The undersigned Agency and Vendor, Click here to enter text., (the Parties) agree that the following shall renew the Contract referenced herein. All terms and conditions set forth in the original Contract, not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Renewal shall prevail.

IN WITNESS WHEREOF, the Agency and the Vendor cause this Renewal to be executed on the dates shown below by representatives authorized to bind the respective PARTIES.

**VENDOR**

|  |  |
| --- | --- |
| Vendor Name: Click here to enter text. | Address: Click here to enter text.  |
| Signature: | Phone: Click here to enter text.  |
| Printed Name: Click here to enter text. | Fax: Click here to enter text. |
| Title: Click here to enter text. | Email: Click here to enter text. |
| Date: |  |

**STATE OF ILLINOIS**

|  |  |
| --- | --- |
| Procuring Agency: Click here to enter text. | Phone: Click here to enter text. |
| Street Address: Click here to enter text. | Fax: Click here to enter text. |
| City, State ZIP: Click here to enter text. |  |
| Official Signature:  | Date: |
| Printed Name: Click here to enter text. |  |
| Official’s Title: Click here to enter text. |  |
| Legal Signature: | Date: |
| Legal Printed Name: Click here to enter text. |  |
| Legal’s Title: Click here to enter text. |  |
| Fiscal Signature: | Date: |
| Fiscal’s Printed Name: Click here to enter text. |  |
| Fiscal’s Title: Click here to enter text. |  |

**STATE USE ONLY** **NOT PART OF CONTRACTUAL PROVISIONS**

PBC# Project Title

Contract # Procurement Method (IFB, RFP, Small, etc):

IPB Ref. # IPB Publication Date: Award Code:

Subcontractor Utilization?  Yes  No Subcontractor Disclosure?  Yes  No

Funding Source Obligation #

CPO 33 – General Counsel Approval:

Signature Printed Name Date

1. **DESCRIPTION OF CONTRACT BEING RENEWED** (include original contract number): Click here to enter text.
2. **TERMS AND CONDITIONS:** This Renewal is on the same terms and conditions as the Contract being renewed except as changed and described herein.
3. **RENEWAL TERM**: This RENEWAL shall begin Click here to enter a date. and shall run through Click here to enter a date..
4. **COSTS** (describe calculation and/or cost basis, if applicable):Click here to enter text.
5. **MAXIMUM AMOUNT:** The total payments under this contract shall not exceed $Click here to enter text without a formal amendment.
6. **SUBCONTRACTORS:** Will subcontractors be utilized? [ ]  Yes [ ]  No
* Subcontractor Name: Click here to enter text.

Amount to be paid: Click here to enter text.

Address: Click here to enter text.

Description of work: Click here to enter text.

* Subcontractor Name: Click here to enter text.

Amount to be paid: Click here to enter text.

Address: Click here to enter text.

Description of work: Click here to enter text.

* + 1. All contracts with the subcontractors identified above must include the Standard Illinois Certifications.
		2. If the annual value of any of the subcontracts is more than $100,000, then the Vendor must provide to the State the Financial Disclosures and Conflicts of Interest for that subcontractor.
		3. If the subcontractor is registered in the Illinois Procurement Gateway (IPG) and the Vendor is using the subcontractor’s Standard Illinois Certifications or Financial Disclosures and Conflicts of Interest from the IPG, then the Vendor must also provide a completed IPG Active Registered Vendor Disclosure (formerly named Forms B) for the subcontractor.
		4. If at any time during the term of the Contract, Vendor adds or changes any subcontractors, Vendor will be required to promptly notify, in writing, the State Purchasing Officer or the Chief Procurement Officer of the names and addresses and the expected amount of money that each new or replaced subcontractor will receive pursuant to the Contract. Any subcontracts entered into prior to award of the Contract are done at the Vendor’s and subcontractor’s risk.

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. person (including a U.S. resident alien).

* If you are an individual, enter your name and SSN as it appears on your Social Security Card.
* If you are a sole proprietor, enter the owner’s name on the name line followed by the name of the business and the owner’s SSN or EIN.
* If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner’s name on the name line and the D/B/A on the business name line and enter the owner’s SSN or EIN.
* If the LLC is a corporation or partnership, enter the entity’s business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
* For all other entities, enter the name of the entity as used to apply for the entity’s EIN and the EIN.

Name: Click here to enter text.

Business Name: Click here to enter text.

Taxpayer Identification Number:

Social Security Number: Click here to enter text.

 or

Employer Identification Number : Click here to enter text.

Legal Status (check one):

[ ]  Individual [ ]  Governmental

[ ]  Sole Proprietor [ ]  Nonresident alien

[ ]  Partnership [ ]  Estate or trust

[ ]  Legal Services Corporation [ ]  Pharmacy (Non-Corp.)

[ ]  Tax-exempt [ ]  Pharmacy/Funeral Home/Cemetery (Corp.)

[ ]  Corporation providing or billing [ ]  Limited Liability Company

 medical and/or health care services (select applicable tax classification)

[ ]  Corporation NOT providing or billing [ ]  D = disregarded entity

 medical and/or health care services [ ]  C = corporation

 [ ]  P = partnership

Signature of Authorized Representative:

Date: Click here to enter a date