

ILLINOIS STATE UNIVERSITY

Purchasing Department



Illinois State University
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Leadership Development Services

Request for Quote (RFQ) # BWHQ010926

RFQ response due date: January 9, 2026 at 3:00 PM, CST Uptown Crossing, 100 S. Fell St. – Suite D, Campus Box 1220, Illinois State University, Normal, Illinois, 61790-1220 or by email to ISUpurchasing@ilstu.edu.

Requirements for RFQ:

1. The following documents should be completed and returned with your RFQ response. If the items are not returned with your RFQ submission, you may be considered non-responsive to this RFQ:
2. Part 1: Specification Requirements
3. Part 2: Diversity
4. Part 3: Pricing
5. Proposal Signature
6. State Forms
 - Completed and Signed Contractor Disclosures and Conflicts of Interest

Scope of Project:

Illinois State University requests quotes for leadership development services that strengthen emotional intelligence, transformational leadership skills, and organizational capacity within Illinois workforce development initiatives led by the Department of Commerce and Economic Opportunity. The project includes professional development programs, coaching, and implementation support aligned with the Workforce Innovation and Opportunity Act, the Job Training and Economic Development program, and the Climate and Equitable Jobs Act.

Illinois State University seeks these services to strengthen leadership capacity across workforce development programs and partner organizations. The funder aims to embed customer-

centered practices and emotional intelligence into leadership approaches, ensuring that managers and executives can effectively lead teams, implement equity-driven policies, and foster organizational cultures aligned with state priorities across the workforce development system.

This initiative supports systemic improvements in program administration, enhances collaboration among stakeholders, and prepares leaders to navigate complex challenges within WIOA, JTED, and CEJA frameworks. By investing in transformational coaching and professional development, the institution aims to establish sustainable leadership practices that yield measurable outcomes and long-term impact throughout Illinois' workforce system.

Attachments:

Any portion(s) of your response that is proprietary and should not be opened to public inspection must be clearly marked in your response.

The proposer is hereby warned that any part of its RFQ response or any other material marked as confidential, proprietary, or trade secret, can only be protected to the extent permitted by Illinois statutes.

The proposer remains responsible for ensuring that its RFQ response is received at the time, date, place, and office specified. The University assumes no responsibility for any RFQ not so received, regardless of the reason or circumstance of delay.

Proposals must be kept firm for at least 120 days after the RFQ opening date. If no alternative length of time is indicated by the proposer, the University will consider the offer as an acceptable offer until a purchase order is issued by the University or until the proposer provides written notice to the contrary. Quantities are for budgetary purposes only; they are not a guarantee of purchase. The University reserves the right to adjust quantities as needed to meet requirements.

PART 1: Specifications

Illinois State University will be the sole judge of equal quality in the proposals submitted.

Please read each question below carefully. Indicate whether or not your company can comply. Provide additional detail as requested. You may answer within the blanks provided or provide attachments with the requested information clearly identified to reference the appropriate question number.

1. Do you have proven experience designing and delivering transformational leadership programs for executives and managers?

YES NO

Provide at least 2 examples of previous experiences/projects and briefly describe how the projects were designed and delivered.

[illegible]

2. Do you have familiarity with emotional intelligence frameworks (e.g., EQ-i 2.0 Workplace Model) and coaching methodologies?

YES NO

Describe your familiarity with these programs and how they have been implemented in previous projects.

[illegible]

3. Do you have an understanding of the Workforce Innovation and Opportunity Act, the Job Training and Economic Development program, the Climate and Equitable Jobs Act and their impact on workforce programs?

_____ YES _____ NO

Describe how Workforce Innovation and Opportunity Act, the Job Training and Economic Development program, the Climate and Equitable Jobs Act apply to your scope of work.

4. Do you have the ability to integrate leadership development into organizational systems, policies, and processes?

_____ YES _____ NO

Provide at least 2 examples of previous experiences/projects and briefly describe how the projects were designed and delivered.

5. Do you have the ability to provide consistent program management and coaching support from implementation through June 2028? Once a team has been selected should one or more members become unavailable, Vendor may substitute other personnel of at least equal competence upon written approval by the University.

 YES

 NO

Identify the team that will be working on the project and provide a brief background on each member.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

6. Do you have the resources to scale services for multiple tracks, including executive coaching, team-building, and embedded consulting?

_____ YES

_____ NO

Describe how you will be able to scale the project if required and provide any limitations that would apply to your scope of work.

7. Do you have experience developing and implementing blended learning solutions (instructor-led and digital)?

_____ YES _____ NO

Provide at least 2 examples of previous experiences/projects and briefly describe how the projects were designed and delivered.

8. Do you have skilled facilitators for in-person and virtual sessions?

_____ YES _____ NO

Provide a brief biography of the facilitators who will be part of the project.

[illegible]

9. Do you have a demonstrated ability to embed equity principles and customer-centered approaches into leadership development?

 YES NO

Provide at least 2 examples of previous experiences/projects and briefly describe how the projects were designed and delivered.

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10. Provide an overview of how you intend to fulfill the scope of work.

PART 2: Diversity

The University regards efforts to improve diverse participation in the supply chain as an important part of our business relationships. It is public policy of the State of Illinois to promote and encourage the continuing economic development of businesses owned and controlled by minorities, females and persons with disabilities. If your quote includes any diverse participation complete the BEP Utilization Plan. All questions regarding any subcontracting goal must be directed to ISUpurchasing@ilstu.edu. Respondent shall provide, if available, a statement or written supplier diversity plan that illustrates ongoing efforts to further diversify their supply chain. Vendor shall provide a list of diverse subcontractors and/or suppliers contacted or contracted with as a part of their response.

The BEP Utilization Plan form can be found at:

<https://cei.illinois.gov/purchasing-entity-resources/compliance.html>

If you have interest in becoming a BEP certified vendor visit: <https://cei.illinois.gov/vendor-resources/get-bep-certified.html> for complete requirements for BEP certification.

PART 3: Pricing

You may provide a more detailed breakdown of pricing in a formal quote.

Initial term pricing _____.

First Renewal price _____.

Second Renewal price _____.

Renewal Prices

The initial contract will begin upon award and end 6/30/26. The contract will include 2 renewable 1 year options each contingent on grant funding.

Failure to Provide Pricing for Option Periods:

If you fail to provide pricing information for the requested option periods specified, any contract awarded to your firm will be limited to the initial term and cannot include any renewal options.

Conditions Under Which Options May be Renewed:

The University reserves the right to renew this Agreement for any or all of the renewal periods specified based on continuing need and favorable market conditions, when in the best interest of the University and with the consent of the proposer.

The resulting contract may not renew automatically nor renew solely at the Vendor’s option.

Please indicate your option offer below:

		Prices will remain firm for each year checked below	Prices may increase up to the maximum % for each year as indicated below
First Renewal:	7/1/26-6/30/27	Yes_____ No_____	_____%
Second Renewal:	7/1/27-6/30/28	Yes_____ No_____	_____%

SIGNATURE

The undersigned agrees that the response to the RFQ is a legal and binding offer, and the authority to make the offer is vested in the signer. Minor differences and informalities will be resolved by negotiation prior to acceptance of the offer.

Agency Name

Authorized Signature

Telephone

FAX

E-mail

Dat

Financial Disclosures and Conflicts of Interest

The Financial Disclosures and Conflicts of Interest form ("form") must be accurately completed and submitted by the vendor, parent entity(ies), and subcontractors.

There are nine steps to this form and each must be completed. A bid, offer, or proposal with an annual value of more than \$100,000 that does not include this form shall be considered non-responsive. Firms seeking a contract requiring architectural, engineering, or land surveying services and procured under the Architectural, Engineering, and Land Surveying Qualifications Based Selection Act (30 ILCS 535/) with a value of more than \$25,000 must provide this form.

The University will consider this form when evaluating the bid, offer, or proposal or awarding the contract. The form will become a material part of the contract.

The requirement of disclosure of financial interests and conflicts of interest is a continuing obligation. If circumstances change and the disclosure is no longer accurate, then disclosing entities must provide an updated form.

Separate forms are required for the vendor, any parent entity(ies) and any subcontractors.

This disclosure is submitted for (check one):

- ☐ Vendor
- ☐ Vendor's Parent Entity(ies) (show 100% ownership)
- ☐ Subcontractor(s)
- ☐ Subcontractor's Parent Entity(ies)

Project Name: _____

Procurement Bulletin Reference #: _____

Vendor Name: _____

Doing Business As (DBA): _____

Disclosing Entity Name: _____

Disclosing Entity's Parent Entity: _____

Instrument of Ownership or Beneficial Interest (check one):

- ☐ Sole Proprietorship
- ☐ Corporate Stock (C-Corporation, S-Corporation, Professional Corporation, Service Corporation)
- ☐ Limited Liability Company Membership Agreement (Series LLC, Low-Profit Limited Liability Partnership)
- ☐ Partnership Agreement (General Partnership, Limited Partnership, Limited Liability Partnership, Limited Liability Limited Partnership)
- ☐ Not-for-Profit
- ☐ Trust Agreement (Beneficiary)
- ☐ Other

If you selected Other, please describe: _____.

STEP 1
SUPPORTING DOCUMENTATION SUBMITTAL

You must select one of the six options below and select the documentation you are submitting. You must provide the documentation the applicable section requires with this form.

- ☐ Option 1 – Publicly Traded Entities
- 1.A. ☐ Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$123,420) of the annual salary of the Governor.
- OR
- 1.B. ☐ Attach a copy of the Federal 10-K or provide a web address of an electronic copy of the Federal 10-K, and skip to Step 3.
-
- ☐ Option 2 – Privately Held Entities with more than 100 Shareholders
- 2.A. ☐ Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$123,420) of the annual salary of the Governor.
- OR
- 2.B. ☐ Complete Step 2, Option A for each qualifying individual or entity holding any ownership share in excess of 5% and attach the information Federal 10-K reporting companies are required to report under 17 CFR 229.401.
-
- ☐ Option 3 – All other Privately Held Entities, not including Sole Proprietorships
- 3.A. ☐ Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$123,420) of the annual salary of the Governor.
-
- ☐ Option 4 – Foreign Entities
- 4.A. ☐ Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$123,420) of the annual salary of the Governor.
- OR
- 4.B. ☐ Attach a copy of the Securities Exchange Commission Form 20-F or 40-F and skip to Step 3.
-
- ☐ Option 5 – Not-for-Profit Entities
- ☐ Complete Step 2, Option B.
-
- ☐ Option 6 – Sole Proprietorships
- ☐ Skip to Step 3.

STEP 2
DISCLOSURE OF FINANCIAL INTEREST OR BOARD OF DIRECTORS
 (All entity types, except sole proprietorships, must complete)

Complete **either** Option A (for all entities other than not-for-profits) or Option B (for not-for-profits). Additional rows may be inserted into the tables or an attachment may be provided if needed.

OPTION A – Ownership Share and Distributive Income

Ownership Share – If you selected Option 1.A., 2.A., 2.B., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of ownership if said percentage exceeds 5%, or the dollar value of their ownership if said dollar value exceeds \$123,420.

☐ Check here if including an attachment with requested information in a format substantially similar to the format below.

TABLE – X			
Name	Address	Percentage of Ownership	\$ Value of Ownership

Distributive Income – If you selected Option 1.A., 2.A., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of the disclosing vendor's total distributive income if said percentage exceeds 5% of the total distributive income of the disclosing entity, or the dollar value of their distributive income if said dollar value exceeds \$123,420.

☐ Check here if including an attachment with requested information in a format substantially similar to the format below.

TABLE – Y			
Name	Address	% of Distributive Income	\$ Value of Distributive Income

Please certify that the following statements are true.

I have disclosed all individuals or entities that hold an ownership interest of greater than 5% or greater than \$123,420.

☐ Yes ☐ No

I have disclosed all individuals or entities that were entitled to receive distributive income in an amount greater than \$123,420 or greater than 5% of the total distributive income of the disclosing entity. ☐ Yes ☐ No

OPTION B – Disclosure of Board of Directors (Not-for-Profits)

If you selected Option 5 in Step 1, list members of your board of directors. Please include an attachment if necessary.

TABLE – Z	
Name	Address

STEP 3
DISCLOSURE OF LOBBYIST OR AGENT

☐ Yes ☐ No. Is your company represented by or do you employ a lobbyist required to register under the Lobbyist Registration Act (lobbyist must be registered pursuant to the Act with the Secretary of State) or other agent who is not identified through Step 2, Option A above and who has communicated, is communicating, or may communicate with any State/Public University officer or employee concerning this solicitation? If yes, please identify each lobbyist and agent, including the name and address below.

If you have a lobbyist that does not meet the criteria, then you do not have to disclose the lobbyist's information.

Name	Address	Relationship to Disclosing Entity

Describe all costs/fees/compensation/reimbursements related to the assistance provided by each representative lobbyist or other agent to obtain this Agency/University contract:

STEP 4
PROHIBITED CONFLICTS OF INTEREST

Step 4 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above. Please provide the name of the person for which responses are provided:

1. Do you hold or are you the spouse or minor child who holds an elective office in the State of Illinois or hold a seat in the General Assembly? ☐ Yes ☐ No
2. Have you, your spouse, or minor child been appointed to or employed in any offices or agencies of State government and receive compensation for such employment in excess of 60% (\$123,420) of the salary of the Governor? ☐ Yes ☐ No
3. Are you or are you the spouse or minor child of an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority? ☐ Yes ☐ No
4. Have you, your spouse, or an immediate family member who lives in your residence currently or who lived in your residence within the last 12 months been appointed as a member of a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor? ☐ Yes ☐ No
5. If you answered yes to any question in 1-4 above, please answer the following: Do you, your spouse, or minor child receive from the vendor more than 7.5% of the vendor's total distributable income or an amount of distributable income in excess of the salary of the Governor (\$205,700)? ☐ Yes ☐ No
6. If you answered yes to any question in 1-4 above, please answer the following: Is there a combined interest of self with spouse or minor child more than 15% in the aggregate of the vendor's distributable income or an amount of distributable income in excess of two times the salary of the Governor (\$411,400)? ☐ Yes ☐ No

STEP 5
POTENTIAL CONFLICTS OF INTEREST RELATING TO PERSONAL RELATIONSHIPS

Step 5 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above.

Please provide the name of the person for which responses are provided:

- | | | |
|-----|--|--|
| 1. | Do you currently have, or in the previous 3 years have you had State employment, including contractual employment of services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Has your spouse, father, mother, son, or daughter, had State employment, including contractual employment for services, in the previous 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Do you hold currently or have you held in the previous 3 years elective office of the State of Illinois, the government of the United States, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding elective office currently or in the previous 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Do you hold or have you held in the previous 3 years any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding appointive office currently or in the previous 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Do you currently have or in the previous 3 years had employment as or by any registered lobbyist of the State government? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) that is or was a registered lobbyist? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | Do you currently have or in the previous 3 years had compensated employment by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) who is or was a compensated employee of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

STEP 6
EXPLANATION OF AFFIRMATIVE RESPONSES

If you answered "Yes" in Step 4 or Step 5, please provide on an additional page a detailed explanation that includes, but is not limited to the name, salary, State agency or university, and position title of each individual.

STEP 7
POTENTIAL CONFLICTS OF INTEREST RELATING TO DEBARMENT & LEGAL PROCEEDINGS

This step must be completed for each person disclosed in Step 2, Option A, Step 3, and for each entity and sole proprietor disclosed in Step 1.

Please provide the name of the person or entity for which responses are provided:

1. Within the previous ten years, have you had debarment from contracting with any governmental entity? ☐ Yes ☐ No
2. Within the previous ten years, have you had any professional licensure discipline? ☐ Yes ☐ No
3. Within the previous ten years, have you had any bankruptcies? ☐ Yes ☐ No
4. Within the previous ten years, have you had any adverse civil judgments and administrative findings? ☐ Yes ☐ No
5. Within the previous ten years, have you had any criminal felony convictions? ☐ Yes ☐ No

If you answered "Yes", please provide a detailed explanation that includes, but is not limited to the name, State agency or university, and position title of each individual.

STEP 8
DISCLOSURE OF CURRENT AND PENDING CONTRACTS

If you selected Option 1, 2, 3, 4, or 6 in Step 1, do you have any contracts, pending contracts, bids, proposals, subcontracts, leases or other ongoing procurement relationships with units of State of Illinois government? ☐ Yes ☐ No.

If "Yes", please specify below. Attach an additional page in the same format as provided below, if desired.

Agency/University	Project Title	Status	Value	Contract Reference/P.O./Illinois Procurement Bulletin #

Please explain the procurement relationship:

STEP 9
SIGN THE DISCLOSURE

This disclosure is signed, and made under penalty of perjury for all for-profit entities, by an authorized officer or employee on behalf of the bidder or offeror pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code. This disclosure information is submitted on behalf of:

Name of Disclosing Entity: _____

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone Number: _____

Email Address: _____