



**REQUEST FOR PROPOSAL (RFP) FOR
UTILITY BILLING – PRINTING AND MAILING SERVICES
FOR THE CITY OF GALESBURG, IL**

RFP Circulation Date: 01/09/18

Proposal Submission Deadline: 02/06/18

CITY OF GALESBURG

PURCHASING

55 West Tompkins Street

Galesburg, IL 61401

Phone: 309/345-3678

Instructions to Offerors

1. An advertisement requesting proposals for the above work was published in the Galesburg Register-Mail on January 09, 2018. As stated in such notice, sealed proposals will be received until 11:00 a.m. local time, **February 06, 2018** at City Hall, 55 West Tompkins Street, Galesburg, Illinois. Proposals shall be addressed to the Purchasing Agent.
2. The person, firm or corporation making a proposal shall submit it in sealed envelopes on or before the hour and the date stated above. The words as specified herein shall appear on the outside of the sealed envelopes.
3. Each respondent shall insert the cost, and supply all the information, as indicated in the RFP. The cost inserted shall be net and shall be the full cost for the equipment specified, including all factors whatsoever.
4. No charge will be allowed for taxes from which the City of Galesburg is exempt: the Illinois Retailer's Occupation Tax, the Service Occupation Tax, the Service Use Tax, the Use Tax, Federal Excise and Transportation Tax.
5. Each respondent shall affirm that no official or employee of the City of Galesburg is directly or indirectly interested in this proposal for any reason of personal gain.
6. The City of Galesburg reserves the right to reject any and all proposals and to waive any informalities or technicalities in the proposal process. Any proposal submitted will be binding for sixty (60) days after the due date of the proposals.
7. The City has adopted an "Equal Employment Opportunity Clause" which is incorporated into all specifications, purchase orders, and contracts, whereby a vendor agrees not to discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin or ancestry. A copy of this clause may be obtained at the City Clerk's Office, City Hall, Galesburg, Illinois.

8. The City of Galesburg has adopted an Affirmative Action Program. All formal sealed proposals must be accompanied by a properly prepared Certificate of Compliance Form, whereby the vendor certifies the number of employees he has in each class of employment, and that affirmative action has been taken to ensure equality of opportunity in all aspects of employment.
9. The City requires that vendors be paid through ACH (automatic clearing house). The awarded vendor will be required to provide the City with applicable banking information for proper payment. An ACH form is attached to this document for vendor review.
10. These instructions are to be considered an integral part of any proposal.

Dated: January 09, 2018

Kraig Boynton
Purchasing Agent

**UTILITY BILLING – PRINTING AND MAILING SERVICES
REQUEST FOR PROPOSALS
CITY OF GALESBURG**

I. INTRODUCTION

The City of Galesburg, Illinois (City) is seeking proposals from qualified vendors who are capable of providing monthly utility billing printing and mailing services associated with approximately 12,000 City customer accounts. On January 2, 2018, the City Council approved the transition from quarterly utility billing to monthly utility billing. The City is anticipating that the full implementation will occur by May, with the latest implementation being, June 2018. The City utility bills include monthly charges relating to water, sewer, and solid waste disposal services and certain other fees. The Contract period (referred to as “Term”) is for five (5) years with, at the City’s option, up to one (1) additional one-year option. The proposal should include the final cost for the initial Term, and, if any, price increases for the additional four (4) years.

The City manages its customer account information using Accela Springbrook software solution, which is hosted onsite and used to generate the data files used for utility billing operations. The typical monthly billing process will involve collecting water meter readings the first week of each month, followed by printing and mailing of the monthly utility bills during the fourth week of each month. Printing and mailing of shutoff notices and final billing notices will also occur during the month with the shut off notice typically occurring during the third week of the month and the final billing notices to occur sporadically during the month, with the quantity being determined by customer response. The envisioned schedule is subject to change and the Vendor must be capable of adapting to such changes without additional fees.

Currently, the City prints, mails, receives and processes all utility billing statements in-house at City Hall. City Finance staff receipts payment and will utilize a bar code reader, compatible with the City’s ERP accounting software, Accela Springbrook, to scan each payment stub to update customer accounts.

II. SCOPE OF WORK

The successful Vendor must have the capability to perform all services required to print and mail an estimated 12,000 routine utility bills and an estimated 600 shut off and final notices each month. These services include, but are not limited to, printing, folding, sorting, inserting, sealing, validating, preparing, transporting, and mailing. A printed color utility statement on 8-1/2 x 11, white 24 lb. bond paper (or equal) is required. A sample of the current utility bill is provided and any format changes required by the Vendor are subject to City approval. The statements will have bar codes to scan for payment

processing purposes and also for U.S. postal code requirements. The statement will have a perforation placed 3 ½” from the bottom of the form and run the full width of the form. The return stub shall be perforated so that it may be separated easily by the customer but not by handling during processing, printing, or mailing. Paper and ink must conform to bank specifications for automated receipt processing. A sample of the current mailing envelope be utilized by the City can be provided upon request by contacting the City’s Purchasing Agent, Kraig Boynton.

Currently, no return envelope is provided with the statement billing but, as an option, the City is requesting the Vendor to provide the cost to include a return envelope with the statements. The envelope must be #9 – 24 lb. white wove envelope, or equal, and fully glued flap with the City’s mailing address. Currently, the returned utility payments are processed in-house, but in the event that the City decides to implement lockbox services, the return envelope must be designed to meet bank envelope specifications for automated extraction

If possible, the City would ask the Vendor to suppress return envelope stuffing for accounts designated as ‘auto pay’ or ‘bank draft’. The billing address must utilize proper zip codes and bar codes so that statements are mailed at the lowest possible postage rate. Vendor will receive electronic PDF files, with larger runs such as the monthly billing statement run in multiple PDF files, from the City and will utilize the PDF statements to generate printed City utility bills, shut off and final notices. The Vendor will be required to reprint any bills which are mutilated or spoiled either in the printing or mailing operation.

The City may from time to time present inserts to be included with the monthly utility statements. It is anticipated that the selected Vendor has the capabilities to receive the insertions electronically and print them for insertion. Please provide pricing for this option, as well as, if the City printed the insert and delivered it to the Vendor’s location for folding, insertion, and mailing.

The City will review these data files for completeness and accuracy prior to transmission to the successful Vendor. All associated services must be performed by the Vendor “in-house” at the Vendor’s production facility. It is unacceptable for the Vendor to subcontract any of these services.

The Vendor will be required to utilize the PDF files of utility bills and notices currently used by the City. The Vendor will be required to print supplemental messages, codes and other information on the envelopes at the City’s direction. The Vendor may periodically be required to insert supplemental documents into the mailings at the City’s request.

The Vendor must identify and use lowest cost postage alternative for each item mailed based upon size, weight, zip code and other pertinent considerations. The Vendor must deliver printed and sorted bills to the nearest US post office within the next business day after the data files are transmitted. The Vendor’s proposal must identify the anticipated

time required for delivery to addresses with a 61401 zip code. The City's preference would be to have the customers receive the bills within 2 days of mailing. The Vendor shall supply the City with documentation via e-mail as to the quantity of statements actually mailed, the date and time statements were mailed and the rate and total cost of the mailing.

Please note any exceptions to the above requirements in your proposal.

III. PROPOSAL REQUIREMENTS

Vendor proposals must include the following components:

- **Cover Letter** - summarizing the Vendor's interest, commitment, unique qualifications and identifying key individuals that would be assigned to the project. Information on key individuals should include phone number and email address in the event follow-up questions on the proposal need to be asked by City representatives.
- **Vendor Profile** - detailing the Vendor's experience, facilities, staffing, equipment, technology and other pertinent information that demonstrates the Vendor's capability to provide high quality reliable services. Provide a primary and secondary customer service contact for daily operational inquiries. For planning and contact purposes, please note holidays observed by your company. Please note your experience if your company has worked with customers utilizing Accela Springbrook accounting/utility billing software.
- **Work Plan** - describing in narrative or outline format a detailed work plan that includes: 1) timeline for initial setup, 2) implementation process, 3) expected results, 4) preferred method for transferring data, and 5) ability to meet all requirements of this RFP.
- **Security** – the Vendor shall have security methods employed to assure that transfer of data is secure. Identify the security method used such as encryption software, procedures, secured lines, etc.
- **Disaster Recovery Plan** - summarizing the Vendor's contingency plans to ensure contract work continues in the event the Vendor's primary facility becomes inoperable.
- **References** - identifying at least five (5) references (municipal and/or utility references preferred) for whom the Vendor has provided a similar scope of services as those identified in this RFP. Include agency name and address, scope of services, and contact information. Please also include a full list of all of your current Illinois municipal clients.
- **Certification of Firm's Commitment to Non-Discrimination** - The City of Galesburg is an Equal Opportunity Employer and does not discriminate against any persons on the basis of race, creed, color, age, sexual orientation, gender, ethnic background or national origin.
- **Services Cost Proposal** – The Vendor must provide a comprehensive cost proposal that covers all costs associated with the printing and mailing services identified in this RFP, using the following schedule of estimated quantities. If there are additional costs not listed in the schedule below, Vendor may list costs on a separate sheet of paper with explanation.

Estimated Monthly Quantity	UOM	Description	Unit Price	Extended Price
		Design & Implementation		
1	LS	Initial set-up, design, programming charges (only applies to Initial Term)	\$	\$
		Production Run (postage not included in any pricing)		
12,000	Piece	Utility bill statement provided by the Vendor (double-sided, full-color) print, fold, insert and mail services	\$	\$
600	Piece	Shut Off or Final Notices statement provided by the Vendor (double-sided, full color) print, fold, insert and mail services	\$	\$
12,600	Piece	#10 envelope w/ 1-1/16" tall X 4-1/2" wide window (placed for address appearance) with fully glued flap & City logo and return address; Additional language on envelope to include "Temp. Return Service Requested" and "UTILITY BILL ENCLOSED". Use of the proper barcode per Post Office standards	\$	\$
12,600	Piece	# 9 Customer return mailing envelope (option)	\$	\$
		Additional Insertions		
Per	Piece	Vendor provided - Additional insert 8-1/2 x 11 double-sided paper stock	\$	
Per	Piece	City provide - Additional insert 1-3 double-sided pages paper stock (folding, insertion and mailing only)	\$	
		Output File		
1	LS	Output file for City's use (CD or internet access)	\$	\$
		Additional Service Costs (if necessary)		
			\$	\$
			\$	\$
			\$	\$
			\$	\$
		Disaster Recovery Plan (incidental to contract)		
			\$	\$
		Security (incidental to contract)		
			\$	\$
		Adjustment or Increases During Contract		
		Year 2		
		Year 3		
		Year 4		
		Year 5		
		Optional Extended Year		

- **Scope of Work Questionnaire** – The Vendor must provide answers to the following scope of work questionnaire.

Item #	General Requirement	Y/N/O	Vendor Comments
1	Does the vendor have the ability to receive and utilize the PDF file containing the statements from the City software vendor?		
2	Will the vendor conform to the monthly printing, folding, insertion and mailing requirements?		
3	Will the vendor conform to billing statement specifications of size, weight, colors and placement of perforation?		
4	Will the vendor print supplemental messages, codes and other information on the envelope?		
5	Will the mailing envelopes conform to the specifications?		
6	Will the optional return envelope conform to the specifications?		
7	Will the vendor reprint any bills which are mutilated or spoiled in either the printing or mailing operation?		
8	Does the vendor have the capability to print additional inserts received electronically and insert them into the billing?		
9	Does the vendor have the ability to include preprinted inserts in the billing?		
10	Will the vendor perform all services in-house and not subcontract the duties?		
11	Will the vendor warehouse all stock and envelopes?		
12	Will the vendor use the lowest cost postage alternative for each item mail based upon size, weight, zip code and other pertinent considerations?		
13	Will the vendor deliver printed and sorted bills to the nearest US post office within the next business day after the PDF files are transmitted?		
14	Does the vendor believe the customers will receive the bills within 2 days of mailing?		
15	Will the vendor send the City via e-mail the date and time statements were mailed and the rate and total cost of the mailing?		
16	Does the vendor have a disaster recovery plan?		
17	Does the vendor assure that the transfer of data will be secure?		

- **Postage Cost Control Proposal** – The Vendor must provide a detailed proposal of the postage cost control strategy it would employ. This proposal must identify the postage rates associated with various types of mailing based upon size and zip code under the current postal rate structure, the procedures that would be followed to adapt to any subsequent changes in the postal rate structure, and any set-up costs and/or annual fees associated with postage strategy.

IV. **PROPOSAL SUBMISSION:**

Five (5) hard copies of your proposal, with one additional copy on flash drive in PDF format, must be received by **11:00 A.M.** CST time on **February 06, 2018** to the following address:

**Kraig Boynton
Purchasing Agent
PO Box 1387
Galesburg, IL 61402-1387**

Proposals must be submitted in a sealed envelope marked “**Utility Billing – Printing and Mailing Services Proposal**” in the lower left hand corner. Proposal should also be marked with submitting companies name in the upper left hand corner. It is the sole responsibility of respondents to the Request for Proposal to deliver the proposal by the stated deadline. Each proposal must be submitted with all required documentation.

V. **EVALUATION AND SELECTION**

Proposals will be evaluated by a selection committee made up of City staff, which will subsequently present its recommendation to the Galesburg City Council. The recommendation for the successful Vendor will be based on the following:

- Vendor’s experience (30%).
- Vendor’s work plan (including security and disaster implementation) 30%)
- Vendor’s cost proposal (30%)
- Information obtained through reference checks (10%)

VI. **RIGHT TO REJECT PROPOSALS**

Submission of a proposal indicates acceptance by the firm of conditions contained in this request for proposals unless clearly and specifically noted in the proposal submitted. The City of Galesburg reserves the right without prejudice to reject any or all proposals.

VII. PROJECT SCHEDULE

Please note if a modified schedule would be needed for your company.

01/09/18 – RFP issued this week

02/06/18 – RFQ due date

2/19/18 – Staff recommendation presented to City Council for approval, if approved,
promptly followed by contract execution

March 2018 – set-up, design and testing

April 2018 – Full scale implementation of billing printing and mailing services

VIII. QUESTIONS

Please direct questions or concerns related to this RFP to:

Kraig Boynton

Purchasing Agent

Phone (309) 345-3678

Email: kboynton@ci.galesburg.il.us

IX. ATTACHMENTS

- Sample Water Bill
- Fillable .pdf for cost proposal
- Fillable .pdf for scope of work questionnaire
- City Forms



UTILITY BILL

Customer Service 309-345-3663
Monday through Friday 8AM-5PM
customer@ci.galesburg.il.us
Drop box located at
55 West Tompkins Street

JOHN DOE
123 XYZ LANE
GALESBURG, IL 61401-0123

Account Statement

ACCOUNT INFORMATION

ACCOUNT: 99999-000
SERVICE ADDRESS: 123 XYZ Lane
SERVICE PERIOD: 12/1/2017 to 12/8/2017 (8 days)
BILLING DATE: 12/8/2017
DUE DATE: 12/23/2017

METER READING

NO ACTIVE METER FOUND

Each unit of consumption equals 748 gallons.

SPECIAL MESSAGE

IMPORTANT INFORMATION ABOUT LEAD IN YOUR DRINKING WATER:

The City of Galesburg found high levels of lead in drinking water in some homes. Lead can cause serious health problems. For more information, please call the Water Division at (309)345-3649 or visit www.ci.galesburg.il.us

USAGE HISTORY

PAST DUE AND DELINQUENCY INFORMATION:

A 10% penalty will be incurred on any unpaid current charges after the due date listed on this statement.

An account will be considered delinquent if there is an unpaid previous balance and an unpaid current charges balance for services after the due date on this statement. If delinquent, a fee of \$55 will be added to the account. Water services can be discontinued to the user and the account balance must be paid in full to restore water service.

CURRENT CHARGES

REFUSE 56.70
TOTAL CURRENT CHARGES 56.70

You may pay your bill online at www.ci.galesburg.il.us

BILL SUMMARY

PREVIOUS BALANCE 56.70
PAYMENTS RECEIVED 0.00
ADJUSTMENTS 0.00
ADDITIONAL BILLING 0.00
CURRENT CHARGES 56.70

TOTAL AMOUNT DUE 113.40

Payment Coupon

ACCOUNT INFORMATION

PLEASE RETURN THIS PORTION ALONG WITH YOUR PAYMENT
PLEASE MAKE CHECK PAYABLE TO:

CITY OF GALESBURG

ACCOUNT: 99999-000
SERVICE ADDRESS: 123 XYZ Lane
SERVICE PERIOD: 12/1/2017 to 12/8/2017 (8 days)
BILLING DATE: 12/8/2017
DUE DATE: 12/23/2017

JOHN DOE
123 XYZ LANE
GALESBURG, IL 61401-0123

AMOUNT DUE

TOTAL AMOUNT DUE BY 12/23/2017 113.40

AMOUNT ENCLOSED

VISA <small>mastercard</small>			<i>Fill in Below to Pay by Credit Card</i>		
DISCOVER		<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	
Card Number		Exp. Date		Security Code	
Card Holder Name			Signature		
Phone Number					

Please see back for information on automatic recurring payment and online payment options.

REMIT PAYMENT TO: **P.O. Box 1589 Galesburg, IL 61402-1589**

0000000000000000



GO GREEN! GO PAPERLESS!

1. Go to <http://www.ci.galesburg.il.us/>, and click on Utility Bill ePay.
2. Choose the option on the right side of the screen to register the utility account.
3. Enter first and last name only. If the account is a business, enter the entire business name in the last name field.
4. Enter entire account number.
5. Enter valid email address.
6. Create a password between 6-12 characters.
7. Click register.

If you need assistance registering your account or signing up for e-bills, please contact customer service at 309-345-3663.

**Prior to disconnection, a water user has the right to contest a disputed bill. The water user must file a written request for a hearing with the Galesburg City Clerk,
55 W. Tompkins Street, PO Box 1387, Galesburg, IL 61402-1387.**

The request must contain a short statement that explains the objection to the dispute and must be filed within five days of the billing date referenced on the statement.

AUTOMATIC RECURRING PAYMENT AUTHORIZATION

To authorize an automatic recurring monthly payment for this utility bill;
please read, sign below, and return with your check payment.

I authorize the City of Galesburg to initiate debit entries to my bank account for the utility billing account number listed on the reverse side of this payment coupon. The bank account I would like you to initiate debit entries from is indicated on the enclosed check. I have the right to stop payment of a charge by notifying the City of Galesburg at least three business days prior to the due date on my bill. I understand that the rejection of my payment by my financial institution will result in additional penalties and fees. I have read and agree to the terms of the direct debit payment plan.

Signature _____ Date _____ Phone Number _____

**RFP FOR UTILITY BILLING PRINTING AND MAILING SERVICES
COST PROPOSAL**

SUBMITTED BY: _____
COMPANY NAME

Estimated Monthly Quantity	UOM	Description	Unit Price	Extended Price
		Design & Implementation		
1	LS	Initial set-up, design, programming charges (only applies to Initial Term)	\$	\$
		Production Run (postage not included in any pricing)		
12,000	Piece	Utility bill statement provided by the Vendor (double-sided, full-color) print, fold, insert and mail services	\$	\$
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		Additional Insertions		
Per	Piece	Vendor provided - Additional insert 8-1/2 x 11 double-sided paper stock	\$	
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			\$	\$
			\$	\$
		Disaster Recovery Plan (incidental to contract)		
			\$	\$
		Security (incidental to contract)		
			\$	\$
		Adjustment or Increases During Contract		
		Year 2		
		Year 3		
		Year 4		
		Year 5		
		Optional Extended Year		

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

**RFP FOR UTILITY BILLING PRINTIN AND MAILING SERVICES
SCOPE OF WORK QUESTIONNAIRE**

SUBMITTED BY: _____
COMPANY NAME

Item #	General Requirement	Y/N/O	Vendor Comments
1	Does the vendor have the ability to receive and utilize the PDF file containing the statements from the City software vendor?		
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3	Will the vendor conform to billing statement specifications of size, weight, colors and placement of perforation?		
4	Will the vendor print supplemental messages, codes and other information on the envelope?		
5	Will the mailing envelopes conform to the specifications?		
6	Will the optional return envelope conform to the specifications?		
7	Will the vendor reprint any bills which are mutilated or spoiled in either the printing or mailing operation?		
8	Does the vendor have the capability to print additional inserts received electronically and insert them into the billing?		
9	Does the vendor have the ability to include preprinted inserts in the billing?		
10	Will the vendor perform all services in-house and not subcontract the duties?		
11	Will the vendor warehouse all stock and envelopes?		
12	Will the vendor use the lowest cost postage alternative for each item mail based upon size, weight, zip code and other pertinent considerations?		

Item #	General Requirement	Y/N/O	Vendor Comments
13	Will the vendor deliver printed and sorted bills to the nearest US post office within the next business day after the PDF files are transmitted?		
14	Does the vendor believe the customers will receive the bills within 2 days of mailing?		
15	Will the vendor send the City via e-mail the date and time statements were mailed and the rate and total cost of the mailing?		
16	Does the vendor have a disaster recovery plan?		
17	Does the vendor assure that the transfer of data will be secure?		

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

RETURN WITH BID
TO THE CITY OF GALESBURG, ILLINOIS
CERTIFICATE OF COMPLIANCE

EMPLOY- MENT	SUPER- VISORY	SALES	OFFICE	SKILLED	SEMI- SKILLED	NON- SKILLED
WHITE						
BLACK						
OTHER						
MALE						
FEMALE						

(PLEASE FILL IN THE NUMBER OF EMPLOYEES IN EACH CLASS)

1. THE CONTRACTOR OF COMPANY WILL NOT DISCRIMINATE AGAINST ANY EMPLOYEES OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, CREED, COLOR, SEX, AGE, NATIONAL ORIGIN, HANDICAPPING CONDITION UNRELATED TO ABILITY TO PERFORM THE JOB; AND, WILL TAKE AFFIRMATIVE ACTION TO ENSURE THAT APPLICANTS ARE EMPLOYED WITHOUT REGARD TO THEIR RACE, CREED, COLOR, SEX, AGE, HANDICAP OR NATIONAL ORIGIN. SUCH ACTION SHALL INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING: EMPLOYMENT, UPGRADING, DEMOTION OR TRANSFER, RECRUITMENT OR RECRUITMENT ADVERTISING, LAYOFF OR TERMINATION, RATES OF PAY OR OTHER COMPENSATION, AND SELECTION FOR TRAINING, INCLUDING APPRENTICESHIP. THE CONTRACTOR OR COMPANY AGREES TO POST, IN CONSPICUOUS PLACES, AVAILABLE TO EMPLOYEES AND APPLICANTS FOR EMPLOYMENT, NOTICES SETTING FORTH THE PROVISIONS OF THIS NON-DISCRIMINATION CLAUSE.

2. THE CONTRACTOR OR COMPANY WILL, IN ALL SOLICITATIONS OR ADVERTISEMENTS FOR EMPLOYEES OR ON THEIR BEHALF, STATE THAT ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, CREED, COLOR, SEX, AGE, HANDICAPPING CONDITION UNRELATED TO ABILITY OR NATIONAL ORIGIN. THE SAME SHALL HOLD TRUE WHEN RECRUITMENT SOURCES ARE USED TO SECURE APPLICANTS.

3. THE CONTRACTOR OR COMPANY AGREES TO NOTIFY ALL OF ITS SUBCONTRACTORS OF THEIR OBLIGATION TO COMPLY WITH THE NON-DISCRIMINATION POLICY.

4. IN THE EVENT OF THE CONTRACTOR'S OR COMPANY'S NON-COMPLIANCE WITH THE NON-DISCRIMINATION CLAUSES OF THE CONTRACT OR PURCHASE OR WITH ANY OF SUCH RULES, REGULATIONS OR ORDERS, THE CONTRACT OR PURCHASE MAY BE CANCELLED, TERMINATED OR SUSPENDED IN WHOLE OR IN PART AND THE CONTRACTOR OR COMPANY MAY BE DECLARED INELIGIBLE FOR FURTHER CITY CONTRACTS OR PURCHASES IN ACCORDANCE WITH THE AFFIRMATIVE ACTION PROGRAM ADOPTED BY THE GALESBURG CITY COUNCIL AT THEIR MEETING ON AUGUST 6, 1990.

BY: _____
BIDDER

Route _____ Section _____
 Project _____ County Knox

H. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS - Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in the denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department of agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause of default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal" "proposal" and "voluntarily excluded", as used in this clause have the meaning set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction", provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but it is not required to, check the No procurement List (Tel. #).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which does a prudent person in the ordinary course of business dealings normally possess.
10. Except for transactions authorized under paragraph 8 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER
 RESPONSIBILITY MATTERS - PRIMARY COVERED TRANSACTIONS

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or contract under a public transaction: Violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
 - d. Have not within a three-year period preceding this application/proposal, had one or more public transactions (Federal, State or Local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

RETURN WITH BID

THIS FORM IS BASED ON IRS REQUIREMENTS FOR THE SAME ESSENTIAL INFORMATION AS A W-9

RETURN TO: CITY OF GALESBURG
ATTN: A/P
55 W TOMPKINS ST
GALESBURG, IL 61401

OR FAX TO: 309-343-4765

The following information is needed to complete your vendor file and to comply with IRS requirements. Please fill out this form as completely as possible to ensure proper payment to you. Please return completed form as soon as possible to the City of Galesburg at the above address or fax number. Please call 309-345-3674 with any questions.

BUSINESS NAME: _____

INDIVIDUAL NAME: _____
(for Sole Proprietors as appears on Social Security Card)

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

YOUR TAXPAYER IDENTIFICATION NUMBER: _____
(FEIN or business tax ID No.)

OR, YOUR SOCIAL SECURITY NUMBER: _____
(If using SSN, enter the name on the card above as Individual Name)

PLEASE CHECK APPROPRIATE BOX

Individual/Sole Proprietor Corporation Partnership Other _____

YOUR COMPANY PROVIDES:

Legal Services Services Materials Other _____

ARE YOU SUBJECT TO BACKUP WITHHOLDING?

Yes No

PERSON TO CONTACT: _____

PHONE NUMBER: _____

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT AND COMPLETE.

Signature

Date

Title

FOR OFFICE USE ONLY:

ENTERED INTO THE SYSTEM

VENDOR NUMBER: _____

RETURN WITH BID



City of Galesburg

Operating Under Council – Manager Government Since 1957

The City of Galesburg will no longer be issuing checks for vendor payments. The City will pay vendors through ACH by automatically depositing payments to a bank checking/savings account or payment to vendors can be made by credit card at the time of purchase.

In order to process your next payment, please fill out the following information and provide a copy of a void check. Please mail to City of Galesburg, Accounts Payable, P.O. Box 1589, Galesburg, IL 61402-1589 or fax the completed form and a void check, if the funds are being deposited to a checking account, to the fax number listed below.

Vendor Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Bank Name: _____

Checking/Savings Acct Number: _____
(Please indicate type of account by circling Checking or Savings)

Bank Routing Number: _____

Signature: _____

Payment information will be e-mailed to you approximately two days prior to the funds being credited to your bank account. If you have any questions, please contact me.

Sharon L. Heiden
Accounts Payable
City of Galesburg
309/345-3674
309/343-4765 fax

City Hall • 55 West Tompkins Street • Galesburg, IL 61401 • 309/345-3674