

SWIMMING FACILITY PROGRAM PREQUALIFICATION APPLICATION FORM FOR CONTRACTORS

Requirements

All applicants are required to complete the entire application. Prequalification must be approved by the close of business the day before submitting an application for a project. Allow approximately 30 days for processing after a complete and accurate application is received by the Illinois Department of Public Health.

Submit One Original Form to

Illinois Department of Public Health
Swimming Facility Program
ATTENTION: Craig Steinheimer
525 W. Jefferson St.
Springfield, IL 62761

Application Submittal

The Department will endeavor to notify applicants approximately 60 days prior to expiration; however, it is the responsibility of each applicant to maintain prequalification. Applications that are incomplete or contain errors will be returned for corrections, which will delay processing. Do not attach supplemental information unless specifically requested on the application. Once approved, each applicant will receive a *Notice of Prequalification* indicating effective dates. **Please retain the letter for reference.** If any of the conditions in the application are violated by the applicant or any responses are found to be materially untrue, prequalification of the applicant will be rescinded.

Responsibility of Applicant

It is the responsibility of each applicant to:

- Ensure that prequalification has been approved prior to commencing work on a project.
- Maintain current information regarding prequalification. Applicants are required to notify the Department within 10 business days of ANY material changes to information contained in this application. Failure to do so may result in loss of prequalification.

Registration with Illinois Secretary of State

Contractors seeking prequalification must be registered and in good standing with the Illinois Secretary of State, Department of Business Services, 217-782-6961. Corporations, not-for-profit corporations, limited partnerships, limited liability companies, and limited liability partnerships must provide their file number so IDPH can verify an “active” status on the Secretary of State’s database. Copies of **current, valid licenses** relevant to identified project **MUST be provided** with this application.

Department Training Requirement

New applicants must complete a Department training seminar during the first year of prequalification. Applicants must attend annual training provided by Department, in addition to other continuing education regulations, in order to maintain prequalification. Contact the Swimming Facilities program at 217-782-5830 for training information. No applicant shall appear on the list of prequalified candidates without passing the Department administered training course.

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Point System

Prequalification will be granted on a point system. To be prequalified, the applicant must obtain a **minimum score of 75 points**. The objective criteria the Department uses are listed below:

<p>1. Legally authorized to do business in Illinois.</p> <p style="padding-left: 40px;">Yes = 10 points No = 0 points</p> <p>2. Number of years the contractor has been constructing swimming facilities (# of years = # of points). Example: 8 years = 8 points (A maximum of 20 points)</p> <p style="padding-left: 40px;">_____ years</p> <p>3. Number of swimming facilities constructed in Illinois in the past five years:</p> <p style="padding-left: 40px;">1 – 5 = 5 points 6 – 10 = 10 points 11 – 15 = 15 points 16+ = 20 points</p> <p>4. Type of work performed on a swimming facility: (A maximum of 70 points)</p> <p style="padding-left: 40px;">No work performed on a swimming facility = 0 points Resurfacing the pool = 2 points Replacement of recirculation equipment = 10 points Replacement of overflow gutter/skimmer = 10 points Replacement of main drain cover = 10 points New pool at motel/apartment/condo = 10 points New multiple pools (2 or less) at facility = 15 points New multiple pools (3 or more) at facility = 20 points Small slides/diving board installation = 5 points Water slides more than 30 feet in length = 10 points Construction of bathing beach = 5 points</p>	<p>5. Number of projects constructed in Illinois without the required permit within the last two years:</p> <p style="padding-left: 40px;">0 = 5 points 1 – 2 = (-10 points) 3 – 6 = (-20 points) 7 – 10 = (-25 points) 11+ = (-30 points)</p> <p>6. Number of times the applicant has been adjudicated to be in violation with the directives set forth in the Swimming Facility Act or the Swimming Facility Code within the past two years.</p> <p style="padding-left: 40px;">0 = 10 points 1 – 2 = (-5 points) 3 = (-10 points) 4+ = Disqualified</p> <p>7. Number of times the applicant's prequalification status has been suspended or revoked in accordance with the directives set forth in the Swimming Facility Act or the Swimming Facility Code within the past two years.</p> <p style="padding-left: 40px;">0 = 0 points 1 – 2 = (-10 points) 3+ = Disqualified</p>
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Illinois Department of Public Health • Swimming Facility Program
<http://www.idph.state.il.us/envhealth/swimmingpools.htm>
 Voice: 217-782-5830 • Fax: 217-785-0253 • TDD: 1-800-547-0466

**SWIMMING FACILITY PROGRAM
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ID# _____
For Department use only

APPLICANT NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

OFFICE PHONE (____) _____ CELLULAR (____) _____ FAX (____) _____

E-MAIL _____ CONTACT PERSON _____

MAJOR BUSINESS ACTIVITY _____ NUMBER OF EMPLOYEES _____

YEARS IN BUSINESS _____ SSN _____

In accordance with the requirements of the *Illinois Administrative Procedure Act, 5 ILCS 100*, the Department of Public Health requires the disclosure of your Social Security number as part of the application. **Failure to provide your Social Security number shall result in the denial of your application.**

TYPE OF OWNERSHIP (CHECK BELOW) _____ SECRETARY OF STATE FILE # _____

PARTNERSHIP CORPORATION ASSOCIATION TRUST SOLE PROPRIETORSHIP OTHER (SPECIFY) _____

TO BE COMPLETED, SIGNED AND DATED ONLY IF SOLE PROPRIETOR OF BUSINESS

The law (5 ILCS 100/10-65) requires all applicants complete and sign the following statement. Failure to complete and sign this statement may place you in contempt of court. **Check only one box!**

- I am not more than 30 days delinquent in complying with a child support order; or
- I am more than 30 days delinquent in complying with a child support order; or
- This statement does not apply.

LIST OF OFFICERS

	NAME AND TITLE	ADDRESS
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

The Public Information Disclosure below must be completed to allow the Department to release your business contact information for public distribution, through freedom of information (FOI) request or internet listing. **ONLY** those contractors who complete this information will be included in Department lists. By checking a box below, you authorize this Department to publish your business information on all Department listings. Your signature further confirms your agreement to hold harmless and release this Department from any liability arising from release of the information authorized below. I authorize the Illinois Department of Public Health to include my: (Check only **ONE** box)

- Business Information** **I do not wish to be listed**

I hereby certify that the information submitted is true and valid, and I understand that the Illinois Department of Public Health may deny, suspend or revoke my application for knowingly making false or fraudulent claims.

Signature of Applicant

Date

PROJECT EXPERIENCE

CONTRACTORS

IMPORTANT NOTICE

DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN DENIAL, REVOCATION OR SUSPENSION OF THE APPLICANT'S PREQUALIFICATION.

Provide five projects in the last five years. Attach additional sheets listing experience, if necessary.

PROJECT NAME AND LOCATION	DUTIES PERFORMED	OWNER NAME AND PHONE NUMBER DATES OF PROJECT
		Owner
		Phone
		_____/_____/_____ (month) (year) TO _____/_____/_____ (month) (year) (month) (year)
		Owner
		Phone
		_____/_____/_____ (month) (year) TO _____/_____/_____ (month) (year) (month) (year)
		Owner
		Phone
		_____/_____/_____ (month) (year) TO _____/_____/_____ (month) (year) (month) (year)
		Owner
		Phone
		_____/_____/_____ (month) (year) TO _____/_____/_____ (month) (year) (month) (year)