



## **City of East St. Louis**

### **Request for Proposal (RFP) 25-143**

### **Design, Engineering, and Construction Management Services**

### **State Street Mill and Overlay Project**

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#### **1. Project Overview**

The City of East St. Louis is soliciting proposals from qualified firms to provide design, engineering, and construction management services for the full mill and overlay of **State Street**, spanning from **10<sup>th</sup> Street to IL-157 Highway**. The project includes:

- Pavement resurfacing (mill and overlay)
  - Sidewalk reconstruction and ADA-compliant ramps
  - Drainage and stormwater improvements
  - Pavement markings and traffic control
  - Mobilization and site preparation
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#### **2. Scope of Services**

The selected firm will be responsible for:

##### **A. Design & Engineering**

- Site survey and geotechnical analysis
- Pavement design and overlay specifications
- Drainage system upgrades
- Sidewalk and ADA ramp layout
- Pavement marking plans

##### **B. Construction Management**

- Bid document preparation and contractor coordination
- On-site inspection and quality assurance
- Schedule and budget tracking



- Coordination with city departments and utilities
  - Compliance with IDOT and federal standards
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### **3. Proposal Requirements**

Proposals must include:

- Firm qualifications and relevant experience
  - Project team and key personnel
  - Detailed approach and timeline
  - Fee structure and cost estimate
  - References from similar municipal projects
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### **4. Evaluation Criteria**

Proposals will be evaluated based on:

- Experience with similar street infrastructure projects
  - Technical expertise and staffing
  - Understanding of project scope and challenges
  - Cost-effectiveness and value
  - Commitment to equity and community engagement
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### **5. Submission Instructions**

All proposals must be submitted by **Friday, November 14, 2025, by 10:00 AM** to: City Clerk Office at 301 Riverpark Drive, East St. Louis, IL 62201. First Floor, ATTN: City Clerk: Debra Hamilton-Tidwell

### **6. Bid Questions**

Any questions pertaining to the bidding process please contact Tereyowna Martin, Director of Purchasing via email [tmartin@cesl.us](mailto:tmartin@cesl.us) (618) 600-1919 and/or Ineater "Yvette" Fleming, Purchasing Manager via email [ifleming@cesl.us](mailto:ifleming@cesl.us) (618) 600-4704

Robert Betts, City Manager



CITY OF EAST ST. LOUIS PURCHASING DEPARTMENT  
301 River Park Drive, 3<sup>rd</sup> 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.ilsoa.gov/corporate/llc/> 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"/> DNT <input type="checkbox"/> NONE
BUSINESS NAME		TELEPHONE NUMBER ( )	FAX NUMBER ( )
TYPE OF ORGANIZATION (CHECK ONE) <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"/> OTHER: _____ <input type="checkbox"/> LIMITED PARTNERSHIP (LP)		YEAR ESTABLISHED	NUMBER OF EMPLOYEES
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 MERCHADNDISE OR SERVICE YOU WISH TO PROVIDE.

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

Go to [www.irs.gov/FormW9](http://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.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> 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.  <input type="checkbox"/> 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 <input type="checkbox"/>	
	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) _____  (Applies to accounts maintained outside the United States.)	
5	Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)
6	City, state, and ZIP code		
7	List account number(s) here (optional)		

## 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									
				-				-	
or									
Employer identification number									

## 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

## 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](http://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