



OFFICE OF THE CITY MANAGER

Robert Betts

City of East St. Louis, Illinois

Request for Proposal (RFP) 25-115

Public EV Charging Station at East St. Louis City Hall

1. Introduction

East St. Louis is a city located in St. Clair County, Illinois, directly across the Mississippi River from St. Louis, Missouri. The city covers approximately 14 square miles. The City of East St. Louis has approximately 190 employees and a fleet of approximately 103 vehicles. East St. Louis operates under a City Council-Manager form of government. Additional information about the city can be found on the City's web site at www.cesl.us Information regarding the RFP, please contact Tereyowna Martin, Purchasing Director, tmartin@cesl.us

2. Project Overview

The City of East St. Louis is seeking proposals from qualified vendors to design, install, operate, and maintain a public electric vehicle (EV) charging station at City Hall. The City of Illinois is actively seeking proposals for the design, installation, operation, and maintenance of public electric vehicle (EV) charging stations. This initiative is part of the state's broader effort to support clean transportation initiatives and ensure that the benefits of the clean energy economy are accessible to all Illinois residents. This initiative also supports the city's commitment to clean transportation, environmental justice.

3. Timeline

- RFP Release Date: August 21, 2025
- Pre-Bid Meeting: August 29, 2025, 10:00 a.m.- 3rd Floor City Manager Office -Virtual or in person. Teams log in
- Proposal Submission Deadline: September 5, 2025, 10:00 am

4. RFP Submission Guidelines

Proposals are due by September 5, 2025, at 10: a.m. local time. Timely delivery is the responsibility of the Proposer. Any proposals received after the deadline will be rejected.

City Clerk 1st Floor- Debra Hamilton-Tidwell

City of East St. Louis, Illinois 301 River Park Drive

East St. Louis, IL 62201

618-482-6600

Minimum of five (5) Proposals must be enclosed in a sealed container; the package must clearly show the phrase "***Request for Proposal – Public EV Charging Station***" and the Proposer's name.

Any proposal may be withdrawn at any time prior to the due date with a written request submitted by the authorized Proposer representative. Revised proposals may be submitted up to the original due date/time. Proposals shall remain valid for 90 days after the RFP due date.

5. Ownership & Operation Model

Vendors should specify whether they or the city will own, operate, and maintain the EV charging infrastructure. Proposals must clearly define roles and responsibilities for each party.

6. Contract Length

The City anticipates a contract term of 5–10 years. Vendors should propose a term that ensures financial viability and service continuity.

7. Site Details

Location: East St. Louis City Hall

Vendors should describe the site layout, number of parking spaces, accessibility, and proximity to amenities. Proposals should address environmental justice and equity considerations.

8. Electrical Access

Vendors must assess existing electrical infrastructure, transformer capacity, and voltage. Site drawings or maps should be included if available.

9. Use Case

The charging station will be publicly accessible. Vendors should specify hours of operation, pricing models, and any shared use with municipal fleets.

10. Financial Details

Proposals should outline funding sources, budget expectations, and revenue-sharing models. Vendors must indicate whether land use fees will apply or be waived.

11. Design Guidelines & Specifications

Proposals must specify charging level (e.g., Level 2 or DC Fast), number of ports, cord length, signage, and accessibility features.

12. Compliance Requirements

All equipment and installation must comply with ADA, Buy America, Davis–Bacon Act, and relevant EVSE standards (e.g., SAE J1772, NEC 625, UL 2594).

13. Data Access & Reporting

Vendors must outline data-sharing protocols and reporting requirements, including NEVI compliance.

14. Maintenance & Repair

Proposals should describe maintenance responsibilities, response times, and availability of technicians and parts.

15. Payment & Fee Collection

Vendors must provide accessible payment options (e.g., credit/debit cards, mobile apps) and address any associated fees.

16. Revenue Opportunities

Proposals may include advertising or sponsorship opportunities. Vendors should describe pricing transparency and revenue-sharing models.

17. Workforce Development

Vendors are encouraged to support technician training, apprenticeships, and participation of minority/women-owned businesses.

18. End-of-Contract Terms

Proposals must specify end-of-contract actions such as ownership transfer, renewal, or decommissioning.

19. Proposal Evaluation Criteria

Proposals will be evaluated based on vendor qualifications, technology quality, equity benefits, financial viability, and maintenance plans.



CITY OF EAST ST. LOUIS PURCHASING DEPARTMENT
301 River Park Drive, 3rd Floor
East St. Louis, Illinois 62201
Phone: 618-482-6713
Fax: 618-482-6648

City of East St. Louis Vendor Information Request Form

When checking authenticity of vendor, follow the following steps.

- If vendor is an IL Corp or LLC go to <http://www.ilbos.gov/corporatclc/> or if Corp or LLC from another state call that state's Secretary of State
- If vendor is a LP call 217-782-6961 (ext. 7737)
- If vendor is general partnership or sole proprietor call the county clerk at 277-6600 ext 2373 Yolanda Hughes
- If the is general partnership or sole proprietorship is not registered with St. Clair County then call regulatory affairs.

INSTRUCTIONS: Please type or print clearly. If any item is not applicable, insert N/A. (F.E.I.N. OR SOCIAL SECURITY NUMBER IS REQUIRED.)
To ensure prompt payment, please forward any changes to your vendor the information to the City of East St. Louis Purchasing Department.

F.E.I.N. NUMBER/SOCIAL SECURITY NUMBER	DATE OF THIS APPLICATION	1099 VENDOR <input type="checkbox"/> MISC <input type="checkbox"/> G <input type="checkbox"/> INT <input type="checkbox"/> NONE
BUSINESS NAME	TELEPHONE NUMBER ()	FAX NUMBER ()
TYPE OF ORGANIZATION (CHECK ONE)	YEAR ESTABLISHED	NUMBER OF EMPLOYEES
<input type="checkbox"/> INDIVIDUAL /SOLE PROPRIETOR (I) <input type="checkbox"/> GENERAL PARTNERSHIP (GP) <input type="checkbox"/> CORPORATION (C) <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP (LLP) <input type="checkbox"/> EMPLOYEE (E) <input type="checkbox"/> LIMITED PARTNERSHIP (LP) <input type="checkbox"/> OTHER: _____		
Do you claim Disadvantaged Business Enterprise Status? Yes _____ No _____		(Check appropriate box(es) if applicable)
<input type="checkbox"/> Small Business Enterprise <input type="checkbox"/> Minority Business Enterprise		<input type="checkbox"/> Women Business Enterprise <input type="checkbox"/> Disabled Business Enterprise

INSERT THE MERCHANDISE OR SERVICE YOU WISH TO PROVIDE.

ORGANIZATIONAL ADDRESS STREET	ADDRESS TO WHICH PAYMENTS OR REMITTANCES ARE TO BE MAILED STREET				
CITY	STATE	ZIP	CITY	STATE	ZIP

<<< CONTACT NAMES >>>	<<< TITLE >>>	<<< TELEPHONE NUMBER >>>
SALES		()
SERVICE		()

This application must be signed by a ranking officer of the company. Show additional principals or agents separately. The undersigned certifies that information provided on this application is correct and complete. Submittal of false information will be grounds for the rejection of this application, removal from all Vendor lists and the cancellation of any contract without penalty to the City of East St. Louis.

NAME OF PRINCIPAL	TITLE
PRINCIPAL'S SIGNATURE	DATE

FOR USE BY THE CITY OF EAST ST. LOUIS GOVERNMENT ONLY

If this form is facilitated with a City department please provide the name of the Department and facilitator

VENDOR CODE:	APPROVED BY:	DATE:
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Request for Taxpayer
Identification Number and CertificationGo to www.irs.gov/FormW9 for instructions and the latest information.Give form to the
requester. Do not
send to the IRS.Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.Print or type.
See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor C corporation S corporation Partnership Trust/estate

LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership). Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See Instructions.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

5 Address (number, street, and apt. or suite no.). See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

(Applies to accounts maintained outside the United States.)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OR					
Employer identification number					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they