Work as a: Prime Contractor Subcontractor Supplier

Services/Supplies Provided: _____

Dollar Value of Your Contract: \$ _____

Please indicate whether your business should be classified as a contractor or supplier and then fill out the corresponding section for the relevant business type:

Contractor Supplier

Contractor Information

For Contractors:

Union Local Affiliations: _____

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Contractor Information (continued)

(Please note that ISTHA currently operates under a Project Labor Agreement that requires all contractors performing Toll Highway work to be union contractors)

Bonding Capacity: \$ _____

Trade Areas (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Asphalt Paving | <input type="checkbox"/> Earthmoving / Excavating | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Cold Planning | <input type="checkbox"/> Electrical | <input type="checkbox"/> Steel Erection |
| <input type="checkbox"/> Concrete Cutting | <input type="checkbox"/> Equipment Rental | <input type="checkbox"/> Structure Repair |
| <input type="checkbox"/> Concrete Formwork | <input type="checkbox"/> Erosion Control | <input type="checkbox"/> Traffic Control |
| <input type="checkbox"/> Concrete Paving | <input type="checkbox"/> Fence, Guard Rail | <input type="checkbox"/> Trucking |
| <input type="checkbox"/> Concrete Precast | <input type="checkbox"/> Landscape | |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Painting (IDOT certified) | |
| <input type="checkbox"/> Directional Boring | <input type="checkbox"/> Pavement Marking | |
| <input type="checkbox"/> Drilling Caissons | <input type="checkbox"/> Pavement Grooving / Grinding | |

Supplier Information

For Suppliers:

Please list the commodities your firm supplies: _____

Certification & Membership Information

Owner Ethnicity: African American Asian Caucasian Hispanic
(for reporting purposes only) Native American Other: _____

Are you certified as a Disadvantaged-Owned Business (DBE) under the Illinois Unified Certification Program?

Yes No If Yes, what is your host agency? **Agencies** **Expiration Date**
 City of Chicago
 CTA
 IDOT
 PACE
 METRA

Are you certified as a Minority Business Enterprise (MBE) or Women's Business Enterprise (WBE) by the City of Chicago?

Yes No

If Yes, please indicate status: **Status** **Expiration Date**
 MBE WBE

If you are a member of a trade association, please list all of these memberships here: _____