

To: [[Single Prime Contractor - Firm Name]] Date: insert date
[[Single Prime Contractor - Address]] Contract Amount: \$[[Single Prime
Contract - Total Contract Amount (Numeric)]]
[[Single Prime Contractor - City]],[[Single Prime Contractor - State Code]] [[Single Prime Contractor -
Zip Code]]
Division: SINGLE PRIME CONTRACTOR
Project: [[Project Name (FCPWeb Name Preferred)]] Project Number: [[Capital Project
Number (FCPWeb Project # Preferred)]]

Notice of Award of Contract

THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS, and the Procurement Policy Board of the State of Illinois have approved the award of your firm's contract for the above-referenced division of work on this project. This award is subject to your promptly executing and returning to THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS the attached documents indicated below:

1. **AGREEMENT.** Please execute the documents in accordance with the attached instructions and return all copies to the University for signature. One fully executed copy will be returned to you for your files.
2. **PERFORMANCE BOND AND PAYMENT BOND.** The contract amount is stated thereon. Please have your bonding company execute the bonds in accordance with the attached instructions and return all executed copies to the University for approval. One approved copy will be returned to you for your files.
3. **CERTIFICATE OF INSURANCE.** The Certificate of Insurance submittal requirements shall be in accordance with Article 18 of the General Conditions. The Evidence of Property for builder's risk insurance policy submittal requirements applicable to only the designated party identified on Document 00 10 00 – Notice to Bidders, Paragraph 2.8. shall be in accordance with Article 19 of the General Conditions. Please name The Board of Trustees of the University of Illinois and **OTHER DESIGNATED PARTIES TO BE NOTED HERE** as additional insured in the appropriate locations.
4. **SUBSTANCE ABUSE PREVENTION PROGRAM.** Prior to commencement of Work, Contractor shall submit to Owner a written Program that meets or exceeds the requirements of the Substance Abuse Prevention on Public Works Projects Act (820 ILCS 265). Submit a written program to the Owner only if the program has been revised since submitted with the annual prequalification.
5. **ATTACHMENT A – BEP/VBP SUBCONTRACTOR/SUPPLIER CERTIFICATION.** A copy of Attachment A is enclosed. Please submit a completed and signed Attachment A for each of the IL CEI certified BEP/VBP subcontractor(s) and/or supplier(s) being utilized to meet the designated diversity goals as previously specified on Attachment B that was submitted with your bid proposal to the University for this project. Each form must be signed by the BEP/VBP subcontractor or supplier and must be submitted with your executed contract.
6. **ATTACHMENT B – PROTECTED SUBCONTRACTOR SUBCONTRACT VERIFICATION.** A copy of Attachment B is enclosed. Please submit a completed and signed Attachment B for each Protected Subcontractor being utilized to complete Work that is not being completed by the Single Prime Contractor that was previously specified on Attachment B that was submitted with your bid proposal to the University for this project. Each form must be signed by the Protected Subcontractor and must be submitted with your executed contract.
7. **REQUEST FOR ELECTRONIC PAYMENT.** The University of Illinois offers two methods of electronic payments: ePayables (virtual credit card) and ACH (direct deposit). ePayables is the preferred payment method, it provides enhanced remittance information and more favorable (reduced) payment terms. To begin the enrollment process email uiepayments@uillinois.edu or call 217.333.6583 and ask for Electronic Payment enrollment.

All of the above documents are to be returned as a set to [[Owner Contact Name for Notices]], [[Capital Organization - Address]], [[Capital Organization - City]], [[Capital Organization - State Code]] [[Capital Organization - Zip Code]] as soon as possible but no later than fifteen (15) days after receipt of this notice. Upon satisfactory execution and approval of these documents, your firm will be issued a written notice to proceed; your bid deposit will be released; and you can commence work as specified in the Contract Documents.

All vendors are required to comply with applicable provisions of the Illinois Procurement Code (30 ILCS 500/1 et seq.). Bidder shall provide all required forms completed by subcontractor(s) as required in 00 50 00 – Standard Contract Execution Forms, Article 8 Constitutional and Statutory Provisions. Electronic copies of the required forms and the file naming convention are available online at: https://www.uocpres.uillinois.edu/contracts_forms_for_contractors

The awarded low, responsive and responsible Bidder will be required to register with the Owner's Vendor Services Application, and will be required to ensure that all Bidders' subcontractors, vendors, and suppliers to be included on its Schedule of Values as identified in document 00 70 00 'General Conditions' are also registered in the Owner's Vendor Services Application. The vendor registration module of the Vendor Services Application can be accessed at:

<https://appserv6.admin.uillinois.edu/VendorRegistration/open/VendorSearch.jsp>

A preconstruction conference will be scheduled shortly and you will be notified of its date, time, and location.

I appreciate your cooperation and timely response to this notice and look forward to a pleasant working relationship with your firm on this project.

Sincerely,

[[Capital Project Manager Name]]
[[Capital Organization - Name]]
[[Capital Organization - Address]]
[[Capital Organization - City]], [[Capital Organization - State

Code]] [[Capital Organization - Zip Code]]

PM/sec
Attachments
Copies

UNIVERSITY OF ILLINOIS
Notice of Intent to Award Contract and Notice of Award of Contract
Attachment A: BEP/VBP Subcontractor/Supplier Certification

Section 1: To be completed by Prime Contractor

U of I Project No.: [[Capital Project Number (FCPWeb Project # Preferred)]]
Project Title: [[Project Name (FCPWeb Name Preferred)]]
Contractor's Name: [[Single Prime Contractor - Firm Name]]
FTIN Number: [[Single Prime Contractor - Federal Tax Identification Number]]
Area Code/Telephone Number: _____
Official Address (Street): [[Single Prime Contractor - Address]]
(City, State, Zip Code) [[Single Prime Contractor - City], [[Single Prime Contractor - State Code]] [[
Single Prime Contractor - Zip Code]]
Protected Subcontractor for: _____
Protected Subcontractor's Name: _____
FTIN Number: _____
Area Code/Telephone Number: _____
Official Address (Street): _____
(City, State, Zip Code): _____

Section 2: To be completed and signed by each BEP/VBP certified Subcontractor/Supplier

- I. Subcontractor/Supplier certifies that the proposed subcontract will be in the amount of
\$ _____ for _____ work.
- II. Subcontractor/Supplier certifies that the business is certified with CEI and is:
- A. Minority owned: (check one)
 Black/African American Hispanic Asian American Native American/Alaskan Native
 - B. Women owned
 - C. Owned By A Person With A Disability as defined in Section 2 of the Minority and Women Owned Business Enterprise Act, as amended (30 ILCS 575) (See definitions)
 - D. Owned by and certified as a VOSB or SDVOSB by the Illinois Commission on Equity and Inclusion Veterans Business Program (VBP).
- III. Subcontractor/Supplier certifies that the information included herein is true and correct, and that the subcontractor agrees, if Contractor is awarded the Project, to enter into the indicated subcontract. Subcontractor/Supplier agrees to immediately notify Owner of all changes to this Certification.
- IV. **A true copy of the signed subcontract or supply agreement shall be delivered to Owner in accordance with Document 00 20 00** and Owner shall be given complete and accurate information from time to time regarding the actual work performed on the project and the payments under the subcontract.

NOTE: IT IS A CRIME UNDER THE LAWS OF THE STATE OF ILLINOIS TO OBTAIN A STATE CONTRACT BY MAKING FALSE STATEMENTS OR MISREPRESENTATIONS TO A STATE AGENCY.

Respectfully submitted and signed this _____ day of _____ .

ATTEST:

By: _____

Signature _____ ****Signature Required****

Title: _____

Subcontractor/Supplier Firm Name: _____

UNIVERSITY OF ILLINOIS
**Notice of Intent to Award Contract and Notice of Award of Contract
Attachment B: Protected Subcontractor Subcontract Verification**

Section 1: To be completed by Prime Contractor

U of I Project No.: [[Capital Project Number (FCPWeb Project # Preferred)]]
Project Title: [[Project Name (FCPWeb Name Preferred)]]
Contractor's Name: [[Single Prime Contractor - Firm Name]]
FTIN Number: [[Single Prime Contractor - Federal Tax Identification Number]]
Area Code/Telephone Number: _____
Official Address (Street): [[Single Prime Contractor - Address]]
(City, State, Zip Code) [[Single Prime Contractor - City], [[Single Prime Contractor - State Code]]
Single Prime Contractor - Zip Code]]
Protected Subcontractor for: _____
Protected Subcontractor's Name: _____
FTIN Number: _____
Area Code/Telephone Number: _____
Official Address (Street): _____
(City, State, Zip Code): _____

Section 2: To be completed and signed by each Protected Subcontractor

- I. Protected Subcontractor – Division _____ certifies that the proposed subcontract will be in the amount of \$ _____ for _____ work.
- II. Protected Subcontractor – Division _____ certifies that the information included herein is true and correct, and that the Protected Subcontractor agrees, if Contractor is awarded the Project, to enter into the indicated subcontract. Protected Subcontractor agrees to immediately notify Owner of all changes to the Subcontract
- III **A true copy of the signed subcontract shall be delivered to Owner in accordance with Document 00 20 00** and Owner shall be given complete and accurate information from time to time regarding the actual work performed on the project and the payments under the subcontract.

NOTE: IT IS A CRIME UNDER THE LAWS OF THE STATE OF ILLINOIS TO OBTAIN A STATE CONTRACT BY MAKING FALSE STATEMENTS OR MISREPRESENTATIONS TO A STATE AGENCY.

Respectfully submitted and signed this _____ day of _____.

ATTEST:

By: _____

Signature _____ ****Signature Required****

Title: _____

Protected Subcontractor Firm Name: _____